INTRODUCTION

The impacts of the response practices and presence of law enforcement in domestic violence incidents have long been questioned and critiqued. Integral to this evaluation is the consideration of the response of police to domestic violence when children and dependents are involved. Parenting survivors, children, and parenting persons who cause harm endure a unique experience with law enforcement. This issue brief examines this experience through the perspective and stories of these individuals and service providers.

Law enforcement frequently creates the intersection of domestic violence and the family regulation system whether as primary initiators of maltreatment investigations or as an involved party in ongoing cases. Chicago Police Department (CPD) policy sets out specific requirements for officers responding to domestic violence incidents in accordance with the Illinois Domestic Violence Act (IDVA). This includes providing a Domestic Incident Notice (DNI) to the victim that outlines legal remedies, survivor rights, referrals to service agencies, and the official police report (if taken) with the information of the identifying officers. Officers are legally required to document the presence of dependents and include it in the report[1]. In 2020, CPD received 158,363 domestic violence-related calls for service with 1,373 calls with juvenile witnesses present[2]. Response policy when dependents are present states that if a victim wants to leave the scene it is presumed to be in the best interest of the child -
I. SURVIVOR EXPERIENCE

Despite the policy and directives designed to create standards of response to domestic violence, the experiences of survivors and the services they are provided vary based on the responding officer. While some survivors reported having positive interactions with helpful officers, others felt officers engaged in victim-blaming and judgment. Survivors and clients expressed feelings of being dismissed, unheard, and rushed.

Biases

A range of biases such as race, language barriers, and socioeconomic status may influence the response of law enforcement to parenting survivors and their children. In addition, officers may harbor biases regarding domestic violence in general. Survivors of color experience fear of law enforcement for a range of reasons including legal consequences and losing their children. Survivors who primarily or solely speak a foreign language can encounter minimal help from law enforcement as exemplified by a situation in which a survivor did not understand the information provided by the officer and this lack of ability to communicate led the officer to simply leave[8].

Furthermore, the demonization of poverty is commonly perpetuated against parenting survivors. Impoverished parenting survivors may face the added trauma and stress of law enforcement contacting DCFS and questioning their parenting ability. A recent situation involved an officer making a report of neglect due to the officer’s opinion that there was an inadequate number of bedrooms in the home[9].
Survivors often felt brushed aside in their interactions with law enforcement[10]. Their concerns and fears were dismissed and resulted in greater distrust of police. Service providers highlighted clients were rarely given a moment to process the trauma they just endured and were rushed in their reporting and interaction. Some survivors even faced minimization of their experience with officers laughing off their victimization or annoyance with having to do be present at all[11]. It was only with the tireless work of an advocate that one survivor felt heard. She said male officers grew increasingly insensitive with each interaction and if it were not for her advocate at Family Rescue, she would have never received the help she needed. Her advocate played an important role in making her experience less apathetic. Day or night, she had someone on her side that could help her navigate law enforcement more effectively[12].

"At best, the police treated me as a nuisance, an idiot, and a waste of their time. At worst, they put me and my toddler in more danger than if I had never called them at all." -Survivor

Policy Versus Practice

The requirements of CPD officers responding to incidents of domestic violence include providing a completed report, ensuring the safety of survivors and dependents, referrals to the domestic violence hotline, and enforcement of orders of protection[13].

In spite of these requirements, survivors and clients often received none of the services from responding officers. Service providers noted their frustration with the incomplete, incorrect, or non-existent police reports[14]. This may explain the relatively low number of only 1,373 calls with juvenile witnesses present as officers may not note that children were present at the scene. These reports are vital to documenting the violence against survivors in order for survivors to obtain legal remedies and protections. Their inaccessibility or non-existence severely hinders that process. However, the current system of providing reports through mail places survivors in danger. A survivor stated that she faced violence as CPD sent the reports to her home address where she still lived with the person causing her harm. She felt it diminished the purpose of filing a report if it was subsequently sent to the residence where the person causing harm resides[15].

Furthermore, responding officers usually arrive ill-equipped to provide the transportation or additional safety services parenting survivors need. While one survivor noted that the officer did offer transportation to the hospital, a majority report that this was never offered to them. Officers may feel too stretched by their responsibilities and other calls to prioritize this service. They may not respond with a vehicle that can accommodate multiple children or toddlers that require a car seat. Survivors then are forced to remain at the residence with no transportation to medical care or safety[16].
The Illinois Domestic Violence Hotline received 2,235 referrals from Chicago Police[17]. However, this rate of referral is infrequent and inconsistent as no interviewed survivors or service provider clients received referrals to services or the domestic violence hotline. Instead, survivors feel pressured to file police reports when they were not ready to press charges. A survivor was told they had to file a felony charge related to the sexual violence and threat they experienced. The survivor refused as she knew the process would be characterized by victim-blaming, doubt of her experience, and re-traumatization. She was told this was her only means of reprieve and did not provide any other resources. She ultimately decided to file a misdemeanor report referencing the destruction of property by the person causing her harm as it would not require any charges to be sought. It included no mention of the threats or violence she endured[18]. The inability to file information-only or non-arrest felony reports means survivors cannot officially document the abuse and are forced either forced into the carceral system or only allowed to share parts of their story.

II. IMPACT ON CHILDREN

The negative impacts of domestic violence on children present in the home is a thoroughly researched area. Children may face severe adverse impacts on mental health, behavior, and cognitive development manifesting negative behavior. Witnessing law enforcement intervention in domestic violence incidents may also contribute to these impacts[20].

Observing poor interactions of their parenting survivor with police can re-traumatize children and add to their current struggles with aggression, disassociation, and other behaviors[21]. Officers may escalate the situation with the survivor through lack of communication, making unnecessary demands of the survivor, or being rude and dismissive of the survivor. This usually results in escalation and emotional stress exhibited by the survivor and detracts from them seeking safety. Children subsequently experience detrimental effects such as fear as this unfolds in front of them. This is due to children not being removed from the area and settled in another space. Thus, children may also witness officers’ use of force or threats that are often used to de-escalate a domestic violence situation. This show of aggression adds and mirrors the violence children may have witnessed in the home further traumatizing and re-traumatizing them. A service provider underscored that officer behavior may not condemn the abuse by the person causing harm. A client faced verbal assault by the person causing her harm during a child exchange at the police station in front of her children. Police did nothing to denounce this behavior as wrong[22]. All these actions and behaviors by police convey to children that police do not equate to safety and may even create or precipitate more danger.
III. MANIPULATION BY PERSONS WHO CAUSE HARM

Persons who cause harm may utilize various techniques and mechanisms to instill fear and control over the survivor. A key way many persons who cause harm continue their abuse is through manipulation of response systems. Oftentimes, they have more access to resources that allow them to access these systems and navigate them more easily. While some flee the scene or avoid law enforcement, others use the system to their advantage. Service providers reported persons who cause harm trying to manipulate police to turn the tables against the survivor. This included filing false orders of protection against the survivor and lying to the police about the incident[26]. Persons who cause harm may manipulate police and their parenting responsibility concurrently through maintaining custody of the child past their allotted time. A survivor attempted to inform police of this type of situation and the violation of her order of protection that included her son but instead was met with verbal aggression from an officer who said she was wasting his time[27]. Service providers mentioned that officers rarely aided client efforts to get their children back from their abuser nor enforced orders of protection with strict parenting time[28]. As persons who cause harm see the lack of action from this response type, they continue to push the boundaries further into manipulation of the family regulation and legal systems.
Alternatives

Service providers and survivors stressed their lack of confidence in the ability of police to respond to domestic violence effectively. An advocate-first crisis response model could potentially provide the trauma-informed and comprehensive services that parenting survivors need. It centers around victim advocates along with medical staff and social workers that are trained in de-escalation. They would provide crisis services to parenting survivors and their children immediately and connect them to long-term care. Similar programs have been implemented in jurisdictions across the country such as the Mental Health First project in Oakland, California. The mobile crisis team serves as first responders and consists of doctors, nurses, mental health professionals, peers, and community advocates. This program provides mobile peer support, de-escalation assistance, and non-punitive and life-affirming interventions. Survivors are able to receive help in de-escalation of the situation and connection to wrap-around services [30]. The program operates independently from police and seeks to reduce police presence to mental health and domestic violence crises. Advocates in the Chicago area strongly support this model of an independent program that provides these services without CPD affiliation. It eliminates the fear survivors may feel in calling the police by providing a service that is unattached to the carceral system. In this way, parenting survivors can better access services they need such as shelter and food security without the fear of potential child removal or pressure to report or charge the person causing harm if they are not ready.
The Network: Advocating Against Domestic Violence is a collaborative membership organization dedicated to improving the lives of those impacted by domestic violence through education, public policy and advocacy, and the connection of community members to direct service providers.