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SUBPART B: REPORTS OF SUSPECTED CHILD ABUSE OR NEGLECT OR INCIDENTS INVOLVING WARDS WITH SEXUAL BEHAVIOR PROBLEMS

Section 302.200 Purpose

The purpose of Subpart B is to describe the roles and responsibilities of child welfare staff when reports of child abuse and neglect affect Department wards in their caseloads. While child abuse and neglect reports are primarily the responsibility of child protective staff, often there are times when child welfare service staff will be involved in a report or subsequent investigation. In addition, this Subpart contains procedures for handling incidents of sexual behavior problems exhibited by wards of the Department. In most cases, these incidents do not meet the criteria of a child abuse or neglect report. However, such incidents are reported as Unusual Incident Reports and must be addressed by the ward's caseworker.

Subpart B also establishes the actions that are to be taken by staff of State Central Register and investigative staff when the alleged perpetrator of allegations 19, 20, 21 and/or 22 is a minor or ward of the Department.

Section 302.210 Reporting Responsibilities

Pursuant to the Abused and Neglected Child Reporting Act (ANCRA), field personnel of the Department are mandated reporters who have the responsibility of reporting to the Department any child known to them in their official capacity who they have reasonable cause to believe may be an abused or neglected child. All field personnel of DCFS hired on or after July 1, 1986, or transferred to a different field position on or after July 1, 1986, must sign a **CANTS 22, Acknowledgement of Mandated Reporter Status**. The signed original must be maintained in a file in the regional office.

Refer to Rule and Procedures, **Section 300.30, Reporting Child Abuse or Neglect to the Department**, for further instructions on the responsibilities of mandated reporters.

Section 302.220 Procedures Regarding Death of a Child

Rules and Procedures, **Section 300.160, Special Types of Reports** describe what actions investigative staff are to take when a child death is alleged to have occurred because of abuse or neglect. Procedures 300.160 describe the actions to be taken depending on whether there is/was a) no prior DCFS involvement, b) a prior CA/N investigation, c) a pending investigation. The following procedures are to be followed if there was a prior open service case or a current open service case.

a) Prior Open Service Case

When a child's death is attributed to alleged abuse or neglect and the Department had a prior open service case involving the child and/or the child's family, the previous child welfare worker or supervisor shall prepare a chronology of the past

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service activity and analysis of the strengths and weaknesses of the prior service activity. The chronology and analysis shall be prepared within one business day of learning of the death of the child and shall be submitted/telecopied to:

- // o Regional Administrator;
- o Deputy Director, Operations and Community Services; and
- o Executive Deputy Director.

b) Current Open Service Case

When a child's death is attributed to alleged abuse or neglect and the Department has a current open service case involving the child and/or the child's family, the investigative worker assigned to investigate the child's death will contact the child welfare worker/supervisor within one business day of receiving the report. The purpose of the contact is to notify the service worker/supervisor of the child's death (if the service worker was not the reporter) and to obtain all pertinent information which the service worker/supervisor possesses.

The child welfare supervisor whose unit has responsibility for the open service case shall review the case record and prepare a chronology of the service case to date, as well as an analysis of the strengths and weaknesses of the service case. The chronology and analysis shall be prepared within one business day of learning of the death of the child and shall be submitted/telecopied to:

- // o Regional Administrator;
- o Deputy Director, Operations and Community Services; and
- o Executive Deputy Director.

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Section 302.230 Investigation of Abuse or Neglect Involving Wards in Licensed Child Care Facilities

a) Notification of Follow-Up Caseworkers by Investigative Staff

When an abuse or neglect report involving a Department ward in a licensed childcare facility is received, the investigative worker shall orally notify the service worker (or supervisor) for the family within two hours after seeing the child. For after hours cases, this notification shall occur no later than 10:00 a.m. the next business day after seeing the child.

b) Notification of Parents by Child Welfare Staff

Department Supervised Cases

The children's caseworker(s) (or supervisor(s)) shall attempt to orally notify, either in-person or via telephone, the parent(s) of the involved child(ren) about the report immediately upon learning that a report has been made. If the parent(s) cannot be located after at least two telephone or in-person attempts, the caseworker shall ensure that a certified letter is sent to the parent(s) that same day, simply asking the parents to contact the caseworker or supervisor to discuss their child. Such notice shall be sent to the last known address for the parent(s).

Proper notification to parents who are hearing impaired is through the use of an interpreter for face-to-face contact, or through the use of a TDD device by phone or other auxiliary aids or through the use of the Illinois Relay Center. Notification to parents who are limited/non-English speaking shall be either through a bilingual (Spanish/English) worker or an interpreter who speaks their language.

Purchase of Service Cases

When primary supervision of the case is provided through a purchase of service provider, the purchase of service worker(s) (or supervisor(s)) will complete the notifications in the same manner as required above for Department supervised cases.

Special Circumstances

If the child is seriously injured, has died or is at risk of imminent death, the investigator (after hours, weekends, and holidays) or the follow-up or purchase of service worker (regular business hours) shall make repeated, persistent attempts to locate and notify the parent(s) immediately. This includes calling their home(s), work place(s), school, known close contacts and if there is no phone available, going to these respective places in an attempt to locate the parent(s).

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- c) Notification of Parents by Investigative Staff

Report Initiated After Hours Preceding A Weekend or Holiday

If a report is initiated after hours and the next calendar day is a weekend or holiday and, therefore, not a regular business day, the investigator shall make a good faith attempt to notify the parent(s) of the report and pending investigation. If the investigator is unable to obtain the name, address, and phone number of the children's parent(s) from the foster parents, the child, or other local sources, the investigator shall call the State Central Register and request a check of the CYCIS records in an attempt to secure their correct address(es) and phone number(s). The investigator shall then proceed with notification using the process outlined for "Department Supervised Cases" in Section 302.230 b).

Unable to Reach Follow-Up Worker or Supervisor

In rare instances, the investigator may be unable to reach the involved child's worker or supervisor within two hours after seeing the children or by 10:00 a.m. the next business day. If the investigator has been unable to contact the involved children's worker(s) or supervisor(s) within the specified time frames, despite designating the call as a priority, the investigator shall notify the children's parent(s) directly, using the process detailed in Section 302.230 b) above. The investigator shall send a copy of the **CANTS 17A** and the certified letter (if any) to the children's follow-up caseworker(s) and case managers.

- d) Content of Required Contacts

When speaking with the parents, the investigator or worker shall inform them that an investigation is being conducted which may or may not be "indicated". The parent(s) shall also be informed that written notice of the final investigative finding will be provided upon completion of the investigation. Notice of the final investigative finding shall be provided in accordance with **Procedures 300.130, Notices Whether Child Abuse or Neglect Occurred, item (d)**.

- e) Documentation of Required Notification

The investigator, the follow-up worker, and the purchase of service worker (if any) shall document all attempts to reach the persons specified above. This documentation shall include the dates and times of all attempted phone calls or attempted in-person visits. If any one was seen or spoken with, this information should be noted in the record on the **CANTS 17A, Child Abuse/Neglect Investigation Interview Notes** (for investigative staff) or the **CFS 492, Case Entry** (for follow-up staff). If a certified letter is sent, a copy of the letter and the certification shall be retained in the case or investigative record.

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f) Notification of Workers for Non-Involved Children

The investigator shall assure that oral notification that a report has been received is given to the assigned caseworkers (and case managers where applicable) of the other wards in the foster home or relative home placement by the end of the next business day after notification of the parents of the involved children.

Should the investigator become aware that any of these other children may have been abused or neglected in this placement, prompt notifications shall occur as prescribed above for the involved child.

The follow-up workers (or case managers) will further be notified of the commencement of the formal investigation via the **CANTS 21, Notification of CA/N Investigation in a Licensed Foster Home or Facility**, and of the final investigative finding via the **CANTS 21A, Results of Child Abuse/Neglect Investigation**, as stated in **Procedures 300.160, Special Types of Reports**.

g) Restricting the Alleged Perpetrator

Investigation procedures (P300.160(b)) require that a plan must be developed to ensure that an alleged perpetrator is restricted from contact with children in a licensed childcare facility during the course of the investigation. The Licensing Administrator whose responsibility it is to approve or disapprove the plan, may, when appropriate, convene a meeting with designated child welfare staff to discuss the plan.

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Section 302.240 Reports Involving Wards with Sexual Behavior Problems

a) Introduction

Section 302.240 describes the Department's procedures for responding to incidents in which a ward exhibits sexual behavior problems. It delineates the roles and responsibilities of Department and POS personnel in the report of a sexual behavior problem and the follow-up required in these cases. For purposes of this Section, caseworker includes both DCFS and Purchase of Service (POS) caseworkers. The priority of these procedures is the safety and well-being of all children.

- 1) Section 302.240 is being revised to establish procedures that are based on the current body of knowledge about sexual behavior problems in childhood and adolescence. The purpose of these significant changes is:
 - A) To use an approach that is comprehensive, clinically-based, child focused, individualized and developmentally appropriate to screen, identify, and serve wards who have sexual behavior problems; and
 - B) To provide treatment and intervention for wards who have sexual behavior problems that promote well-being by building on each ward's strengths, taking into account their social, emotional, developmental and environmental needs.
- 2) The objectives of these procedures are to:
 - A) Identify wards who require specialized services and treatment for sexual behavior problems;
 - B) Provide treatment and/or interventions consistent with the ward's needs;
 - C) Minimize the risk of harm to the ward with sexual behavior problems and others;
 - D) Through the Sexual Abuse Services Coordinator, provide clinical oversight and ongoing case monitoring to assess the ward's progress toward stated goals, addressing any change required to meet the ward's needs for services, treatment or intervention;
 - E) To identify wards that have pending legal charges for a sexual offense; and

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- F) To identify wards who have been adjudicated or convicted of a sexual offense and are subject to Illinois Sex Offender Registration laws and to ensure compliance with all current laws.

DCFS and POS staff will intervene as described in the following procedures when a ward in the Department's care exhibits sexual behavior problems.

b) **Definitions of Terms Used in This Section**

Sexual Abuse Services Coordinator is the DCFS staff member in each region who has specialized training and clinical experience working with children and adolescents who have sexual behavior problems.

Statewide Sexual Abuse Program Coordinator is a DCFS staff member who oversees, coordinates and supervises the statewide program for children and youth with sexual behavior problems.

Sexual Behavior Problem: Children and youth's sexual behaviors become problematic if they are compulsive, excessive, persistent and/or inconsistent with the child's age and development. They may include masturbation in inappropriate places; simulating sexual intercourse with other children, toys, furniture or animals; or as children become older, promiscuity, touching or fondling others (outside of play or consensual sexual activities with peers) or other boundary problems like kissing others on the lips or unwelcome/unwanted/intrusive touching. The behaviors may be a response to emotional distress or trauma such as a history of physical abuse, exposure to domestic violence, being sexually abused or being separated from parents and/or siblings. These behaviors may interfere with the child's social and cognitive development. They may repeatedly reoccur even after intervention by caregivers.

Sexually Aggressive Behavior by a Ward: Sexually aggressive behaviors are intrusive or potentially harmful to others. Sexually aggressive behavior may involve children/youth who are not peers (not at the same developmental level) and/or be accompanied by pressure or coercion to participate or the use of force, threat of harm or violence.

c) **Establishing Safety: Placement Considerations**

- 1) Workers, in consultation with their supervisors, are responsible for determining the immediate actions to be taken when a ward is reported to be engaging in sexually aggressive or problematic behavior. The supervisor and worker shall assess any immediate safety concerns, identifying the actions that are necessary to minimize any risks in an effort toward maintaining the ward's placement and goals of permanency.

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- 2) Any of the following factors may contribute to increased risks and must be addressed when assessing safety and minimizing risks. These factors include:
 - A) The ward resides in the same placement with younger children.
 - B) The ward resides with children and/or adults who are vulnerable due to limited physical, developmental and/or intellectual capacity, with other children known to be sexual abuse victims or with other children known to have sexual behavior problems.
 - C) The caregiver is unable or unwilling to provide adequate supervision.
- 3) The same risk factors listed above in Section 302.240 c) 2) A), B) and C). are assessed if a decision is made to move the ward that has previously been identified with sexual behavior problems to a new placement. The worker must notify the regional Sexual Abuse Services Coordinator prior to making the placement change.
 - A) The change in placement must be reviewed and approved in writing by the Sexual Abuse Services Coordinator within 5 working days.
 - B) The written approval to change the ward's placement is placed in the child welfare record with a copy forwarded to the Statewide Sexual Abuse Program Coordinator.
 - C) If a supervisory decision is made to change a ward's placement **immediately** without the Sexual Abuse Services Coordinator's approval because of safety, supervision or other concerns, the caseworker will notify the Sexual Abuse Services Coordinator of the change in placement within **one working day**. Review and approval of the new placement by the Sexual Abuse Services Coordinator is required.
 - D) The worker or supervisor must note on the **CFS 906, Placement / Payment Authorization Form**, the reason for the change in placement e.g. "The foster parent requested the ward's immediate removal." "DCP investigation supervisory decision made due to safety issues."
- 4) Any meeting being conducted by a Child and Youth Investment Team for a ward identified with a sexual behavior problem must include the assigned Sexual Abuse Services Coordinator. No recommendations for sexual behavior problem treatment or I/GH placement may be made

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without the Sexual Abuse Services Coordinator's participation and approval.

- 5) Any planning for **step down** from I/GH placement to ILO, TLP, CILA, foster care, HMR, HMP of a ward identified with a sexual behavior problem must include the assigned Sexual Abuse Services Coordinator. No recommendations for step down may be made without the participation and approval of the Sexual Abuse Services Coordinator.

d) **Reporting Sexual Behavior Problems to the State Central Register (SCR)**

- 1) When a ward exhibits a sexual behavior problem, an Unusual Incident Report must be completed. This reporting procedure is also utilized when a youth with a history of sexual behavior problems and/or adjudication or conviction of a sexual offense comes into care. In accordance with Rule 331, after consulting with the casework supervisor, the caseworker contacts the State Central Register and SCR completes the Unusual Incident Report using one of the following UIR codes:

CO1 Sexually Aggressive Behavior by a Ward

Sexually aggressive behaviors are intrusive or potentially harmful to others. Sexually aggressive behavior may involve children/youth who are not peers (not at the same developmental level) and/or be accompanied by pressure or coercion to participate or the use of force, threat of harm or violence.

CO2 Ward Exhibits Sexual Behavior Problem

Children and youth's sexual behaviors become problematic if they are compulsive, excessive, persistent and/or inconsistent with the child's age and development. They may include masturbation in inappropriate places; simulating sexual intercourse with other children, toys or furniture; or as children become older, promiscuity, touching or fondling others (outside of play or consensual sexual activities with peers) or other boundary problems like kissing others on the lips or unwelcome/unwanted/intrusive touching. The behaviors may be a response to emotional distress or trauma such as a history of physical abuse, exposure to domestic violence, being sexually abused or being separated from parents and/or siblings. These behaviors may interfere with the child's social and cognitive development. They may repeatedly reoccur even after intervention by caregivers.

BO1 Sexual Abuse of A Ward

A parent or responsible caregiver, immediate family member, individual residing in the home, parent's paramour, or other person

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responsible for the child's welfare as defined by Department Rule 300 has sexually abused a child, for whom the Department is legally responsible.

BO3 Sexual Assault of A Ward

A child, for whom the Department is responsible, has been the victim of a forceful threat and use of force in submitting to (carrying out) a sexual act by a person who is not the child's caregiver, immediate family member, other person residing in the home, parent's paramour, or other persons responsible for the child's welfare as defined by Department Rule 300.

2) In the report, the worker will describe the following:

- The specific details of the behavior prompting the report;
- Who observed the behavior, what the observer or caregiver's response was, how the ward was redirected, and what other interventions were utilized;
- The physical context in which the behavior occurred, such as the time of day, location, etc.;
- The social context in which the behavior occurred including who was present, what relationships were involved, what other activities were happening when the behavior occurred, and any other relevant information;
- Any additional information that is available pertaining to a youth coming into care that has a known history of sexual behavior problems and/or adjudication for conviction for a sexual offense.

e) Completion and Distribution of the Unusual Incident Report (UIR)

SCR staff are responsible for completing and distributing the **Unusual Incident Report (CFS119)** when a DCFS or POS worker or supervisor calls the hotline to report an incident of sexual misbehavior. **NOTE:** The Unusual Incident Report system is a mechanism for alerting personnel and disseminating information about an alleged incident that may or may not identify a ward requiring additional intervention.

1) Referral to Child Protection: Allegations against Minors

If the unusual incident being reported meets the criteria for a report of child abuse or neglect, the **CANTS 1** report shall be sent to the designated investigative team.

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- A) DCP Notification Requirements of Allegations Against Minors and Wards

When the alleged perpetrator is a minor or ward of the Department, the DCP investigator shall notify the Sexual Abuse Services Coordinator and the Statewide Sexual Abuse Program Coordinator, via E-Mail or fax at the onset of an investigation of Allegations 19, 20, 21, or 22 or when these allegations are added to the original report.

- B) DCP Notification Requirements for Indicating Minors and Wards

DCP shall notify the Sexual Abuse Services Coordinator and the Statewide Sexual Abuse Program Coordinator, via E-mail or fax anytime there is an intent to indicate a minor or ward of the Department of allegations 19, 20, 21, or 22.

- C) Incidents that May Constitute a Criminal Act

If the reported incident constitutes a criminal act, the DCP investigator shall refer the report to local law enforcement and notify the Sexual Abuse Services Coordinator and Regional Legal Counsel of the referral via E-Mail or fax at the time the referral is made.

- 2) Referral to Law Enforcement

If the report of sexual misconduct does not meet the criteria for a CANTS report but constitutes a criminal act, SCR shall report the information to local law enforcement for investigation and referral for adult or juvenile prosecution or services through probation. SCR shall notify the Sexual Abuse Services Coordinator and Regional Legal Counsel of all referrals made on wards via E-Mail or fax at the time the referral is made.

If a report does not meet the criteria for investigation by Child Protection or referral to law enforcement, SCR is still required to complete the UIR for distribution.

- 3) UIRs will be routed electronically via E-mail to:

- Associate Deputy Director of Clinical Services;
- The Supervisor of the unit servicing the case;
- The Sexual Abuse Services Coordinator in the ward's region;

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- The Regional Program Manager;
- Field Service Manager;
- The Regional Administrator;
- Assistant Regional Administrator;
- The Statewide Sexual Abuse Program Coordinator; and
- Agency Performance Team, if the ward is in a POS caseload.

f) Initial Screening: Review of the Unusual Incident Report

- 1) Within 24 hours (one working day) of receiving an Unusual Incident Report describing a sexual behavior problem, the Sexual Abuse Services Coordinator shall screen the report to determine:
 - If this is a report regarding a ward; or
 - If it is a duplicate report.
- 2) The Coordinator subsequently reviews the ward's reported behavior and a determination is made as whether to continue with the Behavioral Screening.
 - A) The Coordinator's screening requires contact, discussion and consultation with the worker and the supervisor.
 - B) The DCFS/POS caseworker/supervisor, ward's caregiver, therapist, or others who have knowledge of the child and/or incident will be included in the Initial Screening as appropriate. To protect the child's rights and advocate for his or her best interests, the Guardian Ad Litem (GAL) or the child's attorney must also be invited to participate.
 - C) If any additional children or youth are identified as a victim(s) of sexual abuse during the course of the Initial Screening, the Sexual Abuse Services Coordinator will notify the worker of the identified children or youth. The assigned worker will submit the UIR as required by Department policy and procedure. In the event that the identified victim(s) is not an open case, the Sexual Abuse Services Coordinator will call SCR, a requirement established in the mandated reporter act.

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- D) The Coordinator's screening of the reported incident will have one of the following outcomes:
- The ward is determined not to need services or monitoring by the Sexual Abuse Program; or
 - The Sexual Abuse Services Coordinator schedules a Behavioral Screening and determines the immediate need for a Supervision Plan and Placement Clearance Desk Hold (PCD).

g) **Reports that are Screened Out of Monitoring by the Sexual Abuse Program**

- 1) When the Sexual Abuse Services Coordinator determines that the ward does not have a sexual behavior problem, this determination shall be documented in Section I of the **CFS 687, Summary of Review and Screening**. A copy of the document shall be sent to the ward's caseworker and to the Statewide Sexual Abuse Program Coordinator. The worker is responsible for sending a copy of the **CFS 687** to the child's attorney/GAL.

The Sexual Abuse Services Coordinator develops written recommendations addressing any service or clinical needs identified during the Initial Screening.

- 2) When the caseworker for the ward is notified that the findings of the Initial Screening indicate that the ward does not have sexual behavior problems, the worker shall notify the caregiver, the casework supervisor, and the treatment provider if there is one. The worker shall also inform the ward, if twelve years old or older, of the outcome of the screening and of any recommendations arising from the staffing.
- 3) Documentation from the Sexual Abuse Services Coordinator shall be placed in the ward's case record.

h) **Reports that are Referred for a Behavioral Screening**

- 1) If a sexual behavior problem is not screened out in the review of the Unusual Incident Report, the Sexual Abuse Services Coordinator, along with the caseworker, convenes a clinical staffing to further evaluate the ward's treatment and service needs. This determination shall be documented in Section I of the **CFS 687, Summary of Review and Screening**.

- A) The clinical staffing must be completed within **fifteen days** of receipt of the UIR.

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- B) Participants who may be included in the clinical staffing are the person who reported the sexual behavior, the caseworker, DCP investigator, the primary caregiver, the casework supervisor, the education coordinator, the ward's therapist if receiving treatment, and the probation officer, if one is assigned, or others involved in the case or with knowledge of the ward as deemed appropriate. The child's attorney or the GAL shall also be invited to participate in the staffing.
- C) Wards age twelve or older may participate when appropriate. If a ward does attend the clinical staffing, the staffing shall be structured in such a way to protect him or her from embarrassment or shame, including not asking personal or intimate questions in a group setting. Minimally, the ward should have the opportunity to provide input, be informed of recommendations developed at the staffing and the reasons for them.
- 2) Caseworkers and their supervisors are required to take the following immediate actions upon notification from the Sexual Abuse Services Coordinator that a clinical staffing will be conducted:
- A) Review the **Unusual Incident Report** with his/her Supervisor.
- B) Make a visit to the home to assure that the placement meets the needs of the ward and that there are no current safety issues. In accordance with Procedure 315, Appendix A, the worker is required to complete a CERAP if safety issues are identified.
- C) Assess the capability and willingness of the caregiver to provide an effective level of supervision as required.
- D) Complete the **CFS 685, Ward's Supervision Plan** within **24 hours** of notification of the clinical staffing, submitting it to the Sexual Abuse Services Coordinator for approval.
- E) Submit all of the following information to the Sexual Abuse Services Coordinator within **five working days** of notification by the Coordinator that a clinical staffing will be scheduled:
- Supervision Plan;
 - Integrated Assessment;
 - Social History;

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- Prior Psychological Reports, including level of functioning, if available;
- Prior Assessments for sexual behavior problems;
- **Service Plan (CFS 497);**
- Any other assessment reports, including the Mental Health Assessment, if available;
- Most recent therapy and counseling reports;
- Information about any medical conditions, including previous hospitalizations and all medications the child is taking;
- School Progress Reports/Evaluations;
- DCP Investigation Reports;
- Police Reports, Probation Reports, Victim Sensitive Interview, Court Orders; e.g. adjudicatory, dispositional, etc.; and
- Child and Youth Investment Team (CAYIT) Packet.

F) Notify others who will participate of the date, time, and place of the clinical staffing.

i) The Sexual Abuse Program's Behavioral Screening

The purpose of the Behavioral Screening is to document the details of the incident reported, to gather additional relevant information about the ward including whether there is a history of victimization, and to examine all aspects of the ward's functioning. The findings and decisions of the clinical staffing will be documented in Section II of the **CFS 687, Summary of Review and Screening**. Recommendations will be made to address any identified clinical or service needs, both sexual and non-sexual.

The Sexual Abuse Program's Behavioral Screening shall result in one of two outcomes:

- 1) The ward does not require specialized intervention, treatment, supervision or monitoring for a sexual behavior problem.

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- A) The Sexual Abuse Services Coordinator shall send a copy of the **CFS 687, Summary of Review and Screening** to the caseworker and the Statewide Sexual Abuse Program Coordinator. The summary will provide written documentation of discontinuation of the Supervision Plan and any recommendations developed by the screening team.
- B) It is the caseworker's responsibility to:
 - i) Notify the casework supervisor, the ward's caregiver, ward if twelve years old or older and the treatment provider of the outcome of the staffing.
 - ii) Inform the casework supervisor, the ward's caregiver and the treatment provider that the Supervision Plan for sexual behavior problems is discontinued.
 - iii) Provide the child's attorney or GAL with a copy of the **CFS 687, Summary of Review and Screening**.
 - iv) Follow through on any recommendations developed by the screening team, revising the Client Service Plan to incorporate these recommendations.
 - v) Place a copy of the Summary of Review and Screening in the ward's case record.
- 2) The ward requires specialized intervention, treatment and supervision for a sexual behavior problem.

The Sexual Abuse Services Coordinator documents the determination on the Behavioral Screening Summary, forwarding a copy to the ward's worker and to the Statewide Sexual Abuse Program Coordinator. The worker is responsible for providing the ward's attorney or the GAL with a copy of the Behavioral Screening Summary.

j) Treatment and Services, Supervision and Placement

The Sexual Abuse Program's Behavioral Screening Summary results in recommendations regarding:

- 1) Treatment and Services
 - A) Based on the recommendations of the behavioral screening, the Sexual Abuse Services Coordinator will refer the ward for specific treatment for the sexual behavior problem, forwarding the

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screening packet and summary, a letter authorizing treatment with required consent (**CFS 600-3**) to the selected sexual behavior problem provider. The Sexual Abuse Services Coordinator's approval letter delineates the specific issues that brought the ward to the attention of the Sexual Abuse Program, states the purposes of the referral for treatment and the length of time services are authorized. Service authorization is reviewed semi-annually by the Sexual Abuse Services Coordinator.

- B) Caseworkers are required to make any other referrals as agreed upon in the staffing and approved by the Sexual Abuse Services Coordinator, including obtaining the required consents and releases within five working days of the completion of the Behavioral Screening.
- C) The caseworker is responsible for obtaining the ward's and the Guardian's consent authorizing the treatment provider to release assessment and therapy reports to the Sexual Abuse Services Coordinator. Upon completion of the Behavioral Screening, the caseworker forwards the signed **CFS 600-3** to the Sexual Abuse Services Coordinator for inclusion in the referral packet.
- D) Treatment referrals will be documented on the **Client Service Plan (CFS 497)**.

2) Supervision

- A) A Supervision Plan for a sexual behavior problem shall be used only when all of the following criteria are met:
 - The Sexual Abuse Services Coordinator has approved the development of a Supervision Plan by notifying the worker that a Behavioral Screening will be conducted;
 - The ward is receiving effective intervention and treatment for the behavior problems;
 - Developmentally appropriate social and recreational activities are identified on the Supervision Plan and the ward has age-appropriate opportunities to interact with peers and develop pro-social skills and attitudes that support the ward's healthy development;
 - The caseworker reviews the Supervision Plan no less than quarterly, revising it when required;

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- The Sexual Abuse Services Coordinator reviews the Supervision Plan no less than semi-annually;
 - The ward's therapist is provided with a copy of the initial Plan and any Plans that are revised for review and comment on the appropriateness of the level of supervision described; and
 - All consent and release of information forms required by the Department have the required signatures prior to disclosing information about the ward.
- B) It is the caseworker's responsibility to develop a Supervision Plan. Others who must be included in its development are the ward, if age 12 or older; the primary caregiver; the caseworker's supervisor; the Sexual Abuse Services Coordinator; the ward's therapist or other treatment provider who is familiar with the ward's history, behavior and living arrangements; the treatment provider if the ward is receiving therapeutic services for the sexual behavior problem; and other adults responsible for the ward's supervision as approved by the Sexual Abuse Services Coordinator.
- C) The Sexual Abuse Services Coordinator will follow the Placement Clearance Desk (PCD) protocol as appropriate. If the Coordinator places a "hold" on a home, the caseworker is responsible for including the PCD restrictions on the Supervision Plan and notifying the caregiver.
- D) The caseworker must obtain the written approval of the Sexual Abuse Services Coordinator prior to disclosing any information to other adults, including school personnel. All required consent and release forms must be signed prior to disclosing the information.
- i) When planned supervision is required in the school setting, the caseworker shall follow the Educational Protocol, completing the Educational Addendum, obtaining all the required signatures on the **CFS 600-3, Consent for Release of Information** regarding Child/Youth who requires planned supervision.
 - ii) When planned supervision is required for the ward to participate in recreational or community activities, the caseworker shall complete the Community Addendum to the Supervision Plan, obtaining all the required signatures

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on the **CFS 600-3, Consent for Release of Information** regarding a Child/Youth who requires planned supervision.

iii) All parties informed of the ward's behavior problems must be appraised that information about the ward and/or the sexual behavior problem cannot be shared with others without the Guardian's consent to do so.

E) When a ward has been adjudicated or convicted of a sexual offense and is subject to the Illinois Sex Offender Registration Act, the caseworker will ensure that the ward is in compliance with all current Illinois Sex Offender Registration laws e.g. notify the law enforcement agency with jurisdiction any change of address, place of employment and/or school.

If the ward has been convicted or adjudicated for a sex offense and is required to register, the Sexual Abuse Services Coordinator will convene a staffing, completing the **CFS 685-1, Adjudicated Sex Offender/Adult Registry Staffing Checklist**. The worker is responsible for providing all of the information required to complete the **CFS 685-1**.

F) A Supervision Plan is not complete without all of the following signatures:

- Wards age twelve and older;
- Primary caregiver;
- Caseworker;
- Casework supervisor;
- Regional Sexual Abuse Services Coordinator;
- The ward's therapist if he/she is in treatment; and
- Any other adult responsible for implementing the plan.

G) Copies of the approved Supervision Plan are provided to the ward if age twelve or older, the caregiver, the Regional Sexual Abuse Services Coordinator, the Statewide Sexual Abuse Program Coordinator, GAL and any other adults signing the Plan. The caseworker also sends a copy of the approved Supervision Plan to the treatment provider for review and comment.

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- H) In addition to the worker's quarterly review and the Sexual Abuse Services Coordinator's semi-annual review, a Supervision Plan will be reviewed and if needed, revised or a new plan will be developed when any of the following occur:
- The wards' living arrangement changes;
 - There is a change in the composition of the foster family;
 - A subsequent incident of sexual misbehavior occurs after the completion of the plan and revisions are needed to protect the ward and others;
 - An adjudication or conviction of a sexual offense occurs after completion of the plan and revisions are needed to reflect the ward's sex offender registration status;
 - Documented progress in treatment indicates a need to review the level of supervision and monitoring;
 - The ward completes treatment for the sexual behavior problem; or
 - Professional evaluation or completion of a criminal investigation indicates that adjustments are necessary.
- I) The caseworker's review of the Supervision Plan is documented in the ward's case record.
- J) Motion detectors, alarms, monitors, and other electronic devices may not be used to provide supervision to wards with sexual behavior problems without the prior, written approval of the Sexual Abuse Services Coordinator.

3) Placement

Staff members who participate in the clinical staffing to complete the Behavioral Screening review the appropriateness of the ward's current placement using the following criteria:

- The ward resides with younger children.

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- The ward resides with children and/or adults who are vulnerable due to limited physical, developmental and/or intellectual capacity, with other children known to be victims of sexual abuse; or with children known to have sexual behavior problems.
- The caregiver's capability to provide adequate supervision.
- The caregiver's willingness and capability to participate and support the ward's treatment shall also be a consideration.

k) Requirements for Workers

Caseworkers are required to follow the recommendations developed in the Behavioral Screening and incorporate any services recommended into the Client Service Plan.

l) Monitoring the Ward's Treatment and Supervision Needs

Caseworkers and their supervisors, the Sexual Abuse Services Coordinator, and the treatment provider share responsibility for monitoring a ward's progress in treatment and the effectiveness of the services and supervision being provided.

- 1) Certified treatment providers are required to:
 - A) Submit quarterly progress reports to the ward's caseworker, the Sexual Abuse Services Coordinator, and the Statewide Sexual Abuse Program Coordinator.
 - B) Notify the caseworker and the Sexual Abuse Services Coordinator of any missed appointment, the need for the foster parent's participation in treatment, transportation problems that are an impediment to the ward's satisfactory participation in treatment and/or the ward's failure to complete therapeutic homework assignments in the foster home.
- 2) Caseworkers, along with their supervisors, are responsible for:
 - A) Conducting a quarterly review of the ward's progress in treatment, service needs, and assessing whether changes in the level of supervision or services being provided are needed.
 - B) Documenting the quarterly review of the ward's treatment and supervision needs, placing the information in the ward's case record.

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- 3) The Sexual Abuse Services Coordinator shall conduct a semi-annual review of a ward's progress in treatment, the capability of the placement setting to meet his or her needs, and the effectiveness of the level of supervision in helping the ward meet the goals of treatment.
 - A) The date of the first semi-annual review shall be established at the initial Behavioral Screening, with reviews occurring every six months thereafter. The Sexual Abuse Services Coordinator shall also document the semi-annual review, providing the worker with any recommendations in writing.
 - B) The Sexual Abuse Services Coordinator shall convene a staffing that includes the caseworker, supervisor, treatment provider, caregiver and the child's attorney or GAL to address the ward's treatment needs.

m) Discharge and Aftercare Planning From Residential and/or Outpatient Treatment

- 1) Three months prior to the completion of residential treatment or one month prior to the completion of outpatient treatment, the Sexual Abuse Services Coordinator convenes a staffing to determine the ward's post-discharge needs. The written aftercare plan addresses how these needs will be met.
 - A) Discharge planning addresses six primary areas:
 - Ongoing treatment or service needs;
 - Supervision;
 - Placement;
 - Risk Factors; and
 - Suitable social and recreational activities to encourage development of pro-social skills and attitudes that support the ward's healthy development.
 - Legal factors and the Illinois Sex Offender Registration Act requirements when the ward has been adjudicated and/or convicted of a sexual offense.
 - B) Participants in the discharge staffing include current and proposed caregivers, the caseworker, casework supervisor, Sexual Abuse Services Coordinator, members of the Child and Family team when appropriate, the ward's therapist, the child's attorney or GAL and the probation officer if one is assigned.

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- C) The conclusions of the discharge staffing are formalized in a written aftercare plan developed by the caseworker and supervisor.
 - D) The aftercare plan must be signed by the caseworker, supervisor, caregiver and ward if twelve years of age or older and submitted to the Sexual Abuse Services Coordinator for approval and sign-off.
- 2) The written aftercare plan describes all of the findings and recommendations of the discharge staffing in detail:

A) Treatment

Any ongoing treatment and/or service needs, including specific providers to meet these needs are listed in the aftercare plan.

The **Client Service Plan (CFS 497)** is revised to include any treatment or services needed by the ward at discharge. The revised **Client Services Plan** is completed and placed in the ward's case record.

B) Supervision

The need to continue a written Supervision Plan is determined at the discharge staffing.

- i) If continued, the Supervision Plan describes the level of supervision the ward requires, including any external controls necessary to protect the ward and others.
- ii) When the ward no longer requires a written plan for supervision the Sexual Abuse Services Coordinator, provides documentation indicating such. The documentation is placed in the ward's case record and the caseworker informs the school, and any other parties who were previously informed of the Supervision Plan.

C) Placement

Placement settings in which the ward's needs for treatment, supervision and on-going support can be met are identified. Prior to a new placement, the caseworker provides the potential caregiver with information regarding the ward's behavior, including sexual behavior problems, legal factors and such as orders of probation and/or Sex Offender Registration Act requirements, if applicable. This information is documented on the Supervision Plan.

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D) Risk Factors

Any personal, social, emotional, environmental and/or experiential factors that may cause risks to rise are listed on the aftercare plan.

E) Recreational Activities

The aftercare plan identifies age-appropriate social and recreational activities to assist the ward in developing pro-social skills and attitudes which support the ward's healthy development.

F) Unscheduled termination

Prior to any ward being terminated from outpatient treatment, the treatment provider contacts the Sexual Abuse Services Coordinator to convene a multidisciplinary staffing that includes the caseworker, the casework supervisor, the caregiver, the Sexual Abuse Services Coordinator and the treatment provider. The staffing addresses:

- Transition;
- Continuation of needed services;
- Current level of supervision needed; and
- Unmet needs.

n) Closure of DCFS Sexual Abuse Program Monitoring

- 1) Closure of monitoring by the Sexual Abuse Program is determined in a clinical staffing convened by the Sexual Abuse Services Coordinator. Staffing participants include the caseworker, casework supervisor, treatment provider, primary caregiver, the child's attorney or GAL and probation officer (if one is assigned).
- 2) Staffing participants must consider the following factors in considering the ward's need for ongoing monitoring:
 - A) The ward's current behaviors and behavioral changes, including the ward's ability to effectively monitor and manage his/her behavior;
 - B) The ward's support network;
 - C) Environmental factors that may influence the ward; and

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- D) Legal factors including Illinois Sex Offender Registration requirements when the ward has been adjudicated for a sexual offense and is subject to those requirements.
- 3) The Sexual Abuse Services Coordinator will provide the caseworker with written notice of the completion of follow-up and monitoring.
- A) Copies of this correspondence shall be provided to the ward if age twelve or older, the primary caregiver, the treatment provider, and any other adults whose signature is on the Supervision Plan.
 - B) The original of the closure notification shall be placed in the ward's case record by the worker.

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Section 302.250 Paramour Involved Families

These procedures provide child welfare staff with guidelines for intake and intervention service follow-up in cases where a paramour is or is suspected of being part of the family unit.

a) Background

The following research findings are the basis for the development of these procedures:

- Children living with a genetic parent and a non-genetically related adult parent substitute are at a significantly higher risk of severe physical abuse than children living with their genetic parents.
- Birth mothers or fathers who form an alliance with a non-genetic parent substitute against their children can contribute to the greater risk of severe physical abuse to the children.
- Stepparents have been determined to be a significant factor in severe maltreatment to children. (Daly & Martin, 1998)

b) Definition of Paramour

“Paramour” means a current or ex-boyfriend or girlfriend who has been or may be or is in a care-taking role. The paramour may or may not be residing within the family unit. Paramour involved families may be identified at the time of intake, during a child abuse or neglect investigation or anytime during the life of an open service case.

Note: A putative father would fall under the definition of paramour.

c) Identification of Paramour Involved Families

State Central Register (SCR) staff shall use the screening and assessment factors listed below to screen calls of alleged paramour inflicted physical abuse. LEADS checks should be initiated by SCR staff for reports of physical abuse or risk of non-sexual physical abuse where a paramour is identified as the alleged perpetrator.

Permanency workers shall assess single parent households to determine if a paramour is involved with the parent and children regardless of whether there is acknowledgement by the family that a paramour lives in the household or is significantly involved with the parent and children. The assessment shall include information obtained from the parent, children, extended family, reporter, paramour, school personnel and other social service personnel in order to make an informed assessment of the paramour’s involvement with the family that is essential to the development of viable safety and service plans.

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d) Screening and Assessment

Upon determination by the permanency worker that a paramour is involved or suspected of being involved with the family, the worker shall utilize the following factors to assess level of risk and safety to the children in the household. Information gathered shall address the characteristics of the paramour, the dynamics of the relationship between the custodial parent and paramour, the custodial parent's history with paramours and spouses, the custodial parent's capacity to protect his or her children from abuse, and child factors that may increase the risk of abuse by a paramour.

The **Paramour Assessment Checklist, SACWIS/CANTS 17A/Paramour**, has been designed to aid in the identification of risk and safety issues specific to paramour involved cases. A "yes" response to any of the listed factors requires that the factor or factors be considered when completing the Child Endangerment Risk Assessment Protocol (CERAP), safety plan development/implementation and/or service planning. A "yes" response to any of the factors may or may not require implementation of an intervention to address the identified issue. This decision must be made in consultation with the permanency worker's supervisor.

e) Application of Paramour Factors

A **CFS 1441, Safety Determination Form**, must always be completed in accordance with the CERAP (Appendix A, Procedures 315) and a safety plan implemented when a child is found to be unsafe. When there are circumstances that mitigate factor number 14 of Section 1 of the **CFS 1441** (i.e., A paramour is the alleged or indicated perpetrator of physical abuse.), paramour procedural requirements may be waived by a Field Service Manager or equivalent during management consultation and documented in a **Case Entry Note, CFS 492**.

- 1) Paramour requirements in subsections (g) & (h) cannot be waived if any of the following factors is answered "yes." If any child is found to be unsafe, then an appropriate safety plan must be developed and implemented in accordance with the CERAP.
 - A) The paramour expresses negative attitudes or behaviors towards specific children in the household (e.g., unrealistic expectations for behavior, demeaning verbalizations, excessive corporal punishment, differential treatment as compared to other children in the home, etc.).
 - B) The paramour has been previously indicated as a perpetrator of child abuse or neglect.
 - C) The paramour has a history as an indicated perpetrator of child abuse or neglect in another state.

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- D) There is a history of domestic violence involving the paramour and the custodial parent.
- E) The custodial parent and/or children express fear of the paramour.
- F) The custodial parent has a history of domestic violence with previous paramours or spouses.
- G) The paramour has a history of multiple unstable adult relationships.

Note: Blended families involving multiple children with different biological parents often-present situations that prevent bonding between the custodial parent, paramour and children, creating a greater risk for abuse.

- H) The paramour has a history of domestic violence.

2) The supervisor may waive paramour procedural requirements established in subsections (g) & (h) if any of the following factors are answered “yes”.

- A) The paramour is financially dependent on the custodial parent.
- B) The paramour is misusing alcohol, prescription drugs, over the counter or illegal drugs.
- C) The paramour has a criminal background established through a LEADS and local law enforcement records check.
- D) The paramour has a history of mental illness including a history or current hospitalization and/or treatment.
- E) There is suspicion of domestic violence involving the paramour and the custodial parent.
- F) The children are ages 0-10. (Note: Children who are ages six through ten years of age are at high risk and children who are younger than six years of age are at the greatest risk of abuse.)
- G) The children are hyperactive, behaviorally disordered, physically handicapped, mentally handicapped or have sexual behavior problems.

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- H) There is another adult in the home who is willing and able to assist with ensuring the safety of the children.

Note: This person cannot have a criminal history or have been indicated for abuse or neglect as verified through SACWIS/CANTS, LEADS or law enforcement agency checks.)

- I) There is a current or pending order of protection against the paramour.

f) Strengths

The basis for a significant, continuous, and stable relationship is established if all the factors in this section are answered “yes.” A “no” response to any of the factors may or may not require the implementation of an intervention to address the identified issue. Factors with a “no” response should be considered when completing the **CFS 1441**.

- 1) The custodial parent and his or her children refer to the paramour in positive, affectionate terms to others such as school personnel or extended family.
- 2) The paramour refers to each child by name in positive, affectionate terms.
- 3) The paramour is actively involved in child rearing (e.g., childcare, transportation, extra curricular activities, school conferences, provider for medical insurance, medical appointments, etc.).
- 4) Persons outside the home refer to the paramour as having a positive relationship with the involved children.
- 5) Persons outside the home are able to provide examples of the paramour’s positive contributions to the involved children’s well being.
- 6) The paramour’s family recognizes his or her involvement as a “parent” to the involved children that are not his or her biological children.
- 7) The paramour and custodial parent have established a joint residence.
- 8) The paramour provides emotional support to the custodial parent and/or involved children.
- 9) The paramour provides consistent financial support to the family.
- 10) The custodial parent puts the child’s interest above his or her need for a relationship.

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- 11) The custodial parent has the ability and willingness to protect his or her children from abuse or neglect.

g) Monitoring the Safety of the Involved Children

The following procedures shall be followed for all cases where a paramour has been identified as being part of the family unit and may only be waived after consultation with and approval by management. Consultations with Child Protection Managers/Field Service Managers/Site Managers or their equivalents may be done in person or by telephone.

1) Pending Formal Investigations – No Open Service Case

Child Protective Service Workers shall conduct **weekly** monitoring visits with the involved children during the course of all pending formal investigations when:

- A) a child victim is under ten years of age; or
- B) a child victim is vulnerable to physical abuse and injury due to a handicapping condition; or
- C) a child victim has been seriously injured.

2) Pending Formal Investigation – Open Service Case

The assigned Department or purchase of service agency permanency worker shall conduct the weekly monitoring visit for families with open service cases unless other monitoring arrangements are made with the CPSW. Monitoring visits shall be documented on the **CFS 492**.

h) Intervention Services

Service intervention and service planning should be linked to the underlying conditions identified during the ongoing assessment of the case.

1) Referral for Services

When possible, families shall be referred for services within 24 hours after identification of service needs and transitioned to follow-up services within 48 hours of the referral. The assigned permanency worker shall provide weekly monitoring visits with the involved children until an investigative finding is made unless other arrangements are made with the CPSW. Monitoring visits shall be documented on the **CFS 492**.

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2) Mandatory Case Opening

- A) Investigative staff shall refer cases for mandatory case opening when a paramour is indicated for physical or sexual abuse.
 - i) Cook County Child Protection Managers may grant an exception to this requirement after consultation with the Child Protection Unit supervisor and CPSW.
 - ii) For cases outside Cook County, Child Protection and Field Services Managers/Site Administrators may grant the exception after consultation with the Child Protection Unit supervisor and CPSW.
- B) Cases must be opened for Department services when a paramour is indicated for a child victim less than ten years of age, or a child victim that has been seriously injured or vulnerable to physical abuse and injury due to a handicapping condition. A waiver to these requirements may be requested from the appropriate Child Protection Manager (Cook County cases) or appropriate Field Services Manager/Site Administrator and Child Protection Manager for cases outside of Cook County.

3) Required Contacts

Older children shall be interviewed weekly and pre-school and non-verbal children shall be observed weekly for possible injuries for a period of 45 days following the opening of a service case where a paramour has been identified as a member of the family unit or for a period of 45 days after a paramour is identified as being a member of a family unit with an open service case. This requirement also applies to open reunification cases.

Department and purchase of service agency permanency supervisors may waive some or all of these required contacts. Any decision to waive monitoring visits must be made in accordance with the Paramour Waiver Reference Guide and documented on a **CFS 492**. Decisions to continue monitoring visits after the initial 45-day period shall be determined during supervision and reviewed at each quarterly case staffing.

4) Service Planning

Service plans shall identify specific services and programs that will be provided to the parent, paramour and involved children to address and reduce the risk of abuse. These services shall include the periodic observation of the

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children for injuries in accordance with the procedures established in this appendix. Service plans shall also contain a descriptive process for monitoring and evaluating service outcomes utilizing the factors listed in the Paramour Assessment Checklist.

5) Visitation

Visitation with the parent, indicated paramour or alleged perpetrator during pending investigations must be supervised until the court makes a dispositional finding. During the initial Child and Family Team Meeting, court recommendations regarding visitation should be discussed. All other visitation shall be in accordance with Procedures 301, Subpart B, Section 301.210 (Family-Child Visiting).

i) Termination of Services

The following procedures must be followed in addition to the case closing requirements established in Section 315.310 of Rules 315 (Permanency Planning) and Policy Guide 98.1 (Permanency Initiative–Phase II), Section XVII. Reunification cases must also follow requirements established in Section XV of Policy Guide 98.1.

Prior to closing a case, the Department or purchase of service agency will:

- convene a multidisciplinary staffing that includes Department and purchase of service agency staff with current or significant knowledge of the family and/or child victims to evaluate case risk, case progress and to identify any unmet service needs;
- observe preschool and non-verbal child victims and interview older children in accordance with Procedures 300, subsection 300.100(b)(5)(C);

Note: Older children must be interviewed without the custodial parent or paramour present.

- have the child victims receive a medical examination within one calendar week prior to the effective case closing date;
- complete the Paramour Assessment Checklist; and
- complete a **CFS 1441** in accordance with the requirements established in Child Endangerment Risk Assessment Protocol.

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j) Reference Guide - Waiver of Paramour Procedural Requirements

The information contained in this guide is to be used in conjunction with the detailed information contained in the referenced sections of these procedures. Workers must consult with their respective managers in order to obtain a waiver for those procedural requirements that may be waived.

Case Circumstances	Procedural Requirement	Waiver	
		YES	NO
Intact Family Case Opened	Paramour Assessment Checklist		X
Pending formal investigation, open service case or a reunification case	Subsections (g)(2) and (h)(3): Weekly monitoring visits during the first 45 days following case opening	X	
Paramour indicated for physical abuse	Subsection (h)(2): Mandatory Case Opening	X	
Paramour indicated for (serious) physical abuse of a child less than eleven years of age or the child has a handicapping condition	Subsection (h)(2): Mandatory Case Opening	X	
Prior to case closing	Subsection (i): Convene a multidisciplinary staffing		X
	Subsection (i): Non-verbal alleged child victims observed and verbal alleged child victims interviewed within 72 hours prior to CPSW submitting file to supervisor for final approval		X
	Subsection (i): Child victims medically examined within one week prior to closing		X
	Subsection (i): Complete Paramour Assessment Checklist		X
	Subsection (i): Complete CERAP		X

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2016.10

Replaces PG 2014.20

**Procedures 300 Reports of Child Abuse and Neglect
Procedures 302 Services Provided by the Department
Procedures 315 Permanency Planning**

DATE: August 26, 2016
TO: All Child Protection and DCFS/POS Child Welfare Staff and Supervisors
FROM: George H. Sheldon, Director 
EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to provide Child Protection and Child Welfare staff for with revised and updated Safety Plan Rights and Responsibilities for Parents and Guardians, Safety Plan Rights and Responsibilities for Adult Caregivers and Safety Plan Participants and Safety Plan Rights and Responsibilities for Investigators and Caseworkers. The updated forms provide additional information for parents and caregivers, adult caregivers and safety plan participants and investigators and caseworkers regarding the formulation of the safety plan, the information that needs to be detailed in the safety plan document, the process for modification of safety plans and the process for continual review of safety plans.

The instructions in this Policy Guide will be incorporated into **Procedures 302.250 Paramour Involved Families; 302.260 Domestic Violence; 302.388, Intact Family Services, 302 Appendix A Substance Affected Families; 302 Appendix B Older Caregivers; Procedures 315.110 Worker Contacts and Interventions; Procedures 315 Appendix A CERAP and Procedures 300 Appendix G CERAP.**

This Policy Guide is effective immediately.

II. PRIMARY USERS

Primary users are all Child Protection Specialists and Supervisors and all DCFS/POS Child Welfare Workers and Supervisors.



III. BACKGROUND

Procedures 300 Appendix G CERAP/Procedures 315 Appendix A CERAP (Current)

Safety Plans

Safety plans are voluntary, temporary and short term measures designed to control serious and immediate threats to children's safety. They must be adequate to ensure the child's safety and be as **minimally disruptive** to the child and family as is reasonably possible. Additionally, families can request that a safety plan be modified or terminated at any time. The safety plan will indicate which safety threat or threats have led to the need for a safety plan according to the completion of the CERAP. The safety plan will require a written description of what will be done or what actions will be taken to protect children, who will be responsible for implementing the components of the safety plan and how/who will monitor it. It is important that safety plans be developed with the family to control specific threats and that the family understands the mechanism for ending each safety plan. **Under no circumstance is a safety plan to serve as the solution to a long-term problem. A family may request at any time to modify or terminate the safety plan.**

When a safety plan is implemented, it should be documented on a **CFS 1441-A, Safety Plan** when it is likely that a child could be moderately or severely harmed now or in the very near future. The safety plan must be developed whenever there are protective efforts that would reasonably ensure child safety and permit the child to remain in their caregiver's custody. After the safety plan has been developed, it must be immediately implemented to ensure that all of the designated tasks are completed effectively. The safety plan should contain timeframes for implementation and continued monitoring.

IV. OVERVIEW

Public Act 98-0830 amended Section 21 (f) of the Children and Family Services Act [20 ILCS 505/21] and required the Department or POS caseworker to provide information to each parent, guardian and adult caregiver participating in a safety plan explaining their rights and responsibilities. These updated forms add additional information to the Safety Plan Rights and Responsibilities forms with the following information:

- The investigator and caseworker shall implement a safety plan only when DCFS has a basis to take protective custody of a child(ren) and the safety plan is an alternative to protective custody;
- The investigator and caseworker shall explain to the parent(s)/guardian(s) the safety plan alternatives and that the parent(s)/guardian(s) have a voluntary choice to enter into the safety plan as an alternative to protective custody and to choose the individual(s) responsible for supervising or monitoring the safety plan if such person(s) is/are determined to be qualified by DCFS;
- The investigator and caseworker shall modify the safety plan if the family's circumstances change or if the participants request modifications, including a change in the person(s) preferred by the parent(s)/guardian(s) to supervise or monitor the safety plan or serve as a temporary caregiver;

- Terminate the safety plan as soon as the investigator and/or supervisor determine there is no longer a legal basis to take protective custody and provide the parent(s)/guardian(s) with the Safety Plan Termination form; and
- The Department or POS representative shall ensure that the safety plan is reviewed and approved by their respective supervisor.

V. INSTRUCTIONS

Effective immediately:

- Child Protection and Child Welfare staff shall provide the parent, guardian and adult caregiver participating in a safety plan with a copy of the **CFS 1441-A, Safety Plan** that has been signed by all adult participants and the DCFS/POS representative;

Note: Department and POS staff must use only the **CFS 1441-A, Safety Plan (Rev 12/2014)** that has been revised to meet the requirements of PA 98-0830.

- The Department or POS representative shall provide each parent/guardian, adult caregiver and safety plan participant with information explaining their rights and responsibilities including, but not limited to: information for how to obtain medical care for the child, emergency contact information for participants including phone numbers and information on how to notify schools and day care providers of safety plan requirements. The rights and responsibilities of each parent/guardian, adult caregiver, safety plan participant and child protection/child welfare staff are listed in new forms **CFS 1441-D, Safety Plans Rights and Responsibilities for Parents and Guardians; CFS 1441-E, Safety Plan Rights and Responsibilities for Responsible Adult caregivers and Safety Plan Participants; CFS 1441-F, Safety Plan Responsibilities for Child Protection Specialists and Child Welfare Caseworkers**. All **CFS 1441** forms are available in central stores, templates, and the website; and
- After receiving verbal supervisory approval of the safety plan prior to leaving the family home, the Department or POS representative shall submit the signed **CFS 1441-A** to their respective supervisor for review and approval.

VI. ATTACHMENTS

CFS 1441-D, Safety Plans Rights and Responsibilities for Parents and Guardians (Revised 08/2016);

CFS 1441-E, Safety Plan Rights and Responsibilities for Responsible Adult caregivers and Safety Plan Participants (Revised 08/2016); and

CFS 1441-F, Safety Plan Responsibilities for Child Protection Specialists and Child Welfare Caseworkers (Revised 08/2016).

Please note that the **CFS 1441-A** is printed on a 6 Part form and available from Central Stores. The **CFS 1441-D – F** are printed on regular paper and available from Central Stores, DCFS Website and T drive. All forms will be available in Spanish.

VII. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to cfpolicy@idcfs.state.il.us.

VIII. FILING INSTRUCTIONS

Remove and replace Policy Guide 2014.20 with this Policy Guide immediately after **Procedures 302.250 Paramour Involved Families; Procedures 302.260 Domestic Violence; Procedures 302.388 Intact Family Services; Procedures 302 Appendix B Older Caregivers; Procedures 315.110 Worker Contacts and Interventions; Procedures 315 Appendix A CERAP and Procedures 300 Appendix G CERAP.**

SERVICES DELIVERED BY THE DEPARTMENT

December 14, 2010 – P.T. 2010.23

Section 302.260 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 section is to provide guidance to permanency workers when assessing safety and risk to children in cases where domestic violence is present or suspected as an underlying condition of child abuse or neglect.

Note: Follow-up workers will establish initial contact with the police as part of the case opening process if there is a history of police involvement with the family. Contacts will be made quarterly thereafter until the case is closed.

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;*

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- (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 patten 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).

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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 Level of Safety and Risk Related to Domestic Violence

1) The Child and Adolescent Needs and Strengths (CANS) assessment tool should be used to assess safety and risk related to domestic violence in the home. In the CANS assessment, the following four screens assess domestic violence in the home: “6 - Witness to Family Violence”, “14 - Adjustment to Trauma”, “90 - Intimate Relationships”, and “99 - Marital/Partner Violence in the Home.” When domestic violence is suspected or identified in any of these categories in CANS, the worker must then complete the SACWIS/CANTS 17A/DV, Domestic Violence Screen.

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, the caseworker shall discuss the situation with his/her supervisor as soon as possible. The worker shall document the discussion in a SACWIS case note.

Discussions regarding domestic violence shall also occur:

- During the case handoff between the investigation specialist and the permanency worker that will assume casework responsibility;
- Within five days of a case transfer/reassignment to a new worker of an existing child abuse or neglect investigation or open service case; and
- During an administrative case review as part of any discussion related to reunification.

The caseworker shall document these discussions in a SACWIS case note.

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3) Identifying Domestic Violence

A list of significant indicators to identify possible domestic violence case issues is set out below. When a worker determines that one or more of the indicators are present, the worker shall conduct follow-up domestic violence interviews with the 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.
- A history of receiving domestic violence services.
- Prior or current domestic violence order of protection.

The screen is complete if none of the above indicators are present. Workers should 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)

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- 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 harm or kill the children)
- 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.

4) Assessment (Level of Risk and Safety)

The presence of domestic violence may or may not warrant Department intervention. Workers 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 worker 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.

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The worker shall assess any strategies the adult victim has used in the past that can be supported or strengthened to protect the children. The worker shall also identify and document whether any of the following protective factors (from the Strengthening Families Initiative) are present between the non-abusive adult and children:

- parental resilience;
- social connections;
- knowledge of parenting and child development;
- concrete support;
- social and emotional competence;
- healthy parent-child relationships.

e) **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 workers should 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 on 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**

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Screen, the worker must 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 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). Workers shall refer to the Domestic Violence Practice Guide and consult with their supervisor for further guidance on how to make confidential referrals for adult victims.

f) Safety Planning

Workers shall utilize the guidance provided by the Domestic Violence Decision Tree (Attachment II) in situations where the domestic violence has been observed or documented in LEADS or official reports/records. The Domestic Violence Decision Tree also provides alternatives that workers may pursue with the non-offending adult victim prior to taking protective custody. Those alternatives 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; or
- 5) The children are taken into protective custody if their safety cannot be assured.

g) Service Planning Activities

The primary goal of service planning for domestic violence cases is to promote enhanced safety and protection for children. This will often be achieved by promoting enhanced safety for non-offending adult victims and by having domestic violence perpetrators take responsibility for their own behavioral change. In order to protect the confidentiality of

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adult victims and children, separate service plans shall be developed for the offender and the adult victim. The victim's service plan shall not be shared with the offender. Administrative Case Reviews shall be segmented in an effort to secure confidentiality. The addresses and/or phone numbers of adult victims and children fleeing from domestic violence perpetrators shall not be included in shared documentation.

Workers shall consult with their supervisors when developing service plans where domestic violence has been identified as an issue. Workers should also refer to the Domestic Violence Practice Guide, which includes interview tools; sample service plans, and plans for protection in domestic violence situations. Adult victims shall be offered services such as family supports, battered women's programs, legal services, welfare and housing advocacy or community counseling services. Perpetrators of domestic violence shall be referred to a Department of Human Services approved Partner Abuse Intervention Program. Perpetrators of domestic violence should NOT be referred to anger management programs for services to address domestic violence. Attachment E in the Domestic Violence Practice Guide is a statewide directory of victim and perpetrator programs for domestic violence. Interventions that the adult victim states will increase the danger to the family shall not be used or promoted by the worker in domestic violence situations without consultation with a supervisor. Consultation with a Clinical Domestic Violence Specialist from the DCFS Domestic Violence Intervention Program should be requested.

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, workers 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, staff 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.

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Attachment A Domestic Violence Practice Guide Path

Activity	DCP INVESTIGATION Requirements	Comments
<p>1a. Determine if domestic violence is present and presents risk or safety issues to the child.</p> <p>1b. Domestic violence is present and CERAP indicates the child is unsafe.</p> <p>1c. Domestic violence is present and CERAP indicates the child is safe.</p>	<p>1a. Complete CANTS 17A/DV, Domestic Violence Screen.</p> <ul style="list-style-type: none"> • Conducted by DCP investigator • Questions conducted with adult victim alone • Document in record <p>1b. Move immediately to Safety Planning. Give non-offending adult victim less intrusive options before taking protective custody.</p> <p>1c. Complete the domestic violence interviews to determine if the risk is high based on the information available. Offer adult victim confidential referral to domestic violence services whether or not a case is opened.</p>	<p>At this stage of the investigation, engaging the adult victim is critical. Remember fear of judgment, victim blaming or the removal of children may obstruct disclosure. Before introducing the Domestic Violence Screen, the investigator should summarize the Department’s philosophy and intent regarding domestic violence.</p>
Interview		
<p>2a. Interview adult victim (Domestic Violence Interview Guidelines, Attachment B) to determine risk level to the child.</p> <p>2b. Interview the child (Domestic Violence Children’s Interview Guidelines, Attachment B).</p> <p>2c. Assess risk level of batterer using the Domestic Batterer Interview Guidelines (Attachment B).</p>	<p>2a. The interview must be completed when the adult victim is alone.</p> <ul style="list-style-type: none"> • Continue to 2b if domestic violence is identified. • Assess past and current child protective factors. • Document in record. <p>2b. The interview must be completed when the child is alone.</p> <ul style="list-style-type: none"> • Document in record. <p>2c. Contact police to see if they have responded to reports of domestic violence at victim’s address.</p> <ul style="list-style-type: none"> • Document in record. • Consult with your supervisor to determine whether it is safe to interview the batterer. 	<p>Use creativity if needed to talk alone, e.g. call adult victim at work, meet away from home, etc.</p> <p>If information indicates that interviewing the batterer will place you or the children and adult victim in danger, do not conduct the batterer interview until safety can be assured.</p> <p>Assessment of batterer helps to determine the level of danger and potential lethality.</p> <p>Do not confront batterer with statements made by the adult victim or children. Batterers often retaliate against adult victims or children for disclosing domestic violence. Use third party documentation such as police reports as much as possible.</p>

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Activity	Interview (Continued) Requirements	Comments
2d. Assess level of risk to the child.	2d. Use the tools in this practice guide to help determine the level of risk to the child.	
Review Results of Investigation		
3a. Review results of interviews and other contacts.	3a. Complete a review of the investigative file and consult with the supervisor if the report information is inconsistent. Document consultation in case record.	If there appears to be battering by both partners, examine the following elements to determine if one partner is the primary aggressor of the violence and the other is responding in self-defense: <ul style="list-style-type: none"> • Who holds control or power in the relationship? • Who has been injured? • Who is afraid? • Who has access to resources? Obtain court and police records to help determine this.
3b. Non-abusing adult victim denies domestic violence or seems to resist services.	3b. Determine the reason for the resistance. <ul style="list-style-type: none"> • Consult with your supervisor. • Give the adult victim an accurate assessment of the available service options. 	Consult with supervisor to help determine if adult victim is keeping silent for the following reasons: <ul style="list-style-type: none"> • Fear of retaliation from the batterer • Fear of children being removed • Ability to assess danger is impaired due to severe trauma or other factors such as mental illness, developmental disabilities, etc. Encourage the non-abusing adult victim to seek services for self and children. <ul style="list-style-type: none"> • Tell non-abusing adult victim that the violence is the choice of the batterer. • Repeatedly voice your concern for both their safety and the safety of their children.
3c. Adult victim continues to decline to seek services and the level of risk to the involved children is high.	3c. Ensure protection of children through: <ul style="list-style-type: none"> • In-home services; • Wrap services; • Voluntary placement with others; or • Protective custody. Inform the non-abusing adult victim in advance of any plans by the Department.	Adult victims often blame themselves and can be greatly empowered toward seeking safety by the simple statements above. Often the adult victims who remain silent about the domestic violence are the ones who are in the greatest danger and are trying to protect the family by keeping silent.

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Review Results of Investigation (Continued)		
Activity	Requirements	Comments
		<p>Do not attempt to force a disclosure about domestic violence.</p> <p>When planning interventions remember that batterers' violence often escalates when there is outside intervention and when the victim takes steps to leave. Make sure that a safety plan is in place.</p>
Follow-Up		
<p>4a. Implement follow-up services for children and adult victim based on risk and service levels.</p>	<p>4a. Service tasks for adult victims must include the following:</p> <ul style="list-style-type: none"> • Integrate domestic violence issues in CERAP safety planning for self and children. <p>The appropriateness of the following services must be considered for all victims:</p> <ul style="list-style-type: none"> • Counseling through a specialized domestic violence program ; • Legal assistance including orders of protection; and • Shelter. 	<p>Do not inform batterer of adult victim's whereabouts or safety plans.</p> <p>Services may include:</p> <ul style="list-style-type: none"> • Supportive counseling for self and children to process the effects of domestic violence • Counseling to address personal safety issues in order to protect self and children from abusive partner • Education on the effects of domestic violence on children <p>Other services secured on behalf of the adult victims may include:</p> <ul style="list-style-type: none"> • Wrap services • In-home services • Day care • Parent support groups • Medical services • Transportation
<p>4b. Implement service tasks for batterer.</p>	<p>4b. Service tasks for batterers must include the following:</p> <ul style="list-style-type: none"> • Will not behave in a manner that is verbally, emotionally, sexually, or physically abusive toward partner or children; • Will not force children to witness or participate in abusive behaviors; 	<p>Other possible service tasks for batterers include the following:</p> <ul style="list-style-type: none"> • Will participate in a specialized DHS- approved partner abuse intervention program and follow all recommendations • Will be educated regarding the effects of domestic violence on children

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Follow-Up (Continued)		
Activity	Requirements	Comments
<p>4c. Interventions that are inappropriate</p>	<ul style="list-style-type: none"> • Will follow all conditions of court orders and Probation. <p>4c. Avoid the following interventions in cases of domestic violence:</p> <ul style="list-style-type: none"> • Couples therapy; • Anger management groups and other non-DHS approved offender treatment options; • Visitation arrangements that endanger adult victims or children; • Options that the adult victim tells you will put the family in greater danger shall not be considered without supervisory consultation; • Family therapy that includes the batterer; and • Court mediation/divorce mediation. 	<p>In some areas throughout the state the court may mandate couples counseling even where an objection is voiced. In such circumstances, case documentation could be helpful for future advocacy. The worker should also be aware that some victims will insist on couples or family counseling. Should this occur, make sure that the victim is fully informed of the pros and cons.</p>
<p>4d. Issues of confidentiality.</p>	<p>4d. Confidentiality guidelines must be followed:</p> <ul style="list-style-type: none"> • Confidential addresses of victims seeking safety should not be in record. • Disclosures by adult victim or children regarding their safety should not be shared with the batterer. • When information must be shared, such as in court proceedings, adult victims should be notified in advance so as to plan for their safety. 	<p>Workers that have questions concerning the legal use of confidential domestic violence information obtained from the family to provide appropriate child welfare intervention services should consult with their regional counsel or supervisor.</p>
Review and Monitoring		
<p>5a. Measure the batterer's progress.</p>	<p>5a. Measurement of batterer progress must consider if batterer:</p> <ul style="list-style-type: none"> • Has completed a DHS-approved partner abuse intervention program; • Is in compliance with court orders; • Stopped all physical force against the victim; 	<p>Use treatment reports and drop-in visits, in-person contact or other concrete documentation to determine progress.</p> <p>Continue to use the SACWIS/CANTS 17A/DV, Domestic Violence Screen, to determine if domestic violence is present.</p>

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Review and Monitoring (Continued)		
Activity	Requirements	Comments
<p>5b. Measures adult victim's progress.</p>	<ul style="list-style-type: none"> • Stopped threats of violence; • Stopped other acts of intimidation; • Stopped monitoring, harassing or stalking of victim; • Supports victim's friendships and other activities; • Accepts victim's right to set limits or say no. <p>5b. Case management inquiry must consider:</p> <ul style="list-style-type: none"> • Ability to use a safety plan if one was developed; • Ability and willingness to continue to work on safety issues with the worker; • Level of motivation to seek help and support from community services. 	

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Attachment B Interview Tools for Assessing Domestic Violence

Domestic Violence Interview Guidelines

This interview with the adult victim will help to assess the level of risk to the children and caretaker as well as the impact of domestic violence on the children. Because victims of domestic violence may be in denial about the effects of the violence on the children, questions regarding the children's safety need to be asked after the first few sets of general questions concerning domestic violence.

Tell the client that you will not tell the partner about anything said here. Also explain that you cannot grant anyone a guarantee of confidentiality for information that is essential for case planning, service delivery, court actions or Administrative Hearings.

Assure the client you are concerned about the caretaker's safety as well as the children's safety.

1. Tell me about your relationship.
2. How are decisions made in your relationship? How do disagreements get resolved?
3. Do you feel free to do, think, or believe what you want?
4. Does your partner ever act jealous or possessive? If yes, tell me more about that.
5. Have you ever felt afraid of your partner? In what ways?
6. Has your partner ever physically used force on you (e.g. pushed, pulled, slapped, punched or kicked you)?
7. Have you ever been afraid for the safety of your children?

Listen carefully to the responses to get a sense of the tone of the relationship.

If you sense that violence or severe control is present from the responses to the above questions, proceed to the following questions. The following questions will help you assess if the victims are in danger.

The following question will help you identify the perpetrator's level of control and the amount of freedom the adult victim has in the relationship:

Has your partner ever tried to control what you do? (Probe using the following examples if the victim does not understand or is hesitant.)

- Has your partner ever prevented you from going to work/school/church or to see friends or family?
- Has your partner listened in on your phone calls or violated your privacy, followed you, accused you of being unfaithful or acted jealous?
- Has your partner controlled your money or stolen your money?

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The following question will help you identify patterns of verbal, emotional, physical and sexual abuse.

Has your partner ever acted in a way that hurt you? (Probe using the following examples if the victim does not understand or is hesitant.)

- Has your partner called you degrading names, emotionally insulted you, humiliated you at home or in public, destroyed your possessions (e.g., clothes, photographs), broken furniture, pulled the telephone out?
- Has your partner threatened to injure you, him or herself, your children, or other family members? Has your partner hit, slapped, pushed, kicked, choked or burned you?
- Has he or she threatened to use a weapon or used a weapon?
- Has he or she threatened to kill you, hurt your pets or engaged in reckless behavior (e.g., drove too fast with you and the kids in the car)?
- Has your partner behaved violently in public or been arrested for violent crimes?
- Has he or she forced you to perform sexual acts that make you feel uncomfortable, prevented you from using birth control, withheld sex, hurt you during pregnancy; forced you to engage in prostitution or pornography?
- Has your partner forced you to use drugs?

The following question will help you to assess the level of risk to the children.

Have you been concerned with how your partner behaves toward the children? When you speak up on behalf of your children, how does your partner respond? (Probe using the following examples if the victim does not understand or is hesitant.)

- Has your partner called your children degrading names (e.g., stupid), threatened to take the children, called or threatened to call DCFS or accused you of being an unfit parent?
- Has he or she threatened to hurt or kill your children, hurt you in front of the children, hit your child with belts, straps or other objects?
- Has your partner touched your child in a way that made you feel uncomfortable? Has your partner assaulted you while you were holding your child?
- Has your partner asked your child to tell him or her what you do during the day, treated one child significantly different from another or forced your children to participate in or watch his or her abuse of you?

Has your child:

- Overheard the yelling and/or violence?
- Behaved in ways that remind you of your partner?
- Physically hurt you or other family members?
- Tried to protect you?
- Tried to stop the violence?
- Hurt him/herself?
- Been fearful of leaving you alone?

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- Had problems at home, school or day care, such as aggressiveness, violent behaviors, bed-wetting, sleeping problems, nightmares, etc?

The following question will help you determine the history of seeking help.

Have you sought help in the past and if so what happened? (Probe using the following examples if the victim does not understand or is hesitant.)

- Have you told anyone about the abuse?
- Have you seen a counselor and/or left home as a result of violence? If you left home, where did you go and did you take your children with you?
- Have you called the police, made a criminal complaint, filed for an order of protection or used a battered women's group or shelter?
- Have you ever tried to fight back?

General questions:

1. How dangerous do you think your partner is?
2. What do you think your partner is capable of?
3. Do you have any current injuries or health problems?
4. How has this relationship affected how you feel about yourself, your children, the future?
5. How do you explain the violence to yourself?
6. How do you believe your children understand the violence?
7. What do you believe would help keep you and/or your children safe?

If the adult victim seems to be in great danger, then the children may be too. Postpone the Domestic Violence Interview of Children until safety is achieved for adult victim and children.

Adapted from the Domestic Violence Initiative for Child Protective Services, Massachusetts Department of Social Services

Domestic Violence Children's Interview Guidelines

This interview will help to determine:

- Children's account of the violence,
- Impact of witnessing the violence, and
- Children's concerns about safety.

Child's Account of What He/She Saw

Worker: "Sometimes when grown-ups fight they get angry, and we know this is very scary for children. I want to ask you a few questions about when your parents fight and what you think about it."

Note: Older children are more likely to try to protect parents by minimizing reports of parental fighting. Younger children may be more spontaneous and less guarded with their reports.

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1. What kind of things do mom and dad (or name of partner) fight about?
2. What happens when they fight?
3. Do they yell at each other?
4. Do they hit each other?
5. What do you do when this is going on?
6. How do you feel when this is happening?
7. Do you ever get hit or hurt when mom and dad are fighting?

Assessment of Impact of Exposure to Violence

1. Do you find that you think about your parents fighting a lot?
 - a. When do you think about it?
 - b. What do you think about?
2. Do these thoughts when you are at school or while you are playing?
3. Do you ever have trouble sleeping at night?
 - a. Why?
 - b. Do you have nightmares?

Child's Worries About Safety

1. What do you do when mom and dad are fighting?
 - Stay in the same room
 - Go to older sibling
 - Leave/hide
 - Ask parents to stop
 - Phone someone
 - Other
 - Run out/get someone
2. When mom and dad are fighting, what do you worry about the most?
3. Have you talked to any other grown-ups about this problem?
4. Who would you call in an emergency?
5. What is their telephone number?
6. What would you say?

The permanency worker should help the children and adult victim decide where to go (e.g., another room or a neighbor's house) if there is domestic violence.

Adapted from the Domestic Violence Initiative for Child Protective Services, Massachusetts Department of Social Services

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Domestic Violence Batterer Interview Guidelines

Identifying Batterers

Most batterers appear harmless to outside observers; in fact, they often appear charming or mild-mannered to those outside of their household. As you review case information, keep in mind the following indicators of the batterer profile:

- Constant blaming of everyone but self;
- Obsessive behavior (e.g., jealous, accusatory);
- Threatening (e.g., suicide, violence, kidnapping, harming those who attempt to help);
- Stalking;
- Presents like a victim (Tries to convince you that they are the real victims.);
- Vengeful (e.g., files an order of protection against the victim);
- Powerful (Batterer may be in a position of power or report having friends in positions of power through wealth, organized crime or professions such as law enforcement.);
- Paranoid/ hypersensitive;
- Criminal record of violent offenses (Check batterer's criminal record.);
- Belligerent toward authority figures, which may include you as a DCFS worker.
However, the opposite may also be true. The Batterer may act harmless and even compliant to outsiders

Assessing Risk Level of Batterers

The following indicators are associated with increased danger in batterers:

- There is current alcohol or drug abuse. Never meet with batterers when they are under the influence of alcohol or drugs;
- The batterer has access to weapons; or
- The batterer has been trained in the martial arts or boxing.

The following factors must be considered when assessing potential lethality in families where there is domestic violence. The presence of any of these factors could increase risk of homicide committed by batterer, adult victim, or children and all interventions should be planned with this possibility in mind:

- The batterer's access to adult victim;
- Frequency and severity of abuse in current, concurrent or past relationships;
- The batterer's use, presence or threats with weapons;
- Threats to kill self, adult victim, children, or family members;
- Adult victim says the batterer has weapons in the home (When this factor is present, the worker should confer with his or her supervisor and seek the assistance of law enforcement **before** proceeding.);
- Hostage taking (e.g., not allowing adult victim and children to leave);
- Stalking;
- Past criminal record;
- Violence toward partner in public;

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- Obsession with victim;
- Ignoring negative consequences of violence (e.g. continuing violence in spite of being on probation, out on bail, or under Department's scrutiny);
- Depression or desperation;
- Psychosis, mental illness, or brain damage;
- Certain medications;
- Suicidal ideation of victim, children, or abuser;
- Adult victim's use of physical force;
- Children's use of violence;
- Past failures of systems to respond appropriately.

Certain situations can also trigger violence in batterers. The following situations can pose a risk of violent confrontation:

- **Adult victim is preparing to leave (e.g., shelter, order of protection, separation or divorce);**
- **Children are going to be removed;**
- **Batterer has just been released from jail or is facing serious criminal charges and possible incarceration;**
- **Allegations are made directly to the batterer regarding either domestic violence or child abuse and neglect;**
- **Batterer is asking for information regarding the family's location after a separation;**
or
- **Permanency plan goal changes to adoption.**

Any batterer is potentially very dangerous and only a small number of batterers fall into the categories below. However, the following three-batterer types create special cause for concern.

The Obsessed Batterer

- Very jealous
- Makes irrational accusations
- Cannot tolerate separation from partner
- Monitors partner's whereabouts through calls, questioning of children and others, check-up visits, etc.
- Makes threats to kill partner if partner leaves
- Says, "If I can't have you, no one will."

This type of batterer is the most likely to stalk, kill or injure the partner, even months or years after the partner has left or obtained an order of protection.

The Sadistic Batterer

- Inflicts severe pain or torture to partner such as burning, starving, beating for hours, etc.
- Violence has a bizarre, depersonalized character
- Profound lack of consideration of partner as a person, e.g., beating just after an operation

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- Assault without any warning or provocation
- Terrorizes spouse through continuous degradation
- Likely to retaliate severely against partner even as acting accepting of what you say
- Frequently has no criminal record
- Usually employed, sometimes in a prestigious position

The Hyper-Violent Batterer

- Takes offense easily
- Even mild attempts at limit-setting can trigger violence
- Views many situations as challenges to courage and feels a need to always prove self
- Often has a long criminal record resulting from bar fights, brawling, assault and battery charges, etc.
- Generally violent
- Can be very dangerous to partner, especially if partner fights back
- Usually has very belligerent relationships with authority figures and may assault you if feeling challenged

It is extremely important to refuse to work with this type of batterer if they threaten you or try to intimidate you.

Interview With Batterer

Do not confront the batterer with statements made by the adult victim or children. This will put the victim and children at increased risk of harm. When referring to the batterer's behavior, use third party reports such as police reports.

Conduct this interview only if doing so does not put you or the adult victim and children at risk.

1. Tell me about your relationship.
2. Tell me three things you like about your partner and family.
3. How does your family handle conflict?
4. What kinds of things do you expect from your partner/family?
5. What do you do when you don't get your own way?
6. Have you ever been so angry that you wanted to physically hurt someone?
7. Have you ever forcefully touched anyone in your family? In what way?
8. Have you ever been told that violence is a problem for you? By whom?

Adapted from the Domestic Violence Initiative for Child Protective Services, Massachusetts Department of Social Services

Domestic Violence Practice Guide

Attachment C Domestic Violence Risk Factors

This risk factor list may be used as a tool in helping to determine the level of risk. It is only a reference guide and not needed for documentation.

- A child injured due to domestic violence.
- The batterer has struck the adult victim while victim was holding a child.
- The child at risk of injury while trying to intervene in an incident of domestic violence.
- Weapons are used in assault.
- Adult victim has a history of serious injuries.
- There is significant substance abuse that contributes to the domestic violence.
- Adult victim has had a major physical injury or hospitalization due to domestic violence.
- Adult victim has been injured during pregnancy.
- Batterer has made death threats or threats of serious injury.
- Batterer stalks adult victim and children.
- Batterer has committed sexual assault of adult victim.
- There are multiple family stressors.
- The batterer's whereabouts are unknown.
- There are frequent, chronic domestic violence assaults.
- The adult victim and children have significant fear of the batterer.
- The adult victim and children have no plan for protection from domestic violence.

Guidelines for Assessing the Impact of Domestic Violence on Children

The following questions for the adult victim of domestic violence can be used to help ascertain the physical, behavioral, emotional and social impact of domestic violence on the children.

Note: Victims may deny or minimize the effect of domestic violence on the children. The adult victim is more likely to answer these questions realistically if you ask them after you have asked the general domestic violence questions.

Physical

- Does your child have any medical problems?
- Does your child have injuries or other health issues due to domestic violence?
- Has your child had bruises, broken bones, black eyes, burns, or pain?
- Has your child suffered unconsciousness due to hitting or choking?
- Has your child been injured by weapons?
- Has your child's health changed in recent months?

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Emotional

- Has your child had emotional changes?
- Is your child withdrawn, sad, exhibiting increased irritability, anxiety or having nightmares?
- Has your child had suicidal thoughts or acts?

Behavioral

- Is your child having behavior problems at home, school, or with peer relationships?
- Has your child used physical force or threats against you or others?
- Is your child dealing with anger in ways that disturb you?
- Is your child having problems eating, sleeping, running away, alcohol or drug abuse, sexual behavior, cutting themselves, harming animals or destroying toys?

Social

- Does your child have learning problems?
- Does your child have problems making friends?
- Has your child changed schools due to moves?
- Does your child get along with peers or adults?

Other

- Is your partner interfering with your ability to take care of your child, in considering the child's best interests or keeping your child safe?
- Do you feel supported in parenting your child by your partner?
- Is your partner able to take care of your child? To keep the child safe?
- Does your partner use your child to control you?
- Does your partner use physical force against your child?

Adapted from the Family Violence Prevention Fund's publication entitled Domestic Violence: A National Curriculum for Children's Protective Services, written by Anne Ganley & Susan Schecter

Protective Factors to Consider in Domestic Violence

The following protective factors may be considered as strengths in domestic violence interventions.

Perpetrator's Resources to Stop the Abuse

The batterer:

- Halts the abuse of the victim or children;
- Acknowledges abusive behavior as a problem;
- Acknowledges responsibility for stopping the abuse;
- Cooperates with current efforts to address abusive behavior;

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- Is aware of the negative consequences of abusive behaviors on the victim, children, and the batterer's physical well-being, self-image, legal status, social relationships and employment;
- Cooperates during the interviews;
- Is committed to victim safety;
- Demonstrates ability to comply with court orders and case plans;
- Is respectful of limits set by victim and/or agencies;
- Supports parenting efforts of adult victim;
- Considers children's best interests over parental rights.

Victim resources

The victim:

- Has the ability to plan for children's safety;
- Is willing to seek help.
- Has belief in children and self;
- Is resistance to the perpetrator's victim-blaming;
- Has work skills;
- Use of available money, time and material goods;
- Has parenting skills;
- Is knowledgeable of the abuser and the situation;
- Is healthy and has physical strength;
- Uses safety strategies for self and children;
- Has a support system.

Children's resources

The children:

- Have the ability to follow safety plans;
- Have a positive relationship with the adult victim, siblings, other family members or neighbors;
- Are school age;
- Do not have developmental issues;
- Take appropriate actions during violence;
- Seek help during a domestic violence incident;
- Follow instructions from the adult victim about what to do during a domestic violence incident.

Community resources

- Victim advocacy/support services
- Effective criminal justice response to domestic violence (e.g., police, prosecutors, courts, and corrections)
- Effective civil and family court response to domestic violence
- Welfare and social services

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- Health care services
- Safe housing
- Spiritual services
- Family/friends of the victim
- DHS approved partner abuse intervention programs
- Substance abuse treatment

Adapted from the Family Violence Prevention Fund's publication entitled *Domestic Violence: A National Curriculum for Children's Protective Services*, written by Anne Ganley & Susan Schecter

Worker's Plan For Protection

Learning to identify dangerous behavior and planning for your own protection is crucial when working with domestic violence. You will need to use extreme caution when intervening in a family. Your involvement may increase the risk to the family and yourself due to the threat it poses to the batterer's control of the situation.

Do not go to a home until you have carefully considered the following guidelines if domestic violence is present and you believe your intervention may place you at risk.

- Consult with your supervisor about your concerns.
- Consider taking a co-worker or police officer to the home.
- When doing an assessment or interviews with the family, always be aware of triggers for violence outlined in the Batterer Assessment section (e.g., adult victim is preparing to leave).
- If the domestic violence perpetrator has a violent criminal record or is on probation, a probation officer should be contacted and perhaps accompany you to the home.
- Whenever possible, the worker should meet with the batterer in the office.

Plan accordingly when working in high-risk situations.

- Never meet with the batterer alone. Whenever possible meet at the office or take a colleague.
- Be careful when leaving the visit or your office. Park your vehicle in a safe place.
- Contact law enforcement if a LEADS check shows criminal record or violent offenses.
- Notify your colleagues that a potentially dangerous client is coming in to meet with you and where and when you will meet.
- Whenever possible chose a room to interview the batterer in that has multiple exits to facilitate your exit from the room if the need arises.
- If possible, have security nearby. Know your office's emergency procedures.

If you find yourself in a dangerous situation:

- Trust your instincts.
- If you feel afraid, you are probably unsafe.
- Stay calm.

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- Know that the batterer will try to test your limits.
- Do not to engage in confrontation.
- If you feel anger directed at you, explain that you are there to help and end the visit.
- Always notify the adult victim to discuss safety options when you are aware of an escalation in the batterer's anger and/or in the risk to the adult victim and children.

Adapted from the Domestic Violence Initiative for Child Protective Services, Massachusetts Department of Social Services

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Attachment D Domestic Violence Service Plans

Adult Victim Plan

The DCFS or purchase of service permanency worker assigned to the case will complete the service plan in accordance with **Procedures 305, Client Service Planning**. The input of all participants in the case must be sought in developing the service plan.

Note: Administrative case reviews shall be segmented to protect the confidentiality of the adult victim and children.

Safety When Preparing to Leave

- Keep important phone numbers near the phone and teach the children when and how to use them.
- If it is safe to do so, tell my neighbors about the violence and instruct them to contact the police if they see or hear anything suspicious around my home.
- Make a list of safe places to go in case of emergency (e.g., family, shelter, police department, or friends).
- Remember my list of important things when leaving the house.
- Try to put money aside for phone calls, to open a separate savings account. A different bank should be used if you have a joint account.
- Create a code word for the children or friends so they can call for help.
- Keep copies of important documents or keys in a safe place outside the home.

Items to Remember

- | | |
|---|--|
| • Identification | • Medications |
| • Mine and my children's birth certificates | • Welfare |
| • Social Security cards | • Passports, green cards, work permits |
| • Order of Protection | • Divorce papers |
| • Custody orders | • Lease/rental agreement, house deed |
| • School and medical records | • Insurance papers |
| • Money, bankbooks, credit cards | • Address book and picture of abuser |
| • Keys to house, car, office | • Items of sentimental value (e.g., jewelry) |
| • Driver's license and registration | • Children's favorite toys and blankets |

Safety When the Relationship Ends

- Plan to change the locks, install a security system, smoke detectors, and outdoor lighting system. If the victim is involved in a criminal case, check with the State's Attorney's Office for possible cash assistance to purchase any of the above items.
- Inform friends and neighbors that my partner no longer lives in my home and that they should notify the police or me if my ex-partner is seen in the area.

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- I will provide school personnel and my children’s caregivers with copies of my order of protection and a list of persons that I have authorized to pick up my children.
- I will avoid locations where I may run into my batterer (e.g., bank, stores, and restaurants).
- I can obtain an order of protection from the court in my county. I will keep the order with me at all times and place a copy of the order in a safe place or with someone that I trust. I will notify the police of any violations of the order of protection.
- I will make a plan to contact someone for support, such as a friend or family member. I will call a hotline and/or attend a support group if I feel down or ready to return to a potentially abusive situation.
- I will make a list of important telephone numbers that include my local police, friends, the domestic violence hotline (1.800.799.7233) and the child abuse hotline (1.800.25.ABUSE).

Adapted from the Domestic Violence Initiative for Child Protective Services, Massachusetts Department of Social Services

Domestic Violence Protection Planning With Children

Explore the following issues with the adult victim and the children.

- How the children can escape from the house if an assault is in progress. If they cannot escape, what room in the house is the safest for them?
- How the children can avoid getting in the middle of an assault.
- Where they can go in an emergency. Ask the children to explain what they will do, step by step.
- How to call the police. Have them practice what to say.
- How to call supportive family members, friends or community agencies for help. Have them practice what to say.

Domestic Violence Protection Planning with Adults for Their Children

Explore the following issues with the perpetrator.

- What do you intend to do to stop your violent behavior?
- Will you respect court orders by removing weapons from your home, car, and environment; stop using alcohol or drugs; leave the house (like using time outs); go to counseling to ensure that the abuse stops and your family is safe?

Explore the following issues with the adult victim

- In what way can we help you to protect your children? What can we do?
- What have you tried in the past to protect your children?
- What do you need now to protect your children?
- Do you feel that a shelter or a protection order would be helpful to your children?

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- If yes, do you want to use these options now?
- If no, what other ideas do you have about ways to keep your children safe (e.g. their temporarily staying with relatives and friends)?

Adapted from the Family Violence Prevention Fund's publication entitled **Domestic Violence: A National Curriculum for Children's Protective Services**, written by Anne Ganley & Susan Schechter

Example Domestic Violence Service Plan Objectives

CHILDREN

Objective: The child will develop skills to cope with living in a home where there is violence.

Client and Service Tasks

- The child will participate in group or individual therapy sessions for children that have witnessed violence and/or who are victims of abuse.
- The permanency worker will provide the child's caregiver with a list of potential therapy resources and refer the child to the resources selected by the caregiver no later than the date established by the worker.

Evaluation of Progress Toward Achieving Objective

- The service provider will submit a report on child's attendance and progress to the family's permanency worker no later than the date established by the provider and worker.

Objective: The child will develop skills for self-protection that match the child's age and ability.

Client and Service Tasks

- The child will work with adult caregiver and caseworker to develop a domestic violence protection plan.
- The family's permanency worker will help the child and caregiver make a domestic violence protection plan, which will be complete by the date established by the caregiver and worker. The plan will be revised as needed to match the child's situation.

Evaluation of Progress Toward Achieving Objective

- The child will show that he or she knows the domestic violence protection plan by verbalizing it or acting it out.

Objective: The child will utilize non-violent problem-solving skills.

Client and Service Tasks

- The child will participate in group or individual sessions on alternatives to violence.
- The child's caregiver will be provided potential resources for these sessions and the permanency worker will make a referral for the service no later than the date established by the worker.

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- The permanency worker will do joint case planning with the service provider whenever possible.

Evaluation of Progress Toward Achieving Objective

- The service provider will submit a report on child's attendance and progress to the family's permanency worker no later than the date established by the worker and provider. The permanency worker will also utilize reports from family members, teachers, or other persons having contact with the child.

ADULT VICTIM

Objective: The adult caregiver will develop the capacity and willingness to protect her/his children.

Client and Service Tasks

- The adult caregiver will help her/his child make a domestic violence protection plan with assistance from their permanency worker. The plan will be changed as needed to meet the child's needs. The permanency worker will help the caregiver and child practice the plan.
- The adult caregiver will make a domestic violence protection plan for self and child, which will include places to go for safe shelter. The permanency worker will assist the caregiver and provide referrals for shelter. The plan will be changed as needed to match the family's situation.
- The adult caregiver will identify community resources to implement the domestic violence protection plan. The permanency worker will provide services such as transportation and child care to enable the family to access services.
- The adult caregiver will sign a release of information form so that all involved agencies can share case information. The permanency worker will provide the caregiver a copy of the release of information to sign. The permanency worker will also provide an explanation for the need to coordinate services.
- The adult caregiver will take part in education or support groups for victims of domestic violence. The permanency worker will provide referrals for education and/or support group no later than the date established by the worker. The permanency worker will discuss the case with service provider and do joint case planning whenever possible.
- The adult caregiver will learn about the legal options available to victims of domestic violence. She or he will seek appropriate legal options for protection. The permanency worker will inform the adult that there are legal interventions to keep her/him and the children safe. The permanency worker will connect the adult caregiver with the domestic violence advocate based at children services or provide a referral to a local agency no later than the date established by the worker. The permanency worker will discuss the case with the service provider and do joint case planning whenever possible.
- The adult caregiver will look for employment or will attend education or job training programs that will lead to employment. The permanency worker will provide the adult caregiver with potential resources for assistance to obtain employment. The worker will make the referral no later than the date established by the worker.

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Evaluation of Progress Toward Achieving Objective

- The child and adult will show that they now have a domestic violence protection plan by telling it to permanency worker or acting it out no later than the date established by the caregiver and worker.
- The adult caregiver will tell the domestic violence protection plan to the permanency worker no later than date established by the caregiver and worker.
- The adult caregiver will access community resources no later than the date established by the caregiver and worker.
- A signed consent for the release information will be placed in the case record.
- The service provider will submit a report on adult's attendance and cooperation to the permanency worker no later than the date established by the provider and worker.
- The adult caregiver will be able to discuss legal options with the permanency worker no later than date established by the caregiver and worker. The adult caregiver will provide the permanency worker with copies of police offense reports, petitions for orders of protection or orders of protection no later than the date established by the caregiver and worker.
- The adult caregiver will provide proof of employment or enrollment in a training program to the permanency worker no later than the date established by the caregiver and worker.

Objective: The adult caregiver will help children cope with and recover from the effects of the domestic violence.

Client and Service Tasks

- The adult caregiver will learn about the effects of domestic violence on children. The permanency worker will refer the adult caregiver to an education program no later than the date established by the worker. The permanency worker will discuss the case with the service provider and do joint case planning whenever possible.
- The adult caregiver will support the children's attendance at therapy sessions by providing or arranging for transportation to therapy sessions. If transportation is a problem, the permanency worker will arrange transportation for the child to attend therapy sessions no later than the date established by the worker.

Evaluation of Progress Toward Achieving Objective

- The adult caregiver will discuss the effects of domestic violence on the children with the permanency worker no later than the date established by the caregiver and worker.
- The service provider will provide the permanency worker with a report on the child's attendance and reasons for any absences no later than the date established by the provider and worker.

BATTERER

Objective: The offending adult will develop the capacity and willingness to protect the children by stopping all abusive behavior toward all family members. Abusive behavior includes physical abuse, sexual abuse, emotional abuse, threatening and stalking.

Client and Service Tasks

- The offending adult will follow all court orders and probation conditions when those systems are involved. The permanency worker will inform the offending adult that he or she will

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report violations of court orders to the police and probation violations the offending adult's probation officer.

- The offending adult will sign a release of information form so that involved agencies can share information. The permanency worker will provide a release of information consent form that will be signed by the adult.
- The offending adult will actively participate in a DHS approved partner abuse intervention program. The permanency worker will provide the offending adult with referrals for intervention programs no later than the date established by the worker.

Evaluation of Progress Toward Achieving Objective

- The offending adult will not commit acts of violence and obey all court orders and conditions of probation. The permanency worker will obtain this information from law enforcement, the offending adult's probation officer, and interviews with the non-offending adult, children and the offending adult no later than the date established by the worker.
- The signed consent for release of information form will be placed in the case file.
- The DHS approved partner abuse intervention program provider will submit a report concerning the offending adult's attendance, cooperation and progress no later than the date established by the provider and worker.
- The offending adult will discuss with the permanency worker how he or she is stopping the abuse. The discussion will occur no later than the date established by the offender and worker.
- The offending adult's progress will be determined by whether he or she has stopped the violence, threats, intimidation, monitoring, stalking and harassment. Progress will also be determined by whether the offending adult supports the adult victim's parenting, friendships, activities and limit setting.

Objective: The offending adult will assist, not hinder, efforts to help the children cope with and recover from the effects of domestic violence.

Client and Service Tasks

- The offending adult will learn about the effects of domestic violence on children. The permanency worker will provide the offending adult with referrals to programs that provide information on the effect of domestic violence on children no later than the date established by the worker.
- The offending adult will not keep the children from attending therapy sessions; will not follow or go with the children to their therapy sessions; will not discuss or quiz the children on what they discussed with their therapist; will not interfere or undermine the non-offending adult's parenting; will not threaten or harass the non-offending adult or children; will not withhold or threaten to withhold child support; and will not question the children concerning the non-offending adult's activities. The permanency worker will inform the offending adult that he or she will follow the above list of instructions.

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Evaluation of Progress Toward Achieving Objective

- The educational service provider will submit a report to the permanency worker on the adult offender's attendance and cooperation no later than the date established by the provider and worker.
- The permanency worker will determine if the offending adult violated any of the boundaries established by the "do not" list by reports from service providers, police reports or witnesses. The permanency worker will obtain reports no later than the date established by the worker.

Adapted from Shim, W. and Poertner, J. (1999). *Best Practice: Domestic Violence and Child Abuse and Neglect*. University of Illinois – Urbana-Champaign

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Attachment E

Illinois Department of Human Services Domestic Violence Victim Services Partner Abuse Intervention Programs

Southern Region – First Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • The Women's Center, Inc. 610 S. Thompson Carbondale, Illinois 62901 Camille Doris, Executive Director 618.549.4807 (Administration) 618.529.2324 or (Crisis) 800.344. 2094 or 618.997.2277 618.993.0803 (Sexual Assault) • Cairo Women's Shelter, Inc. P.O. Box 911 Cairo, Illinois 62914 E. Jeannine Woods, Director 618.734.4357 (Office) 618.734.4357 (Crisis) 	<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Anna Bixby Women’s Center 213 South Shaw Street Harrisburg, Illinois 62946 Barbara Wingo, Director 618.252.8380 (Office) 618.252.8389 or 800.421.8456 (Crisis) <p>Batterer Programs</p> <ul style="list-style-type: none"> • Alternatives to Violence Anna Bixby Women’s Center 213 South Shaw Street Harrisburg, IL 62946 618.252.8380 Contact: April Brown or Myrna Reynolds
Southern Region – Second Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Anna Bixby Women's Center Carmi, Illinois Barbara Wingo, Director 618.384.2003 (Office) 618.252.8389 (Crisis) • The Women's Center, Inc. Marion, Illinois Kelly Cichy, Executive Director 618.997.0949 (Contact: Jan Trice) 800.234.3094 (Crisis) 	<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Alice S. Snyder People Against Violent Environments (PAVE) Mt. Vernon, Illinois 618.533.7233 (Office) 618.533.7233, 618.242.7233, or 800.924.8444 (Crisis) • Stopping Woman Abuse Now PO Box 176 Olney, Illinois 62450 Linda Bookwalter, Director 618.392.3556 (Office) 618.392.3556 or 888.715.6260 (Crisis) Program services also available in Clay, Effingham & Jasper Counties

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Southern Region – Third Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Oasis Women's Center P.O. Box 981 Alton, Illinois 62002 Margarette Trushel, Director 618.465.1978 (Office) 618.465.1978 or 800.244.1978 (Crisis) • Phoenix Crisis Center, Inc. PO Box 1043 Nameoki Station Granite City, Illinois 62040 Nancy Kelley, Executive Director 618.451.1118 (Office) 618.451.1008 (Crisis) <p>Batterer Programs</p> <ul style="list-style-type: none"> • Alternatives to Violence Anna Bixby Women's Center 213 South Shaw Street Harrisburg, Illinois 62946 618.253.4324 Contact: Butch Davis 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • Stopping Woman Abuse Now Intervention Program PO Box 176 Olney, Illinois 62450 618.392.3556 Contact: Linda Bookwalter • People Against Violent Environments (PAVE) P.O. Box 342 Centralia, Illinois 62801 800.924.8444 or 618.533.7233 Contact: Kathy Donnelly <p>Program services available in Mt. Vernon</p>
Southern Region – Forth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • People Against Violent Environments (PAVE) P.O. Box 342 Centralia, Illinois 62801 Alice S. Snyder, Administrative Representative 618.533.7233 (Office) (Crisis) 618.533.7233, 618.242.7233, and 800.924.8444 <p>Program services also available in Clinton, Washington and Jefferson Counties.</p>	<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Stopping Woman Abuse Now Box 176 Olney, Illinois 618.392.3556 (Office) 618.392.3556 or 888.715.6260 (Crisis) <p>Program services also available in Christian, Montgomery, Logan and Menard Counties.</p> <ul style="list-style-type: none"> • Sojourn Shelter & Service 1800 Westchester Blvd. Springfield, Illinois 62704 Tami Silverman, Director 217.726.5100(Office) 217.726.5200 (Crisis) <p>Program services also available in Christian, Montgomery, Logan and Menard Counties.</p>

Domestic Violence Practice Guide

Southern Region – Forth Judicial Circuit (Continued)	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> Stopping Woman Abuse Now Box 176 Effingham, Illinois 62401 Linda Bookwalter, Director 217.342.4526 (Office) 888.715.6260 (Crisis) 	<p>Batterer Programs</p> <ul style="list-style-type: none"> People Against Violent Environments (PAVE) P.O. Box 342 Centralia, IL 62801 800.924.8444 or 618.533.7233 Contact: Kathy Donnelly
Central Region – Fifth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> Coalition Against Domestic Violence P.O. Box 732 Charleston, Illinois 61920 James Walters, Director 217.348.5931 (Office) 888.345.3990 (Crisis) Youth Resource Connection/YWCA 201 North Hazel Street Danville, Illinois 61832 Luan Horton, Executive Director 217.446.1217 (Office) 217.443.5566 (Crisis) <p>Services also available in Ridge Farm.</p> <p>Batterer Programs</p> <ul style="list-style-type: none"> Coles County Mental Health Center Rehabilitating Abusers Program (RAP) 845 18th Street Charleston, Illinois 61920 217.348.7667 or 7666 (Office) 866.567.2400 (Crisis) Contact: Barbara Estes 	<p>Batterer Programs</p> <ul style="list-style-type: none"> Danville YWCA Crossroads 201 North Hazel Street Danville, Illinois 61832 217.446.1217 Contact: Barbara Estes Coles County Mental Health Center Rehabilitating Abusers Program (RAP) 1300 Charleston Road Mattoon, Illinois 61938 217.234.6405 (Office) 866.567.2400 Contact: Barbara Estes

Domestic Violence Practice Guide

Central Region – Sixth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Dove Domestic Violence Program 788 East Clay Decatur, Illinois 62521 Teri Ducey, Director 217.428.6616 or 423.0950 (Office) 217.423.2238 (Crisis) • Dove DeWitt County Domestic Violence Program 111 South Quincy Clinton, Illinois 61727 Rita Etherton, Coordinator 217.935.6619 (Office) 217.935.6072 (Crisis) • BETHS Place PO Box 462 Tuscola, Illinois 61953 Barbara Utterback, Executive Director 217.253.2555 (Office) 217.253.6721 (Crisis) • A Woman’s Fund 1304 E. Main Street Urbana, Illinois 61801 Tami Tunnell, Executive Director 217.384.4462 (Office) 217.384.4390 (Crisis) 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • Dove, Inc. AIM Project 788 East Clay Decatur, Illinois 62521 217.428.6616 Contact: Barbara Greene-Broadhacker • Douglas County Mental Health & Family Counseling Association 114 West Houghton Tuscola, IL 61953 217.253.4731 Contact: Carol Davis
Central Region – Seventh Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Oasis Women's Center Jerseyville, Illinois 62052 Margarette Trushel, Director 618.498.4341 or 800.244.1978 (Crisis) 	<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Women's Crisis Center 446 East State Street Jacksonville, Illinois 62650 Dona Leonard, Director 217.243.4357 (Office) 877.243.5357 (Crisis) Program services also provided in Greene & Scott Counties.

Domestic Violence Practice Guide

Central Region – Seventh Judicial Circuit (Continued)	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Sojourn Shelter and Service 1800 Westchester Blvd. Springfield, Illinois 62704 Tami Silverman, Director 217.726.5100 (Office) 217.726.5200 or 866.435.7438 (Crisis) 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • Preventing Abusive Relationships P.O. Box 9886 Springfield, Illinois 62791 217.787.0315 Contact: Bernadette Jones
Central Region – Eighth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Sojourn Shelter & Service's Menard County Family Violence Prevention 118 East Jackson Petersburg, Illinois 62675 Tami Silverman, Director 217.467.6435 (Pager) 217.726.5200 (Crisis) • Quanada 2707 Maine Quincy, Illinois 62301 Marla Ferguson, Director 217.222.0069 (Office) 800.369.2287 (Crisis) <p>Program services also provided in Pike County</p>	<p>Batterer Programs</p> <ul style="list-style-type: none"> • Great River Recovery Resources 428 S. 36th Street Quincy, Illinois 62301 217.224.6300 (Office) 217.224.6300 (Crisis) Contact: Yvonne Lohmeyer
Central Region – Ninth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Fulton - Mason Crisis Service 1330 East Ash Street Canton, Illinois 61520 Martha Daly, Director 309.647.6097 or 7487 (Office) 309.647.8311 (Crisis) <p>Program services also available in Mason County</p>	<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Safe Harbor Family Crisis Center P.O. Box 1558 Galesburg, Illinois 61401-1558 Kathy Richardson, Director 309.343.7233 (Office) 309.343.SAFE (7233) (Crisis)

Domestic Violence Practice Guide

Central Region – Ninth Judicial Circuit (Continued)	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Western Illinois Regional Counsel Community Action Agency Victim Service 223 South Randolph Street Macomb, Illinois 61455 Diane Mayfield, Program Director 309.837.6622 (Office) 309.837.5555 (Crisis) • Safe Harbor Family Crisis Center P.O. Box 1558 Galesburg, Illinois 61401-1558 309.343.7233 (Office) 309.343.SAFE (7233) (Crisis) 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • Fulton-Mason Crisis Service Challenging Abusive Patterns 1330 East Ash Street Canton, Illinois 61520 309.647.2964 Contact: Bill Towery • Western Illinois Regional Council Community Action Agency 223 South Randolph Street Macomb, Illinois 61455 309.837.6622 (Office) 309.837.5555 (Crisis) Contact: Suzan Nash, Director

Central Region – Tenth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • WomenStrength P.O. Box 3855 Peoria, Illinois 61612-3855 309.691.0551 (Office) 800.559.7233 (Crisis) Margaret Triplett, Program Director Program services also available in Tazwell & Woodford Counties • Freedom House 440 Elm Place Princeton, Illinois 61356 815.872.0087 (Office) 800.474.6031 (Crisis) Mary Carla Grube, Executive Director Program services also available in Marshall, Putnam & Stark Counties. 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • The Center for Prevention of Abuse Family Violence Intervention Project 235 Everett Street East Peoria, Illinois 61611 309.698.2874 Contact: Ruth Anne Faught Program services also available in Peoria & Woodford Counties.

Domestic Violence Practice Guide

Central Region – Eleventh Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Sojourn Shelter & Service Outreach Logan County Courthouse Lincoln, Illinois 62656 Tami Silverman, Director 217.732.8988 (Office) 217.726.5200 (Crisis) • CA/CDV Neville House 923 East Grove Street Bloomington, Illinois 61701 Paula Dapkus, Program Director 309.828.8913 (Office) 309.827.7070 (Crisis) • ADV & SAS P.O. Box 593 Streator, Illinois 61364 815.673.1552 (Office) 800.892.3375 (Crisis) Margaret Morrison, Director Program services also available in Livingston County. 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • AVERT (Accused Violators Early Response Team) 200 West Front Street - Suite 400A Bloomington, Illinois 61701 309.828.2860 Contact: Cheryl Gaines or Julie Bozarth • Tazwood Mental Health Center 109 E. Eureka Street Eureka, Illinois 61530 309.467.3770 Contact: Eric Larson • BroMenn’s Domestic Abuse Program 403 West Virginia Ave. Normal, Illinois 61761-3666 309.827.4321 ext. 3517 or 3542 Contact: Cheri Miller; Brian Heatherton • Chestnut Health Systems Invitation to Responsibility 210 Landmark Dr. - Suite B Normal, Illinois 61761 309.451.8200 Contact: Susan Bunting; Lisa Spaude or Roger Shaw
Central Region – Thirteenth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Freedom House 440 Elm Place Princeton, Illinois 61356 815.872.0087 (Office) 800.474.6031 (Crisis) Mary Carla Grube, Executive Director Program services also available in Henry County. 	<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • ADV & SAS P.O. Box 593 Streator, Illinois 61364 815.673.1552 (Office) 800.892.3375 (Crisis) Margaret Morrison, Executive Director

Domestic Violence Practice Guide

Central Region – Fourteenth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Mercer County Family Crisis Center 110 N.W. Third Avenue Aledo, Illinois 61231 309.582.7233 (Office) 309.582.7233 (Crisis) Marla K. Reynolds, Director • Freedom House P.O. Box 544 Princeton, Illinois 61356 815.872.0087 (Office) 800.474.6031 (Crisis) Mary Carla Grube, Executive Director Program services available in Henry County. • Family Resources Domestic Violence Advocacy Program 322 16th Street Rock Island, Illinois 61201 319.322.1200 or 309.793.7729 (Office) 309.797.1777 or 563.322.9191 (Crisis) Patti Christiansen, Program Director • YWCA of the Sauk Valley 412 First Avenue Sterling, Illinois 61081 815.625.0333 (Office) 815.626.7277 or 288.1011 (Crisis) Carol Fitzgerald, Executive Director 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • Robert Young Center Partner Abuse Intervention Program 4600 3rd Street Moline, Illinois 61265 309.779.2031 Contact: Bob Koupal • ACT (Abuse Changing Team) YWCA of the Sauk Valley 412 First Avenue Sterling, Illinois 61081 815.625.0338 Contact: Fred Turk Note: Site located in the Northern Region
Northern Region – Twelfth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Groundwork 1550 Plainfield Road Joliet, Illinois 60435 815.729.0930 (Office) 815.729.1228 (Crisis) Rae Bramel, Director Program services available in Grundy County. 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • PARTNERS for Non-Violence 68 N. Chicago Street - Suite 211 Joliet, Illinois 60432 708.275.4380 Contact: Matthew G. Zatkalik

Domestic Violence Practice Guide

Northern Region – Twelfth Judicial Circuit (Continued)	
<p>Batterer Programs</p> <ul style="list-style-type: none"> • PARTNERS for Non-Violence 5940 W. 159th Street Oak Forest, Illinois 60452 708.275.4380 Contact: Matthew G. Zatkalik 	

Northern Region – Fifteenth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • YWCA/Domestic Violence Program Dixon, Illinois 815/625-0333 (Office) 815.288.1011 (Crisis) Carol Fitzgerald, Director • YWCA/VOICES Program 641 West Stephenson Street Freeport, Illinois 61032 815.235.1681 (Office) 815.235.1641, 877.994.7233 (Crisis) Linda McCllenan-Wright Director • CHOICES for Family/Peace and Justice PO Box 6166 901 Spring Street Galena, Illinois 61036 815.777.3681 (Office) 815.777.3680 (Crisis) Carrie Altfillisch-Melton, Program Director <p>Program services also available in Carroll and Joe Daviess Counties.</p> <ul style="list-style-type: none"> • H.O.P.E. of Rochelle P.O. Box 131 Rochelle, Illinois 61068 815.562.4323 (Office) 815.562.8890 (Crisis) Connie Mershon, Executive Director 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • YWCA of the Sauk Valley ACT (Abuse Changing Team) 412 First Avenue Sterling, Illinois 61081 815.625.0338 (Office) 815.626.7277 (Crisis) Contact: Roneta Hamman

Domestic Violence Practice Guide

Northern Region – Sixteenth Judicial Circuit

Domestic Violence Victim Services Programs

- Mutual Ground, Inc.
P.O. Box 843
Aurora, Illinois 60507
630.897.8989 or 897.0084 (Office)
630.897.0080 (Crisis)
630.553.7445 (Kendall County Crisis)
Linda Healy, Executive Director
- Safe Passage
P.O. Box 621
DeKalb, Illinois 60115
815.756.7930 (Office)
815.756.5228 (Crisis)
Pam Wiseman, Executive Director
Program services also available in Sandwich
- Community Crisis Center
P.O. Box 1390
Elgin, Illinois 60121
847.697.2380 (Office)
847.742.4182 (Crisis)
Gretchen Vapnar, Executive Director

Batterer Programs

- Family Counseling Service
MARS Program
70 S. River Street
Aurora, IL 60506
630.844.2662 extension 118
Contact: Doug Stocker
- The IDS Group
The LIFE Program
1706 N. Farmsworth Ave.
Aurora, IL 60505
630.236.1264
Contact: David Ideran or Jim Fisher

Batterer Programs

- Sunrise Growth Center
10 East Wilson Street
Batavia, Illinois 60510
630.406.1164
Contact: Mary Noble
- DeKalb Co. Domestic Violence Abuse Program
P.O. Box 621
DeKalb, Illinois 60115
815.756.5054
Contact: Pam Wiseman
- Community Crisis Center
Batterers' Program
P.O. Box 1390
Elgin, Illinois 60121
847.697.2380
Contact: Wendy DePatie

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Northern Region – Seventeenth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • PHASE/WAVE, Inc. – Domestic Violence Program 319 South Church Street Rockford, Illinois 61101-1316 Belvidere, Illinois 61008 815.966.1285 (Office) 815.962.6102 (Crisis) Jared “Jeb” Kresge, President/CEO <p>Batterer Programs</p> <ul style="list-style-type: none"> • PHASE/WAVE Partner Abuse Intervention Program 319 South Church Street Rockford, Illinois 61101 815.962.6102 extension 243 Contact: Marti Kauppinen • Community Counseling & Diagnostic Center (CCDC) 610 E. State Street Rockford, Illinois 61104 815.338.7749 Contact: Jeffrey Martin 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • Logan Counseling Controlling Community Violence 22334 Charles Street Rockford, Illinois 61104 815.484.0942 Contact: Michael Logan • PHASE/WAVE Partner Abuse Intervention Program 319 South Church Street Rockford, Illinois 61101 815.962.6102 extension 243 Contact: Marti Kauppinen
Northern Region – Eighteenth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Family Shelter Service P.O. Box 3404 Wheaton, Illinois 60187 630.221.8290 (Office) 630.469.5650 (Crisis) Karen H. Kuchar, Executive Director Program services also available in Carol Stream, Wheaton & Naperville 	<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Hamdard Center for Health & Human Services (Peoples Alliance for Progress) 355 N. Wood Dale Rd. Wood Dale, Illinois 60191 630.860.9122 (Office) 630.860.9122 (Crisis) Farzana F. Hamid, Executive Director

Domestic Violence Practice Guide

Northern Region – Eighteenth Judicial Circuit (Continued)	
<p>Batterer Programs</p> <ul style="list-style-type: none"> • LifeLink/Bensenville Home Society Domestic Abuse Batterers’ Program 331 S. York Road Bensenville, Illinois 60106 630.521.8222 Contact: Eric Gurreo or Kenneth Martin-Ocasio • DuPage County Domestic Violence Program Department of Human Resources Division of Psychological Services 421 N. County Farm Road Wheaton, Illinois 60187 630.682.7324 Contact: Thomas Sayers 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • Hamdard Center Health & Human Services 139 Front Street Wood Dale, Illinois 60191 630.860.9122 Contact: Farzana Hamid
Northern Region – Nineteenth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • A Safe Place/Lake County Crisis Center P.O. Box 1067 Waukegan, Illinois 60079 847.249.5147 (Office) 847.249.4450 (Crisis) Phyllis A. DeMott, Executive Director • Turning Point P.O. Box 723 Woodstock, Illinois 60098 815.338.8081 (Office) 800.892.8900 (Crisis) Louisett M. Ness (Lou Ness), Director <p>Batterer Programs</p> <ul style="list-style-type: none"> • The Counseling Center, Inc. 735 E. McArde Drive, Unit C Crystal Lake, Illinois 60014 815.455.3400 or 815.477.7481 Contact: Ron Baer or Kathy Caflisch 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • David L. Gates & Associates 501 Riverside Dr. Gurnee, Illinois 60031 847.625.0606 Contact: David L. Gates • Dr. Dugo & Associates 26267 Lakeland Drive Wauconda, Illinois 60084 847.635.2040 Contact: James Dugo, Ph.D. • A Safe Place/Lake County Crisis Center Intervention Program for Domestic Abuse and Violence P.O. Box 1067 Waukegan, Illinois 60079 847.249.0005 Contact: Mark Woodward

Domestic Violence Practice Guide

Northern Region – Nineteenth Judicial Circuit (Continued)	
<p>Batterer Programs</p> <ul style="list-style-type: none"> • Community Counseling & Diagnostic Center (CCDC) 666 Russel Court, Ste. 105 Woodstock, Illinois 60098 815.338.7749 Contact: Jeffrey Martin • Direct Counseling, Inc. 400 Russel Court Woodstock, Illinois 60098 815.337.9030 Contact: William Blaul 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • Turning Point, Inc. Men’s Alternatives to Violence/Abuse P.O. Box 723 Woodstock, Illinois 60098 815.338.8081 Contact: Cathy Smith
Northern Region – Twentieth Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Violence Prevention Center of Southwestern Illinois P.O. Box 831 Belleville, Illinois 62222 618.236.2531 (Office) 618.235.0892 (Crisis) Jane Lee, Executive Director 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • Provident Counseling Men Ending Domestic Violence #3 Executive Woods Swansea, Illinois 62226 314.968.2870 and 618.235.5656 Contact: Steve Doherty
Northern Region – Twenty-first Judicial Circuit	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Kankakee County Coalition Against Domestic Violence P.O. Box 1824 Kankakee, Illinois 60901 815.932.5814 (Office) 815.932.5800 (Crisis) Robin Savage, Director <p>Program services also available in Iroquois County</p>	<p>Batterer Programs</p> <ul style="list-style-type: none"> • Pathways P.O. Box 1824 Kankakee, Illinois 60901 815.929.0383 Contact: Karen Zander

Domestic Violence Practice Guide

Cook Regions - Chicago	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Anixter Center 6610 N. Clark St. Chicago, Illinois 60626-4062 773.973.7900 extension 227 Stuart Ferst, Executive Director • Apna Ghar 4753 North Broadway, Suite 518 Chicago, Illinois 60640 773.334.0173 (Office) 773.334.4663 (Crisis) K. Sujata, Director • Chicago Abused Women Coalition P.O. Box 477916 Chicago, Illinois 60647-7916 773.278.4110 (Office) 773.278.4566 TTY 278.4114 (Crisis) Beatris Burgos, Program Director Kim Riordan, Coordinator CAWC/Hospital Crisis Intervention Project 773.633.5992 (Crisis) • Family Rescue, Inc. P.O. Box 17528 Chicago, Illinois 60617 773.375.1918 (Office) 773.375.8400 (Crisis) Audrey Williams, Program Director • Friends of Battered Women & Their Children P.O. Box 608548 Chicago, Illinois 60660 773.274.5232 (Office) 800.603.4357 (Crisis) Kathy Doherty, Executive Director 	<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Healthcare Alternative Systems 2755 W. Armitage Ave. Chicago, Illinois 60645 773.252.3100 (Office) Marco Jacome, Executive Director • Howard Area Community Center 7648 N. Paulina Chicago, Illinois 60626 773.262.6622 (Office) Roberta Buchanan, Executive Director • Howard Brown Health Center 4025 N. Sheridan Rd. Chicago, Illinois 60613 773.388.1600 (Office) Courtney Reid, Deputy Director • Legal Assistance Foundation 111 W. Jackson – 3rd Floor Chicago, Illinois 60604 312.341.1070 (Office) Sheldon Roodman, Executive Director • Metropolitan Family Services 3843 West 63rd Street Chicago, Illinois 60629 773.884.2214 (Office) Ida Anger, Program Director • Mujeres Latinas En Accion 1823 West 17th Street Chicago, Illinois 60608 312.226.1544 (Office) 312.738.5358 (Crisis) Elsa Castillo, Program Director • Neopolitan Lighthouse P.O. Box 24709 Chicago, Illinois 60624 773.638.0228 (Office) 773.722.0005 (Crisis) Crystal Bass-White, Executive Director

Domestic Violence Practice Guide

Cook Regions - Chicago	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • New Hope Community Service 2701 West 79th Street Chicago, Illinois 60652 773.737.9555 (Office) Brenda Golden, Executive Director • Polish American Association 3834 N. Cicero Ave. Chicago, Illinois 60641 773.282.8206 (Office) Karen Popowski, Executive Director • Pro Bono Advocates/Legal Advocacy for Women 28 North Clark, Suite 630 Chicago, Illinois 60602 312.827.2420 (Office) Mary Trew, Executive Director • Rainbow House/Arco Iris 20 East Jackson Blvd., Suite 1550 Chicago, Illinois 60604 312.935.3430 (Office) 773.762.6611 (Crisis) Deirdre Cutliffe, Executive Director • Crisis Intervention Program Mt. Sinai Hospital Medical Center California Ave. at 15th Street, NR620 Chicago, Illinois 60608 773.257.6090 (Office) • Women's Resource Center C/O Chicago Friends Meeting House 10749 S. Artesian Ave. Chicago, Illinois 60655 773.238.5411 (Office) Rita Ryan, Outreach Coordinator 	<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> • Southwest Women Working Together 4051 W. 63rd St. Chicago, Illinois 60629 773.582.0550 (Office) Shelley Crump, Executive Director • Uptown Hull House/Women's Counseling Center 4520 North Beacon Chicago, Illinois 60640 773.561.3500 (Office) Maxine Florell, Director • Uptown Hull House/Domestic Violence Court Advocacy Project 1340 South Michigan - Chambers 202 Chicago, Illinois 60605 312.341.2883 (Office) Kristine Knoll, Director • Wellspring PO Box 368800 Chicago, Illinois 60636 773.962.0784 (Office) Elouise Spencer, Executive Director • YWCA of Metro Chicago 5901 N. Milwaukee Avenue, Unit F Chicago, Illinois 60646 773.763.4635 (Office) 888.293.2080 (Crisis) Sung Sook Choi, Program Director

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Cook Regions - Chicago	
<p>Batterer Programs</p> <ul style="list-style-type: none"> • Avance 2334 West Lawrence Avenue, Suite 205 Chicago, Illinois 60625 773.293.1770 Contact: Ramon Nolasco • Christine R. Call & Associates Skills for Nonviolent Living 2741 N. Spaulding Chicago, Illinois 60647 800.877.4181 or 773.862.5408 Contact: Christine Call • Circuit Court of Cook County Social Service Department Domestic Violence Program 2650 S. California Avenue, 9th Floor Chicago, Illinois 60608 Court-mandated Clients Only* 773.869.6049 (Chicago) Contact: Heather Flett • Healthcare Alternative Systems 2755 W. Armitage Avenue Chicago, Illinois 60647 773.252.3100 Contact: Paul Farina • La Familia Unida 3047 W. Cermak Road Chicago, Illinois 60623 773.522.7798 Contact: Jose Luis Avila • LifeLink/Bensenville Home Society Park Manor Office Domestic Abuse Batterers' Program 7006 S. Martin Luther King Drive Chicago, Illinois 60637 630.521.8222 Contact: Eric Gurreo or Kenneth Martin-Ocasio 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • Polish American Association Partner Abuse Intervention Program 3834 N. Cicero Avenue Chicago, Illinois 60641 773.282.8206 Contact: Eva Huzior • Polish American Family Intervention 6500 W. Archer Avenue Chicago, Illinois 60638 773.586.9511 Contact: Visia Fahrberger • Polish American Family Services 5146 W. Belmont Chicago, Illinois 60641 773.777.7885 Contact: Anna Tym • Universal Family Connection, Inc. 1350 West 103rd Street Chicago, Illinois 60643 773.881.1711 extension 128 Contact: Renee Rogers-Williams • West Side Domestic Abuse Project Haymarket Center 923 West Washington Chicago, Illinois 60607 312.226.7984 extension 360 Admissions, extension 480 Contact: Charlie Stoops or Christine Call • West Side Domestic Abuse Project University of Illinois at Chicago Institute for Juvenile Research MC 747 840 S. Wood - CSN - 311B Chicago, Illinois 60612 312.413.1441 Contact: Charlie Stoops or Christine Call

Domestic Violence Practice Guide

Cook Regions - Chicago	
<p>Batterer Programs</p> <ul style="list-style-type: none"> The Salvation Army Family Services Partner Abuse Intervention Program 4800 North Marine Drive Chicago, Illinois 60640 773.275.6233 Contact: Janet Wilson 	
Cook Regions - Suburbs	
<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> Lifespan P.O. Box 445 Des Plaines, Illinois 60016 847.824.0382 (Office) 847.824.4454 (Crisis) Denice Markham, Executive Director YWCA Evanston/North Shore Shelter for Battered Women and Children P.O. Box 5164 Evanston, Illinois 60204-5164 847.864.8445 (Office) 847.864.8780 (Crisis) Wendy Dickson, DV Program Director South Suburban Family Shelter, Inc. P.O. Box 937 Homewood, Illinois 60430 708.798.7737 (Office) 708.335.3028 (Crisis) Diane L. Bedrosian, Director Sarah's Inn P.O. Box 1159 Oak Park, Illinois 60304 708.386.3305 (Office) 708.386.4225 (Crisis) Mary Ruth Coffey, Director 	<p>Domestic Violence Victim Services Programs</p> <ul style="list-style-type: none"> Constance Morris House The Pillars Community Services 6120 South Archer Road, Box 10 Summit, Illinois 60501 708.485.0069 (Office) 708.485.5254 (Crisis) Lynn Siegel, Program Director Crisis Center for South Suburbia 7700 Timber Drive Tinley Park, Illinois 60477 708.429.7255 (Office) 708.429.SAFE (Crisis) Patty Wilson, Executive Director <p>Batterer Programs</p> <ul style="list-style-type: none"> LifeLink/Bensenville Home Society 4836 W. 13th Street Cicero, Illinois 60804 630.521.8222 Contact: Eric Gurreo or Kenneth Martin-Ocasio Pro-Health Advocates 5929 W. Roosevelt Road Cicero, Illinois 60804 708.652.7190 Contact: Judy Carlos or Lorena Delgado

Domestic Violence Practice Guide

Cook Regions – Suburbs	
<p>Batterer Programs</p> <ul style="list-style-type: none"> • Dr. Dugo and Associates 960 Rand Road - Suite 225 Des Plaines, Illinois 60016 847.635.2040 Contact: James Dugo, Ph.D. • Pro Solutions, Inc. The Men's Program 533 North Avenue Elmhurst, Illinois 60126 708.906.2899 Contact: Gary Montino or Vito Scavo • Family Service of Glencoe 675 Village Court Glencoe, Illinois 60022-1613 847.835.5111 Contact: Nancy Melsheimer • Community Crisis Center P.O. Box 1390 Elgin, Illinois 60121 847.697.2380 Contact: Wendy DePatie • South Suburban Family Shelter Domestic Violence Intervention Project P.O. Box 937 Homewood, Illinois 60430 708.798.7737 Contact: Pedro Moncada • Resurrection Health Care 1414 Main Street Melrose Park, Illinois 60160 708.681.0073 extension 260 or 244 or 708.649.2130 Contact: Ruben Gonzalez or Marcial Gomez 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • PARTNERS for Non-Violence 5940 W. 159th Street Oak Forest, Illinois 60452 708.687.7911 Contact: Matthew Zatkalik • Cook County Intervention Project PMB 140, 10300 S. Cicero Ave. Oak Lawn, Illinois 60453-4702 708.424.7085 Contact: Joseph Passananti • Sarah's Inn Skills for Nonviolent Living P.O. Box 1159 Oak Park, Illinois 60304 708.386.3305 extension 246 Contact: Michelle Maldonado • Associates in Human Development Counseling 1500 Hicks Road, Ste. 300 Rolling Meadows, Illinois 60008 847.483.0800 Contact: David Finn • Community Crisis Center Batterers' Program (also see Hoffman Estates) P.O. Box 1390 Elgin, Illinois 60121 847.697.2380 Contact: Anna Meier • Zabin and Associates, P.C. 9701 North Knox Avenue, Ste. 214 Skokie, Illinois 60076 847.677.3055 Contact: Jerry Zabin

Domestic Violence Practice Guide

Cook Regions - Suburbs	
<p>Batterer Programs</p> <ul style="list-style-type: none"> • The Pillars Community Services Options 7666 W. 63rd Street, P.O. Box 10 Summit, Illinois 60501 708.458.6920, 708.793.5550 Contact: James Edgren • Crisis Center for South Suburbia Choices Men's Program PO Box 39 Tinley Park, Illinois 60477 708.429.7255 Contact: Janice Frykland 	<p>Batterer Programs</p> <ul style="list-style-type: none"> • Associates in Human Development Counseling 710 S. Milwaukee Avenue Wheeling, Illinois 60090 847.483.0800 Contact: David Finn

Prevention Resource Development Project

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Mary Potts, Officer Prevent Child Abuse
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LANs 14, 22, 23, 23A, 24 & 25

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Domestic Violence Services

Domestic Violence Victim Services

The Illinois Department of Human Services funds 67 victim programs across the state. Contract compliance requires that comprehensive programs have the provision of domestic violence services to adult victims and their children as the primary purpose. Eligible clients are victims of domestic violence and their children. The programs must refrain from charging fees for domestic violence services. Programs must submit monthly documentation of service hours to the Department of Human Services (DHS) and are regularly monitored through site visits by DHS for contract compliance. Victim programs fall into the categories of comprehensive and specialized.

Comprehensive residential and non-residential domestic violence programs must minimally provide the following crisis intervention and prevention services to victims and their children:

- 24-hour crisis hotline
- 24-hour on-site shelter or off-site shelter
- Individual and group domestic violence counseling
- Individual and group counseling for children
- Legal advocacy including assistance in obtaining orders of protection
- Information and referral
- Transportation
- Development of domestic violence protection plans for adult victims and children
- Outreach and prevention programs in the community

Specialized domestic violence programs provide a specific domestic violence service such as a hotline, counseling or legal advocacy and must have written agreements with comprehensive domestic violence programs to provide referrals to comprehensive programs as appropriate.

Counselors providing domestic violence assessments and interventions outside of certified domestic violence programs should be certified by the Illinois Board of Domestic Violence Professionals.

Domestic Violence Batterer Programs

The Illinois Department of Human Services monitors batterer programs by monitoring for compliance with the *Illinois Protocol for Partner Abuse Intervention Programs*. 79 programs comply with the protocol. To be found compliant they must meet DHS standards for appropriate

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domestic violence intervention, specialized training for staff, safety procedures for partners of clients, and linkages with victim services, criminal courts, probation, substance abuse services and mental health services. Programs generally use the group format for interventions. Partner abuse programs usually charge for services, generally with sliding scales, and are regularly monitored by DHS for protocol compliance. The Attorney General's Office and Administrative Office of Illinois Courts also recognize the list of DHS-approved programs.

Additional Domestic Violence Resources

City of Chicago Domestic Violence Help Line, 1-877-TO-END-DV

Chicago Metropolitan Battered Women's Network, 312-360-1927

Illinois Coalition Against Domestic Violence, 217-789-2830

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2016.10

Replaces PG 2014.20

**Procedures 300 Reports of Child Abuse and Neglect
Procedures 302 Services Provided by the Department
Procedures 315 Permanency Planning**

DATE: August 26, 2016
TO: All Child Protection and DCFS/POS Child Welfare Staff and Supervisors
FROM: George H. Sheldon, Director 
EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to provide Child Protection and Child Welfare staff for with revised and updated Safety Plan Rights and Responsibilities for Parents and Guardians, Safety Plan Rights and Responsibilities for Adult Caregivers and Safety Plan Participants and Safety Plan Rights and Responsibilities for Investigators and Caseworkers. The updated forms provide additional information for parents and caregivers, adult caregivers and safety plan participants and investigators and caseworkers regarding the formulation of the safety plan, the information that needs to be detailed in the safety plan document, the process for modification of safety plans and the process for continual review of safety plans.

The instructions in this Policy Guide will be incorporated into **Procedures 302.250 Paramour Involved Families; 302.260 Domestic Violence; 302.388, Intact Family Services, 302 Appendix A Substance Affected Families; 302 Appendix B Older Caregivers; Procedures 315.110 Worker Contacts and Interventions; Procedures 315 Appendix A CERAP and Procedures 300 Appendix G CERAP.**

This Policy Guide is effective immediately.

II. PRIMARY USERS

Primary users are all Child Protection Specialists and Supervisors and all DCFS/POS Child Welfare Workers and Supervisors.



III. BACKGROUND

Procedures 300 Appendix G CERAP/Procedures 315 Appendix A CERAP (Current)

Safety Plans

Safety plans are voluntary, temporary and short term measures designed to control serious and immediate threats to children's safety. They must be adequate to ensure the child's safety and be as **minimally disruptive** to the child and family as is reasonably possible. Additionally, families can request that a safety plan be modified or terminated at any time. The safety plan will indicate which safety threat or threats have led to the need for a safety plan according to the completion of the CERAP. The safety plan will require a written description of what will be done or what actions will be taken to protect children, who will be responsible for implementing the components of the safety plan and how/who will monitor it. It is important that safety plans be developed with the family to control specific threats and that the family understands the mechanism for ending each safety plan. **Under no circumstance is a safety plan to serve as the solution to a long-term problem. A family may request at any time to modify or terminate the safety plan.**

When a safety plan is implemented, it should be documented on a **CFS 1441-A, Safety Plan** when it is likely that a child could be moderately or severely harmed now or in the very near future. The safety plan must be developed whenever there are protective efforts that would reasonably ensure child safety and permit the child to remain in their caregiver's custody. After the safety plan has been developed, it must be immediately implemented to ensure that all of the designated tasks are completed effectively. The safety plan should contain timeframes for implementation and continued monitoring.

IV. OVERVIEW

Public Act 98-0830 amended Section 21 (f) of the Children and Family Services Act [20 ILCS 505/21] and required the Department or POS caseworker to provide information to each parent, guardian and adult caregiver participating in a safety plan explaining their rights and responsibilities. These updated forms add additional information to the Safety Plan Rights and Responsibilities forms with the following information:

- The investigator and caseworker shall implement a safety plan only when DCFS has a basis to take protective custody of a child(ren) and the safety plan is an alternative to protective custody;
- The investigator and caseworker shall explain to the parent(s)/guardian(s) the safety plan alternatives and that the parent(s)/guardian(s) have a voluntary choice to enter into the safety plan as an alternative to protective custody and to choose the individual(s) responsible for supervising or monitoring the safety plan if such person(s) is/are determined to be qualified by DCFS;
- The investigator and caseworker shall modify the safety plan if the family's circumstances change or if the participants request modifications, including a change in the person(s) preferred by the parent(s)/guardian(s) to supervise or monitor the safety plan or serve as a temporary caregiver;

- Terminate the safety plan as soon as the investigator and/or supervisor determine there is no longer a legal basis to take protective custody and provide the parent(s)/guardian(s) with the Safety Plan Termination form; and
- The Department or POS representative shall ensure that the safety plan is reviewed and approved by their respective supervisor.

V. INSTRUCTIONS

Effective immediately:

- Child Protection and Child Welfare staff shall provide the parent, guardian and adult caregiver participating in a safety plan with a copy of the **CFS 1441-A, Safety Plan** that has been signed by all adult participants and the DCFS/POS representative;

Note: Department and POS staff must use only the **CFS 1441-A, Safety Plan (Rev 12/2014)** that has been revised to meet the requirements of PA 98-0830.

- The Department or POS representative shall provide each parent/guardian, adult caregiver and safety plan participant with information explaining their rights and responsibilities including, but not limited to: information for how to obtain medical care for the child, emergency contact information for participants including phone numbers and information on how to notify schools and day care providers of safety plan requirements. The rights and responsibilities of each parent/guardian, adult caregiver, safety plan participant and child protection/child welfare staff are listed in new forms **CFS 1441-D, Safety Plans Rights and Responsibilities for Parents and Guardians; CFS 1441-E, Safety Plan Rights and Responsibilities for Responsible Adult caregivers and Safety Plan Participants; CFS 1441-F, Safety Plan Responsibilities for Child Protection Specialists and Child Welfare Caseworkers**. All **CFS 1441** forms are available in central stores, templates, and the website; and
- After receiving verbal supervisory approval of the safety plan prior to leaving the family home, the Department or POS representative shall submit the signed **CFS 1441-A** to their respective supervisor for review and approval.

VI. ATTACHMENTS

CFS 1441-D, Safety Plans Rights and Responsibilities for Parents and Guardians (Revised 08/2016);

CFS 1441-E, Safety Plan Rights and Responsibilities for Responsible Adult caregivers and Safety Plan Participants (Revised 08/2016); and

CFS 1441-F, Safety Plan Responsibilities for Child Protection Specialists and Child Welfare Caseworkers (Revised 08/2016).

Please note that the **CFS 1441-A** is printed on a 6 Part form and available from Central Stores. The **CFS 1441-D – F** are printed on regular paper and available from Central Stores, DCFS Website and T drive. All forms will be available in Spanish.

VII. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to cfpolicy@idcfs.state.il.us.

VIII. FILING INSTRUCTIONS

Remove and replace Policy Guide 2014.20 with this Policy Guide immediately after **Procedures 302.250 Paramour Involved Families; Procedures 302.260 Domestic Violence; Procedures 302.388 Intact Family Services; Procedures 302 Appendix B Older Caregivers; Procedures 315.110 Worker Contacts and Interventions; Procedures 315 Appendix A CERAP and Procedures 300 Appendix G CERAP.**