ABOUT

The issue brief series “Parenting and Domestic Violence” is a project created by The Network: Advocating Against Domestic Violence (The Network) to highlight experiences of adult and child survivors and persons who cause harm within the three primary systemic legal responses to child-involved domestic violence. These systemic legal responses consist of law enforcement, the Illinois Department of Children and Family Services (DCFS), and the court system. This series explores how these responses treat and engage with survivors and the nature of parenting while a system-involved survivor of domestic violence. It seeks to offer improvements to these interactions, alternatives to these systemic legal responses, and outline community-based services that address the needs of survivors and their children more effectively.

This brief considers the interactions survivors are most likely to have with the family regulation system in the City of Chicago, which is served by the Illinois Department of Children and Family Services (DCFS). As such, survivors’ reports of their interactions with this agency form the basis of the case examples cited in this brief. The child welfare system may also be referenced as the ‘family regulation system’, popularized by scholar Dorothy Roberts, due to its impact on the whole family structure and attempts to enforce standards and norms on that structure [1]. Where possible and applicable, national data and case studies are cited to provide a broader picture of survivor experiences with child welfare organizations.

The Network worked with member organizations to be paired with survivors/clients and staff in order to learn about their experiences and perspectives.

INTRODUCTION

Parenting survivors may come into contact with DCFS due to interactions with law enforcement, a report made to the DCFS Hotline, an injury to their child during a domestic violence incident, a presenting issue such as substance abuse, or false reports made by the person causing harm[2]. A majority (65%) of reports to the DCFS Hotline come from mandated reporters[3]. These reporters include professionals who work with children such as medical, social service & mental health, education, recreation or athletic, child care, law enforcement, funeral home, and clergy personnel. These individuals are required to “report suspected child abuse or neglect immediately when they have “reasonable cause to believe” that a child known to them in their professional or official capacity may be an abused or neglected child”[4].
Abused and Neglect Children Act Definitions[5]

Physical Abuse:
- inflicts, causes to be inflicted, or allows to be inflicted upon such child physical injury, by other than accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function
- creates a substantial risk of physical injury
- deliberately and/or systematically inflicting cruel or unusual treatment which results in physical or mental suffering
- inflicts excessive corporal punishment
- commits or allows to be committed the offense of female genital mutilation
- causes to be sold, transferred, distributed, or given to such child under 18 years of age, a controlled substance

Neglect
- when a person responsible for the child deprives or fails to provide the child with adequate food, clothing, shelter, or needed medical treatment.
- when an adult provides inadequate supervision of a child.

This language may be considered a “failure to protect” law that punishes survivors for having their children present while experiencing harm. There is currently no clear definition of what constitutes “precautionary measures” which may confuse mandated reporters or survivors on the actions they must take. In 2020, there were 16,229 indicated Allegation 60 Option B cases. Cook County had 3,822 cases making up around 24% of cases under this allegation [9]. This allegation may also be grounds for child removal. While DCFS cites family preservation and reunification as its main goal, service providers encounter many client situations in which child removal seemed to be the first reaction to domestic violence[10][11]. This severely impacts survivors’ their children and increases the ability of persons who cause harm to use the child welfare system as a means of coercive control.

I. SURVIVOR EXPERIENCE

Despite the DCFS requirement of caseworkers to consult with a Domestic Violence specialist and policy of family preservation, survivor experiences varied based on the context of their interaction with DCFS and the investigator handling their cases [12]. Some survivors and service providers reported a positive experience with certain caseworkers described as helpful and compassionate. Yet, this is unfortunately not the experience of all survivors. Of the survivors The Network spoke with, the majority repeatedly felt threatened, punished for the harm they experienced, and uninformed throughout the process [13]. This included a distinct fear of losing custody and parenting responsibilities as a result of messages directly and indirectly communicated to them from DCFS. Communication and messaging to parenting survivors by the family regulation system is an under-researched area. Analysis of survivor interviews forms the basis of this section and may not be representative of every survivor interaction.
Lack of Communication

The investigative process can be a stressful and traumatic time for survivors. A lack of consistent communication on the progress of the case from DCFS investigators often increases anxiety among non-offending parents bearing the bulk of the responsibility for the outcome. Survivors reported reaching out for updates with no response after weeks of silence [14]. This leaves survivors with little to no information on cases with allegations against them or a persistent fear that child removal could occur at any time. When child removal has already occurred, parenting survivors are not apprised of their children’s whereabouts or the process to regain custody. A child in emergency removal was said to be held for a certain number of days, yet the survivor has to repeatedly call to ask how, if or when they would regain custody [15]. Removal can also occur without the survivor’s knowledge, which is a terrifying experience for the survivor and traumatic for the children abruptly removed. A service provider detailed the experience of a client that gave birth to her child, who then needed to stay at the hospital for monitoring. When the survivor returned to the hospital, her baby was gone. As she tried to locate her child, DCFS denied taking the baby but later revealed they did take custody of the child. The survivor spent days without knowing where her newborn baby was and was met with deception and noncommunication from DCFS [16].

Racial Bias

Discussion and acknowledgment of racial disproportionality in the child welfare system has led advocates and field experts to re-term the system as family regulation [17]. Prominent researchers leading this movement underline the carceral nature of family regulation that polices families and perpetuates racial bias[18]. Children of color are disproportionately over-represented and involved in the family regulation system. In 2019, 42% of children in foster care in Illinois were Black while Black children only make up 15% of the Illinois population [19]. Similarly, in 2019 Black children were represented in the Cook region at almost 2 to 3 times the rate they were in the general population in investigated reports, protective custodies, and indicated investigations. In 2020, Black families made up 34.9% of indicated Allegation 60 Option B in Illinois and 52% in Cook County [20]. As shown in the chart below from the Racial Disproportionality in the Illinois Child Welfare System 2020 Report, it is clear that racial bias exists – either explicit or implicit bias – in the family regulation system that results in the over-representation of Black families in all phases of the system [21].
A service provider highlighted the prevalence of racial bias in the comparison of two client cases. A Black parenting survivor fled harm during COVID-19 and suffered from a mental health episode. Her children were taken away very harshly right away after only a two-day episode. It subsequently took a year and a half to regain custody of her children. She diligently followed the case plan with intensive parenting classes and engaging in her therapy. Yet, the DCFS caseworker appeared to not be following or noting her progress. Instead, the caseworker repeatedly added things to the case service plan which unnecessarily extended the separation period between her and her children. In contrast, a white family with signs of neglect—malnourishment and underdevelopment—had a vastly different experience. The family went for services at the agency for several years. Despite seven reports to DCFS, the family was never investigated for the obvious situation of neglect[22].

**Threats and Punishment for Experiencing Harm**

Survivors frequently encounter the use of threats and ultimatums against them by DCFS caseworkers. These tactics appear to be intended to instill fear in survivors in order to comply with their demands and perspectives on achieving safety. Survivors may feel forced to leave the person causing harm despite lacking the resources to do so or file for an order of protection before they are ready[23]. Survivors may fear retribution from the person causing harm if they seek out legal remedies or contact law enforcement. Moreover, these interactions with other systems may cause more trauma due to victim-blaming, lack of understanding of domestic violence, or the requirement that survivors constantly recount their experience to different individuals, essentially reproofing their victimhood to maintain legitimacy as a survivor.

Caseworkers, by the design of the system, hold power over the survivor by controlling the process of removal and reunification. A history of domestic violence may be used against the survivor, with a DCFS caseworker misunderstanding a survivor’s use of existing protective factors. A service provider noted that in the last two months three newborns have been removed because of a survivor’s history of domestic violence[24]. Another survivor experienced child removal because DCFS believed she was in contact with the person causing harm[25].

A survivor that had two separate interactions with DCFS detailed the fear she felt from her second encounter. After picking up her son from a safe exchange program, she noticed an injury to her son’s hand. She had no information on the cause of the injury and promptly took him to the hospital. She was unable to ask the person causing her harm what happened as it would violate her order of protection. The social worker at the hospital stated they must call DCFS. The mandated reporter status of hospital personnel leads survivors to regret going to the hospital for fear of DCFS allegations due to their history of domestic violence. Early the next morning, police showed up at her door and later DCFS showed up. The survivor learned from her son’s daycare that he fell the day before. Despite her explanation, the DCFS caseworker asked probing and inappropriately personal questions about nationality and religion. The caseworker accused the survivor of making false allegations and dismissed her in the resulting anxiety attack that occurred during the traumatic interaction. The caseworker questioned her medications and mental health counseling she attended which led to the survivor refusing to participate in her therapy as she feared DCFS would hold it against her. The caseworker threatened if a situation like this one happened again, her child would be removed[26].
Another survivor experienced blame for the harm caused to her child by the person causing her harm. She was accused of knowing about the sexual abuse occurring and allowing it to happen. The caseworker questioned her endlessly and even came to the shelter where she was staying[27]. The survivor not only felt threatened but also unsafe with the intrusion. Domestic violence shelters are designed as locations of safety and confidentiality for survivors. A DCFS caseworker’s presence in the space hinders the ability of survivors to heal and seek the services they may need. It also may break confidentiality agreements of shelter staff who may feel intimidated to allow the caseworker into the shelter.

“The situation is already hard and you come to another obstacle and you’re afraid to speak your truth cause they’re going to come after you instead.”
- Survivor

Prohibitive Family Preservation Requirements

Case plans are a list of requirements parenting survivors must complete in order to regain custody or visitation of their children. These requirements may place an undue burden on parenting survivors who may lack access to the resources and programming to complete the plan. Requirements may include parenting classes, supervised visits, and therapy[28]. For example, survivors seeking services at a domestic violence agency may need complete services that are not offered by the agency. The survivor must then seek another service provider that does offer the programming. Yet, many face no availability due to long client waitlist and are subsequently penalized for not completing the requirements on the designated timeline.

While some organizations are equipped to provide commonly required services such as parenting classes to clients, very few organizations can[29]. Survivors may be faced with having to pay for services elsewhere or risk consequences from DCFS. Yet, many survivors experienced financial abuse from the person causing harm and may not be financially stable to access services. Barriers they may encounter may be the technological divide (especially during remote services as a result of the pandemic), work schedules, inaccessibility of public benefits, and transportation challenges[30]. Inability to complete these requirements leads to extended separation from their children or the possibility of complete loss of parenting responsibility in the future.

II. IMPACT ON CHILDREN

Children with violence present in the home already experience trauma. Additional trauma may occur during the family regulation process especially during child removal or involvement in the foster care system. Research into the effects of child removal show “separation can impact children in various ways, including developmental regression, difficulty sleeping, depression, and acute stress.”[31] Family separation can be considered an “Adverse Child Experience (ACE)”. Violence in the home is also categorized as an ACE. Child removal has similar or even more severe impacts on the child’s ability to regulate stress and can have detrimental physical, social, mental, and developmental health impacts [32]. This is especially true for child removal during the first two years of life. A 2009 study in the Journal of Attachment & Human Development found that family separation of over a week or more contributed to “higher levels of child negativity toward mothers (at age 3) and aggression (at ages 3 and 5)”.
Even brief removal periods severely impact child socioemotional development[33]. Moreover, research supports newborn connections with birth mothers are critical to development. In cases of newborn removal, the necessary bonding cannot occur. Thus, lack of physical contact and closeness to birth parents results as a result of removal are detrimental effects for newborns[34].

Trauma also occurs in the foster care placement after removal as it often lacks clear explanations and counseling for children. Children may be unaware of the reason for their removal or if they will ever be re-unified with their families. This can lead to “feelings of instability, loss of status and a loss of control” due to the many unknown variables of foster care [35]. Children may experience separation anxiety, developmental regression, inability to manage emotions, academic difficulties, sleeping issues, and even suicidal ideation[36]. Parenting survivors reported fearing the possible emotional toll foster care placement takes on their children. Moreover, some believe their children may encounter unfit living conditions or maltreatment during their placement. While these feelings toward foster care conditions may stem from anecdotal evidence, it is nonetheless a real fear [37].

A prime example, provided by a member organization Children’s Advocate, highlights the possible aforementioned developmental impacts of child removal. During a supervised visitation session after removal, a parenting survivor noticed her child had developmentally regressed. The child displayed signs of speech regression and dysregulation, poor ability to manage emotional reactions. It was apparent the child was suffering from the separation from his mother and had no understanding of the situation.

Months later when the mother was granted full supervision, the child experienced changes in emotional reactions and severe separation anxiety. In this case, removal caused serious socioemotional ramifications on the child and subsequently on the survivors [38].

While child removal in cases of domestic violence is supposed to help make children safe, in actuality it often creates additional trauma and adverse experiences for the children involved. In light of the effects of child removal on child development and health, researchers find that family preservation with a survivor parent is less traumatizing. It preferable for children to stay with their families and receive supportive services to address the violence or other instabilities in the home [39].

### III. MANIPULATION BY PERSONS CAUSING HARM

Similar to how persons who cause harm utilize law enforcement to maintain power and control, they may also manipulate the child welfare system. The history of domestic violence or other presenting issues can be weaponized by persons causing harm by threatening to reveal them to DCFS. They may create fear of losing parenting responsibility against survivors to ensure survivors remain and do not seek safety. Caseworkers with little training in the tactics of persons causing harm may be susceptible to manipulation of the facts and realities of the violence occurring. Persons causing harm may be very skilled in speaking with DCFS and may minimize the situation or flip the narrative against the survivor. This may be especially prevalent when a survivor lacks language access to communicate with DCFS. The person causing harm may speak English and therefore be able to manipulate the situation or navigate it more effectively.
Non-English-speaking survivors may not be interviewed or able to express their side. Language remains a substantial barrier in interacting with response systems.

Persons causing harm may also report false accusations of abuse or neglect by the survivor and mobilize family members to file similar reports[40]. A survivor reported facing a DCFS investigation as a result of false accusations of physical harm and malnourishment by the person causing harm[41]. Similarly, a service provider highlighted this through a client story where the person causing harm facing DCFS investigation enlisted three family members to make false reports to balance the allegations against them[42]. While legal representation is not a right in DCFS proceedings, it enables individuals to navigate the system more effectively. Persons causing harm are more likely to have the resources for legal representation and obtain guidance on their case[43].

### IV. IMPROVED RESPONSE & ALTERNATIVES

#### Improvements

**DCFS Policy**

Service providers and survivors highlight several areas within DCFS policy in need of clarification and improvement. A prime example is a need for a clear policy that states caseworkers are not allowed to require survivors to file or obtain an order of protection. This demand places added stress on the survivor who may be struggling with lack of access to resources, threats from the person causing them harm, or unresolved emotional trauma. Firmly outlining that orders of protection cannot be mandated will demonstrate that DCFS recognizes the dynamics of domestic violence and priorities survivor needs. In the same vein, DCFS must work to provide flexibility in case service plans.

As there may be many reasons for the inaccessibility to requirements on a case service plan, DCFS must provide alternatives. This includes alternatives to common requirements such as parenting or domestic violence classes to truly show that family preservation and aid the survivor on their parenting journey is the goal of DCFS.

Moreover, while the existence of a DCFS Domestic Violence specialist is helpful to guide caseworkers in domestic violence-related cases, the required consultation with this specialist does not always occur[44]. Moreover, one Domestic Violence specialist office is not a replacement for more comprehensive training of caseworkers. This includes implementing an advanced curriculum that is culturally competent and focuses on eliminating victim-blaming and manipulation by persons causing harm[45]. Advocates also support the current pilot project to create co-located model with domestic violence advocates in DCFS offices. Caseworkers would have on-site support and clarification to handle these scenarios in a trauma-informed manner[46]. This, in turn, would likely improve the practice of family preservation as histories of domestic violence would not be used against survivors.

**Legislative and Institutional Changes**

Improvements are needed institutionally in family regulation policy and research. An advocate and social worker suggested clarification of Abused and Neglected Reporting Act (ANCRA) definitions such as what is specifically considered neglect. This clarity may resolve the criminalization of impoverished survivors. Moreover, the addition of rights including rights to counsel in DCFS cases would improve survivor experiences and ability to navigate the complicated process [47]. Transparency and the availability of objective research on the family regulation system are also required.
The newly enacted DCFS Racial Disproportionality legislation is a critical step in addressing racial biases in family regulation. Yet, more can be done. These changes can greatly improve the experiences of parenting survivors and service providers’ ability to help survivors navigate the system.

Alternatives

Survivors and service providers overwhelmingly voiced that access to wrap-around services and universal basic goods would have benefitted their children and path toward safety more than DCFS. Critical services such as employment aid, financial assistance, housing, and children’s services allow survivors to seek safety and build their capacity for long-term success[48]. When individuals encounter families with signs of domestic violence and if neglect is unknown, it is advised to refer them to these services instead of making a call to DCFS. Survivors will be better served through wrap-around services than the possible re-traumatization and child removal through family regulation.

A complete alternatives to DCFS toolkit created by University of Illinois: Chicago Jane Addams School of Social Work students can be found here.

Protective Factors for Safety Planning

Service providers that encounter parenting survivors who are struggling to access universal basic goods or other resources that would help stabilize their situation can incorporate protective factors into their safety planning protocols. This may empower and support survivors to address potential areas that could be construed as grounds for neglect by DCFS. Rather than just provide a list of referrals to address these needs, service providers can integrate a connection to these resources in their services.

For example, service providers can offer to contact a childcare provider on call that would enable survivors to seek safety, employment, or other services. Similarly, service providers can facilitate a seamless connection to other community resources such as food banks or community health clinics that help survivors meet the basic needs of themselves and their families. Additionally, safety planning can include how to utilize close family relationships and develop financial independence to achieve safety and healing. These all serve as means to aid survivors in avoiding contact with DCFS for issues of potential neglect as a result of the instability or challenges that may arise from experiencing harm.
REFERENCES


[4] Ibid.

[5] Ibid.


[7] Ibid.

[8] Ibid.


[15] Ibid.

[16] Ibid.


[18] Ibid.


[22] Network interview with service providers participants, July–August 2021.

[23] Ibid.

[24] Ibid.

[25] Ibid.

[26] Network interview of individuals identifying as parenting survivors, July–August 2021.

[27] Ibid.


[29] Network interview with service providers participants, July–August 2021.


[32] Ibid.

REFERENCES

[37] Network interview of individuals identifying as parenting survivors, July–August 2021.
[38] Network interview with service providers participant, October 2021.
[40] Network interview with service providers participants, July–August 2021.
[41] Ibid.
[42] Ibid.
[43] Ibid.
[46] Ibid.
[48] Ibid.

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.