



ASSESSMENT OF THE CURRENT RESPONSE TO DOMESTIC VIOLENCE IN CHICAGO

By Leslie Landis
Director, Mayor's Office on Domestic Violence



City of Chicago
Mayor's Office on
Domestic Violence

Richard M. Daley
Mayor

333 South State Street
Suite 550
Chicago, IL 60604
312-747-9972
Fax: 312-745-3399

Domestic Violence Advocacy Coordinating Council

Sgt. Kathy Argentino
Chicago Police Department

Denice Markham
Life Span

Larry Bennett
University of Illinois Chicago

Linda Miller
Rehabilitation Institute of Chicago

Laura Bertucci
State's Attorney's Office

Linnea O'Neil
Metro Chicago Health Care Council

Beatris Burgos
Chicago Abused Women Coalition

Anne Parry
Chicago Department of Public Health

Mary Ellen Caron
Department of Children and Youth

Maria Pesqueira
Mujeres Latinas en Acción

Superintendent Phillip Cline
Chicago Police Department

Wendy Pollack
Shriver National Center on Poverty Law

Joyce Coffee
Family Rescue

Jody Raphael
DePaul University Family Law Center

Vickii Coffey
Chicago Metro. Battered Women's Network

Kim Riordan
Field Foundation

Mary Coleman
Illinois Department of Human Services

Amy Rubin
Jewish Women International

Judge Gloria CoCo
Domestic Violence Division

Paul Schewe
University of Illinois Chicago

Dawn Dalton
Jane Adams Hull House

Aparna Sen
Apna Ghar

Kathy Doherty
Between Friends

First Deputy Superintendent Dana Starks
Chicago Police Department

Elizabeth Drapa
Chicago Supportive Housing

Brenda Thomas
Branch Family Institute

Barbara Engel
Illinois Criminal Justice Information Authority

Carol Warshaw
Domestic Violence Mental Health Policy Initiative

Joyce Gallagher
Chicago Department of Aging

Velma Williams
Department of Children and Family Services

Jill Geltmaker
Heartland Alliance

Jennifer Welch
Office of the Attorney General

Chris George
Loyola University Center for Urban Research and Learning

Crystal Bass White
Neapolitan Lighthouse

Phillip Hampton
Chicago Public Schools

Mayor' Office on Domestic Violence

Judge Dave Haracz
Domestic Relations Division

Leslie Landis, Executive Director/Project Manager

Judge Moshe Jacobius
Domestic Relations Division

Jeri Linas, Assistant Director/Special Assistant

Lynn Johnson
Chicago Foundation for Women

Emily Muskovitz Sweet, Program Director

Marjorie Johnson
Department of Human Services

Tina Shelton, Staff Assistant

Marista Keating
OEMC

Leenet Grant, Receptionist/Clerk

Lori Levin
Illinois Criminal Justice Information Authority

Michelle Fugate, Coordinator of Research & Evaluation
(through October 2006)

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2007**

Leslie Landis
Mayor's Office on Domestic Violence

Acknowledgments

The goals for this Assessment were to reflect the full scope of the response to domestic violence in our city; illustrate the interconnectedness of many of these efforts; highlight the many advances that have occurred; and identify the emerging and persistent issues we face together in improving and enhancing our collective response.

The process of updating a 1997 *Assessment of the Current Response to Domestic Violence in Chicago* began in March 2006. What I perceived to be a task that I could complete over a six-month period ultimately became a year and a half effort. With the creation of a survey in 2006, MODV began to collect information from non-profit programs based on 2005 annual close out data. Help Line data from 2005 was also used at that time to begin the process of informing this 2007 updated version of the Assessment. Many members of DVACC provided vital information and feedback. The volume of information collected and the unanticipated pathways to information that unfolded during the process of updating the original Assessment reflected a degree of accomplishment and growth that required more time than anticipated for completion of the update. Now, having completed the Assessment I can report that there is much to be proud of, yet there is more work to be done.

Without Mayor Richard M. Daley's ongoing support of the Mayor's Office on Domestic Violence, this 2007 *Assessment of the Current Response to Domestic Violence in Chicago* would not have been completed.

This Assessment would not have been possible without the participation and cooperation of many individuals and agencies. Some information is directly summarized from materials submitted for inclusion or use in preparing this update. As an Assessment of this nature is not the work of one person, I would like to thank the following for their contributions, which to ensure accuracy were incorporated throughout often without attribution: Emily Muskovitz Sweet, Jeri Linas, Michelle Fugate, Amy Rubin, Jody Raphael, Chris George, Greg Kedzior, Vickii Coffey, Denice Markham, Wendy Pollack, Joyce Coffee, Jennifer Greene, Dawn Dalton, Marion Houston, Mary Coleman, Kathy Argentino, Jan Russell, Larry Bennett, Linnea O'Neill, Paul Schewe, Carole Warshaw, Marlita White, Joan Rappaport, Jennifer Kuhn, Azim Ramelize, Karin Dooley, Margaret Holmes, Marista Keating and Regina Hodges. I also want to thank the many agencies that completed the non-profit agency survey.

The Points for Engagement reflected throughout the text are intended as jump off points for further discussion and debate. There is general agreement that these points require our collaborative attention. MODV is prepared to facilitate and/or contribute to these discussions to move forward in building solutions and enhancements to Chicago's response.

Leslie Landis
Executive Director/Project Manager
Mayor's Office on Domestic Violence

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ASSESSMENT OF THE CURRENT RESPONSE TO DOMESTIC VIOLENCE IN CHICAGO 2007

Introduction

In October 1997 the City of Chicago's Domestic Violence Advocacy Coordinating Council (DVACC) and the Mayor's Office on Domestic Violence (MODV) released an *Assessment of the Current Response to Domestic Violence in Chicago*. At that time, Chicago was in the process of developing an innovative organizational structure for the coordination of domestic violence services by the Mayor's Office on Domestic Violence, not-for-profit organizations, community service providers, government agencies including departments of the City of Chicago and the police department.

This 2007 Assessment is an important update that reflects nearly ten years of effort to create a sustainable innovative coordinated response to domestic violence. Today, that response has evolved into a tapestry of collective services. There has been a shift in "ownership" of the response - domestic violence has been transformed into a community concern that is everyone's business, not just a criminal justice and/or social service issue. The true impact of the issue has been exposed and the environment that promotes the societal change required to eradicate abuse now exists. There is overall strengthened coordination, collaboration and commitment.

Without the ongoing support of Mayor Richard M. Daley and city funding which supports the efforts of the Chicago Mayor's Office on Domestic Violence, this 2007 Assessment would not have been possible.

Data Gathering Process

In March 2006, DVACC members agreed that an updated Assessment would be a benchmark to inform ongoing priorities and actions, highlight the challenges of limited and diminishing resources and illustrate gaps in service. DVACC members realized that a current Assessment document would be a tool to generate the consensus needed to ensure continued progress. A thorough data gathering process and careful analysis of information would help ensure that future changes or shifts in priorities would be achieved with full consideration of the impact on the safety and well being of victims of domestic violence and their children.

Data for the 2007 Assessment was gathered from surveys, feedback sessions and shared overviews and information.

MODV created a survey tool (Appendix A) to collect data from not-for-profit agencies providing services to victims, children exposed to domestic violence and abusers. Agencies recorded information about their resources as well as any trends and changes in victim needs that they have experienced.

Government partners provided information regarding their own system's response. Input was also gathered from advocacy and direct service collaborations. Many supplied additional updated training and data system information. Information was also gathered from initiatives focused on systemic and legislative advocacy reform. Input from MODV's project work as well as City of Chicago Domestic Violence Help Line data, particularly victim identified needs information, was also collected. A series of feedback sessions were convened in the areas of Legal, Shelter, Economic Survival, Children and Teens.

MODV compiled all survey input, facilitated feedback sessions, gathered all information and prepared this final report. DVACC contributed to and reviewed the Assessment document.

As in the 1997 Assessment, the "Elements of a Comprehensive Community Response to Domestic Violence" that were formulated by the Illinois Family Violence Coordinating Council (IFVCC) (Appendix B) were used to inform this current study. Today the "elements" extend beyond those originally contemplated, often overlap with each other and have expanded in scope.

If information or work is not reflected accurately in this updated Assessment document, the Mayor's Office on Domestic Violence would appreciate that information to ensure addendums or updated highlights.

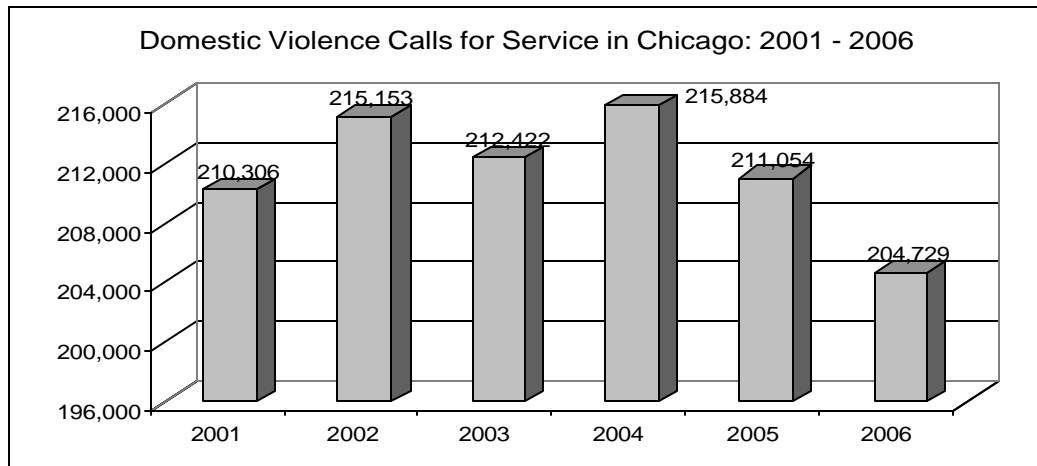
Domestic Violence in Chicago

According to 2000 U.S. census figures, Chicago, the nation's third largest city, is home to 2,862,244 people. Its 228.5 square miles are comprised of 77 community areas. The City is divided into 25 police districts. Census data indicates 16.6 % of all Chicago households and 19.6 % of all individuals live below the poverty level.

Domestic violence occurs among all races, religions and socioeconomic groups. The following data, facts and considerations set the current context for evaluating the existing Chicago response to domestic violence:

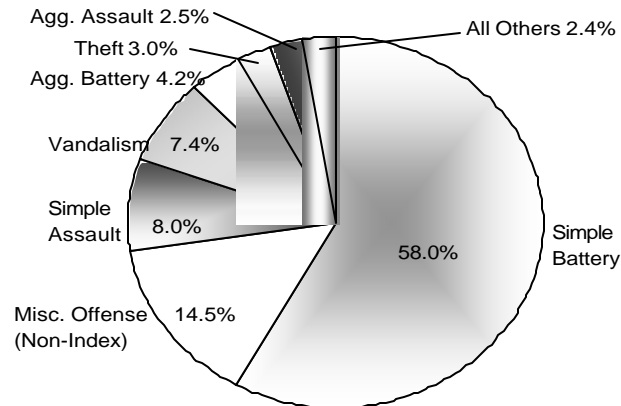
PREVELANCE DATA /RATES

- In 2006, Chicago recorded 204,729 domestic related calls for service or an average of 561 per day. This total consists of 147,635 domestic disturbance calls, 51,607 domestic battery calls and 5,487 calls regarding a violation of an order of protection. Domestic related calls in 2006 were 6,325 or 3.0% fewer than the 211,054 recorded in 2005.



- There were 1,189 fewer reported domestic violence crimes in Chicago in 2006 compared to 2005, a decline of 1.8% (64,349 vs. 65,538 respectively). Of major crime categories, Simple Batteries were down by 2.1%, Simple Assaults down 7.2%. Vandalism was 4.9% lower, Aggravated Batteries and Aggravated Assaults were down by 2.2% and 1.3% respectively. However, Thefts rose by 19.9% and the category All Other Domestic Violence crimes increased 4.6%. Within Miscellaneous Offenses, the three most frequent crime types were 3,891 Telephone Threats (6.0% of total domestic violence crimes, down 4.6%) 2,000 Harassment by Telephone violations (3.1% of domestic crimes, down 5.4%) and 1,920 Violations of Orders of Protection (3.0% of domestic crimes up 0.2%).
- Domestic Battery-Bodily Harm was the 10th most-frequent highest ranking arrest charge in Chicago in 2006 and fell 954 or 10.8% compared to 2005 (7,901 versus 8,855, respectively). Total arrests in the city dropped by 10,131 or 4.3% from 238,024 to 227,893. Other Domestic Battery arrest charges include Aggravated Domestic Battery (130, +5.7%), Physical Contact (1,941, +71.8%), and Domestic Battery with Prior Domestic Convictions (49, -36.4%). Arrests for Violations of Orders of Protection numbered 796 (-4.0%).
- In 2006, total Simple Domestic Battery arrests numbered 9,868 or 182 fewer than the 10,050 in 2005, a decrease of 1.8%. However, Aggravated Domestic Battery arrests rose by 8 or 6.6%, to 130 in 2006 from 122 in 2005. Arrests for Violations of Orders of Protection in 2006 numbered 796 (-4.0%). Total arrests in the city for all crimes dropped by 10,131 or 4.3% from 238,024 to 227,893.

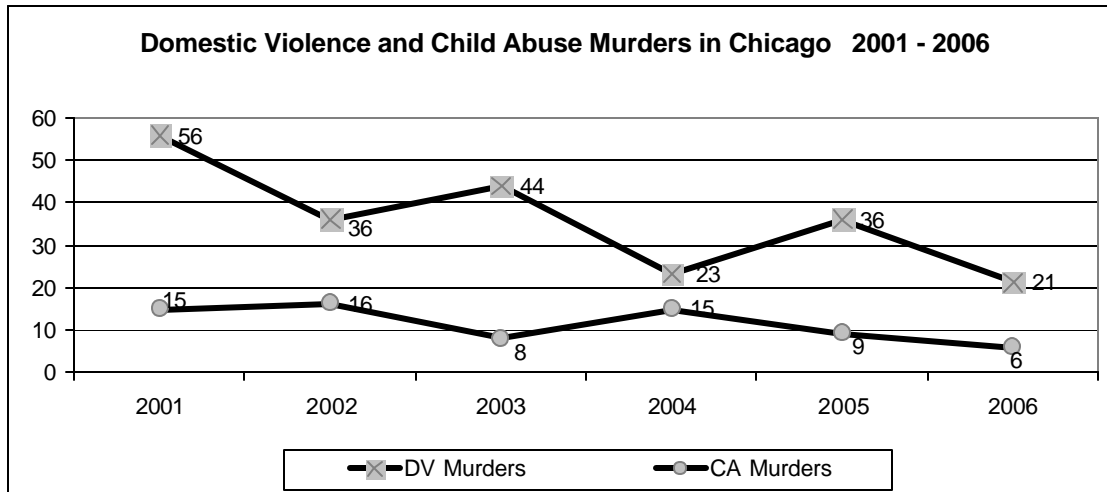
Most Common Chicago Domestic Crimes in 2006



- In 2005 the total domestic related 911 Calls for Service (domestic disturbance, domestic battery, and violation of order of protection) declined 2.2% in 2005 from 2004 (211,054 versus 215,884 respectively).
- There was a daily average of 578 domestic related calls for police service in Chicago during 2005. However on a district level, the daily average ranged from 4.4 to 54.4 domestic related calls. The average district had 23.1 domestic related calls per day.
- Domestic Battery- Bodily Harm was the ninth most frequent leading arrest charge in 2005. Total arrest when either domestic battery or violation of order of protection was the lead charge numbered 11,065 in 2005, a decline of 587 or 5.0% from 11,652 in 2004.
- As the lead charge, arrests for all types of violation of order of protection were down by 80 or 8.8% in 2005 compared to 2004 (827 vs. 907 respectively).
- In 2005, there was a daily average of 179.6 domestic related crime incidents (police reports) in Chicago; simple battery accounted for the majority of those incidents.
- Not all victims of domestic violence call the police. In reality, some neighborhoods or communities may actually have more incidents of domestic violence than what is reflected in the number of calls for service to the police. Economic, racial, cultural and religious considerations may have an impact on a victim's use of law enforcement and the criminal justice system.
- In 2006 there were 21 domestic violence murders and six child abuse murders, the lowest annual number of victims since the current coding system began in 1982. Chicago experienced 15 fewer domestic violence murders and three fewer child abuse murders in 2006 as compared to 2005, reductions of 41.7% and 33.3% respectively. All of the 2006 child abuse murder victims were African American males as were 7 of the domestic violence murder victims. 9 of the domestic violence murder victims were African American females, 4 were Hispanic females and 1 was Caucasian.
- In 2005 domestic violence murders accounted for 8% of all murders in the City. There were 36 domestic violence murders in 2005, up from 23 recorded in 2004 but below the annual average of 48.7 during the prior ten-year period of 1995

through 2004. 26 of the victims in 2005 were female, ranging in age from 13 through 82 and the 10 male victims ranged in age from 17 through 61. 72% of the domestic violence murders in 2005 involved intimate partners.

- Nine child abuse murders were recorded in 2005, down from 15 in 2004. In 2005, two victims were female and seven were male. Ages of the victims ranged from less than one year to four years.
- In 2005 the combination of domestic violence murders and child abuse murders represented 10% of the total murders in Chicago.



- In 2006 in Cook County, 18,447 civil orders of protection were granted and 11,641 criminal orders totaling 30,088 orders issued. This total includes all emergency, plenary, interim and extension orders of protection so it does not reflect an unduplicated count of cases as one victim could have had an emergency, extension, interim and plenary order or another combination of the above. The centralized criminal domestic violence court handled 14,541 misdemeanor cases in 2006.
- In 2006 in Cook County civil court there were 10,608 emergency orders. Of these, 2969 were made into plenary orders. In criminal court there were 3,090 emergency orders with 6,359 plenary orders. The difference in the total reflects extensions and interim orders of protection.
- In 2005 in Cook County, 17,544 civil orders of protection were granted and 12,773 criminal orders totaling 30,317 orders issued. The centralized criminal domestic violence court handled 15,130 misdemeanor cases in 2005.
- In 2005 in Chicago District One courts there were a total of 7,184 orders of protections issued in criminal court. This total includes all emergency, plenary, interim and extension orders of protection so it does not reflect an unduplicated count of cases as one victim could have had an emergency, extension, interim and plenary order or another combination of the above.
- In 2005 the Domestic Relations (District One) courts issued 12,354 orders of Protection. There were an additional 349 orders issued in the Child Support courts and 6 issued in Child Protection courts.
- In 2004, 17,720 civil orders of protection were granted and 9,234 criminal orders totaling 26,954 orders issued.

VICTIMS

- In 2005, of the victim callers seeking a referral from the City of Chicago Domestic Violence Help Line, 40% were seeking shelter services. Less than one third (31%) of the victims calling from the North section of the City were seeking shelter services; most were seeking services other than shelter (69%). In the Central and South sections almost half of the victims were seeking shelter as compared to other services.
- In 2005, 92% of victim callers to the Help Line reported that their abuser was a male partner. 36% of the callers were between the ages of 25 and 34; median age was 32.
- In 2005 victim callers to the Help Line reported their spouse as their abuser 31% of the time with an additional 26% indicating a cohabiting partner. 18% indicated their abuser was an ex-spouse/partner with an additional 11% indicating their abuser was a partner not cohabiting.
- In 2004, almost half of the victim callers indicated that they had between 1 and 8 children (average 2.11). In 2005, 49% of victim callers indicated that they had between 1 and 10 children (average 2.11).
- In 2004, 3.8% of the victim callers indicated they were pregnant at the time of the call. Similarly, in 2005, 3.8 % of the victim callers indicated they were pregnant. Of the pregnant victims, in 2004 just over half (50.4%) also had other children (average 1.90) and in 2005, 49% also had other children (average 1.70).
- In 2005, 3% of the total victim callers to the Help Line indicated that their abusers were their same sex. It is generally accepted that same sex domestic violence is underreported.
- In 2003 in Chicago, 45 women in homeless shelters were interviewed regarding the cause of their homelessness. 56% of these women reported they had been victims of domestic violence and 22% said domestic violence was the immediate cause of their homelessness. 36% said they had suffered physical or sexual abuse as children. (Center for Impact Research, *Pathways to and from Homelessness: Women and Children in Chicago Shelters* 3 (January 2004) www.centerforimpactresearch.org)
- According to the Department of Justice, 50% of family violence incidents nationwide in 2002 involved rape or sexual assault. (U.S. Department of Justice, Family Violence Statistics. Bureau of Justice Statistics, June 2005)
- According to the National Institute of Justice and the CDC one in four women has been physically assaulted or raped by an intimate partner compared to one in 14 men. The difference between women's and men's rates of physical assault by an intimate partner became greater as the seriousness of the assault increases. Women were 7 to 14 times more likely to report that an intimate partner beat them up, choked or tried to drown them or threatened them with a gun.
- Same sex couples rates of domestic violence also show differences by gender. The National Violence Against Women Survey (2000) found 11% of women who had lived with another woman as a couple reported being raped, physically assaulted or stalked by an intimate partner, as compared to 23% of men who had lived with another man as a part of a couple.

CHILDREN

- Although local data does not exist on the rates of domestic violence among pregnant women, the Center for Disease Control reports that annually in the United States, the men in their lives batter about 324,000 pregnant women. Research indicates that one in five pregnant women have a husband or boyfriend with a history of partner violence.
- In the first national study of the effects of intimate partner violence on the health of women during pregnancy, researchers from the Harvard School of Public Health (HSPH) demonstrated that violence from male partners, in the year prior to and during a woman's pregnancy, increases her risk of serious health complications. Abuse also increases a woman's risk of delivering prematurely and the possibility that her child will be born clinically underweight and in need of intensive care. (The paper appears in the July 2006 issue of the American Journal of Obstetrics and Gynecology (http://www.medical-library.org/j_obg.htm).
- Children who are exposed to domestic violence exhibit child development concerns, physical health concerns as children and as adults, and are at higher risk for substance abuse and risky sexual behavior.
- Most of the children who have been exposed to domestic violence committed by their fathers continue to have ongoing contact with them even when the parents are separated or divorced.

ADOLESCENTS

- Approximately 1 in 5 female high school students report being physically or sexually abused by a dating partner. (Jay Silverman, Anita Ray, Jeanne Hathaway, *Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy and Suicidality*”, Journal of the AMA, Vol. 286, (No.5, 2001).
- 57% of teens report knowing someone who has been physically, sexually or verbally abusive in a dating relationship. 1 in 3 teens report knowing a friend or peer who has been hit, punched, kicked, slapped or physically hurt by their dating partner. One-third of teen girls in dating relationships fear for their physical safety and half of teens in serious relationships have compromised beliefs to please a partner (Liz Claiborne, Inc., conducted by Teenage Research Unlimited, February 2005).
- The Center for Disease Control surveyed 14,000 high school students as part of a 2005 study. 9.2 percent said they had been “hit, slapped or physically hurt” by their dating partners in the previous 12 months.

SENIORS

- According to the National Center on Elder Abuse, in 2004 in almost 90% of the senior abuse incidents, the perpetrator was a family member and two-thirds of the perpetrators were adult children or spouses.
- According to a 2005 National Elder Abuse Incidence study, only 20% of cases of elder abuse are reported to the authorities.

- It is estimated that financial exploitation of the elderly is especially unreported with only about 4% of cases being formally reported.
- In FY 04, there were 1,888 cases of physical abuse and 483 cases of sexual abuse reported to the Illinois Department of Aging. The most commonly reported forms of elder abuse in Illinois were financial exploitation and emotional abuse with individuals often suffering more than one form of abuse.

ABUSERS

- Violence is a learned behavior. Both national and local research suggests that about 1 in 3 men report observing or being the victim of violence in their family of origin. In addition to learning violence in their families, there are many opportunities for boys and men to learn to be violent including peers, television, film, sports, the military or school. If violence is a learned behavior, alternatives to violence may be learned as well (Gondolf, E.W. (2002). *Batterer Intervention Systems*. Thousand Oaks, CA: Sage Press).
- In a sample of 549 men court-referred to one of 31 programs for convicted male abusers in Cook County, completing the program reduced the odds of being re-arrested for domestic violence by 63% according to a February 2005 study. Prior violation of an order of protection reduced the odds of program completion by 61%. The recidivism rate for the 139 offenders who dropped out of the program was 37 %, more than twice the 15% for the 413 completers (*Program Completion, Behavioral Change and Re-Arrest for the Batterer Intervention System of Cook County, Illinois*, written by Larry Bennett, Christine Call, Heather Flett, and Charles Stoops).

OTHER

- 235 women who were detained in Cook County Jail were surveyed and 52% reported growing up in a home where there was violence between adults. 86% had themselves experienced domestic violence and 75% had been sexually assaulted (*Unlocking Options for Women: A Survey of Women in Cook County Jail* (2002) www.chicagohomeless.org).
- 222 women who engaged in prostitution were interviewed and 60% reported domestic violence in their household while they were growing up (*Sisters Speak Out: The Lives and Needs of Prostituted Women in Chicago: A Research Study* (2002). www.impactresearch.org).

COSTS

- Nationally, medical expenses resulting from domestic violence total as much as \$5 billion annually. A 1992 Chicago study found that on average, medical services rendered to abused women, children and elderly people cost \$1,633 per person per year (Meyer H. *The Billion Dollar Epidemic* American Medical News, Jan. 1992).
- Intimate partner violence costs nearly \$1.8 billion in lost worker productivity annually with nearly \$8 million paid workdays lost (Centers for Disease Control

and Prevention, National Center for Injury Prevention and Control Overall). About 40% of women and 29% of men reported violence from intimate partners at some point in their lives said the study of almost 2,400 U.S. workers.

- A recent study presented at the annual meeting of the Academy of Management, a research and teaching organization with nearly 17,000 members (Reuters), reported that women who suffered recent violence also missed 143 hours of work to tardiness or absenteeism, some 26% more than non-victims.

Status of Effort

Since 1997, there has been a strengthened understanding of domestic violence. Today, domestic violence is recognized as a crime that requires collaborative intervention by direct services, the police, and the criminal court system. There is also a need to review how existing entities can continue to improve efforts while applying limited resources as efficiently and economically as possible. Diversification of funding streams has resulted in some reframing or repositioning of basic domestic violence service goals.

With heightened public understanding comes a heightened need for expanded services. Efforts to build awareness and education regarding the scope and impact of domestic violence sometimes neglect to take into consideration the resulting demand for services on an already stretched capacity. An effective response requires acknowledgment that many of the needs expressed by those directly affected by the violence are not currently addressed within existing governmental and/or community based services. An examination of funding priorities is also a key requirement that is often neglected in assessments of this kind.

Ten years ago, a number of significant efforts did not exist.

- A new domestic violence court featuring improved facilities and the location of civil and criminal proceedings in the same building opened in October 2005.
- The City of Chicago Domestic Violence Help Line, which was launched in October 1998, serves as a referral clearinghouse that is dependent on the availability of direct services. The Help Line has received over 157,212 calls since its inception through 2006.
- Attention focused on creating greater access to extended civil legal relief for survivors of domestic violence.
- The need for safe avenues for child visitation and other post separation issues has begun to be addressed.
- New legal protections for immigrant victims have become available.
- General public awareness about domestic violence has increased and there is a greater understanding of the scope and the dynamics of the problem as well as the nature of available assistance.
- Neighborhood residents are participating in problem solving discussions.
- Faith leaders and business leaders are examining their respective roles.

- Efforts are underway to ensure that domestic violence victim needs such as affordable housing, job training and placement and childcare are addressed by institutional and advocacy agendas.
- Lifetime experiences of those who have been exposed to or victimized by domestic violence are being acknowledged and examined within issue specific work such as prostitution, trafficking, and ex-prisoner re-entry.

A number of obstacles that were identified in 1997 or have emerged over the last ten years are affecting the response:

- Domestic violence is a problem experienced in all of Chicago's diverse neighborhoods. Despite significant progress, abuse continues to tear at the fabric of those neighborhoods, affecting families and impacting community institutions.
- There have been variations in services among specific agencies or programs but no growth in total capacity.
- Service needs of victims of domestic violence and their children exceed present capacity in all areas and types of services.
- In the spring of 2006, Rainbow House shelter program ceased providing emergency shelter services eliminating 42 beds from the City's total capacity.
- There is great competition for limited government and private philanthropic dollars. Programs and the efficacy of services are being closely examined and there is an increased demand for strict, measurable outcomes.

The primary shared goal continues to be acknowledgement of domestic violence as a community crime that requires the formulation of vital partnerships to address that violence. The challenge is to accomplish this within the context of the broader community capacity, public awareness, prevention and limitations of funding while:

- Recognizing the changing safety and support needs of victims of domestic violence and their children,
- Acknowledging the needs of survivors of domestic violence beyond the crisis period,
- Identifying the service needs of children and adolescents exposed to domestic violence.

Funding Overview

The current domestic violence response is a combination of the work of not-for-profit and community based organizations, programs and partnerships, government agencies and services. A historical perspective of violence, service needs and funding priorities and restrictions clearly influenced development of this response. As with all social movements, a response must constantly evolve in order to effectively address changing and emerging needs.

Over the last ten to fifteen years, the manner in which the criminal legal system and law enforcement responds to domestic violence has been a major focus of reform and development. Funding which was once available to reshape and reprioritize the domestic violence issue within the criminal justice system was utilized effectively in Chicago and throughout Cook County. Activity has been prolonged long after grant funds expired and it is notable that many activities resulted in institutional reform. Services within the Chicago Police Department, Cook County State's Attorney's Office, Adult Probation and Social Service Department of the Cook County Circuit Court and other services provided at the new domestic violence court are being sustained through local government resources thus ensuring long term commitment. Component parts of the Chicago response require ongoing fiscal support from government and private sources. This is particularly true in the non-profit victim and children's service program areas. The primary or major source of ongoing core funding for these services is the Illinois Department of Human Service (IDHS). The Illinois Coalition Against Domestic Violence (ICADV) administers the domestic violence victim service portion of Victim of Crime Act (VOCA) and Violence Against Women (VAWA) funds overseen by the Illinois Criminal Justice Information Authority (ICJIA). Appendix C includes a review of the major sources of funding as prepared by the Illinois Department of Human Services' Domestic Violence Advisory Council Strategic Resources Management Taskforce.

Many, but not all Chicago victim service agencies receive IDHS and/or ICADV funding. Depending on the services provided, non-profit programs funded by IDHS or ICADV fall into the category of either comprehensive or specialized. Comprehensive programs that also provide outreach and prevention services in the community are further categorized as either on-Site or off-Site depending on where their shelter services are located. Funded domestic violence programs provide the following support and advocacy services to survivors, their children and vulnerable family members:

Comprehensive Domestic Violence Services Components

- Shelter
- 24-hour crisis hotline
- Information and referral
- Counseling
- Advocacy
- Illinois Domestic Violence Act advocacy
- Transportation

Comprehensive On-Site Domestic Violence Programs

- Emergency shelter for survivors and their vulnerable family members in a provider-operated, on-site facility;
- All of the comprehensive domestic violence services components
- Outreach and prevention services to the community
- Programs: *Apna Ghar, Chicago Abused Women Coalition, Family Rescue, Neopolitan Lighthouse, and Southwest Women Working Together. (In 2006 Rainbow House was also funded as an on site domestic violence program) The suburban Cook additional on site domestic violence programs which often serve city of Chicago residents include Crisis Center for South Suburbia, Pillars and the YWCA of Evanston.*

The total General Revenue (GR), Donated Funds Initiative (DFI) and Federal Family Violence Prevention and Services Act (FFV) for the Cook Region in this category of service is \$4,641,900 for fiscal year 2006. The Chicago portion of that total is \$2,979,500 (Rainbow House represented \$663,600 of the 2006 Chicago total).

Comprehensive Off-site Domestic Violence Programs

- Emergency shelter for survivors and their vulnerable family members at off-site facilities such as hotels/motels or safe homes;
- All of the comprehensive domestic violence services components
- Outreach and prevention services in the community.
- Programs: *Life Span, Between Friends, and Mujeres Latinas En Accion. The suburban Cook additional off site programs includes Sarah's Inn and South Suburban Family Shelter*

The total funding (GRF, DFI, FFV) for the Cook Region in this category of service is \$1,757,800. The Chicago portion of that total is \$954,600.

Specialized Programs

- Do not provide emergency shelter for survivors; their primary purpose is the provision of specialized but limited domestic violence services
- Information and referral
- At a minimum, one of the following services: 24-hour crisis hotline, counseling, advocacy, Illinois Domestic Violence Act advocacy
- Referrals to shelter services; memorandums of understanding with shelter services must be in place
- Programs: *Healthcare Alternative Systems, Howard Area Community Center, Howard Brown Health Center, Jane Addams Hull House Association Domestic Violence Court Advocacy Project, Legal Assistance Foundation, Anixter Center, Metropolitan Family Services, New Hope Community Services Center, Polish American Association, Domestic Violence Legal Clinic (Pro Bono Advocates), Wellspring, and YWCA of Metro Chicago-Korean.*

The total funding (GR,DFI, FFV) for Cook County in this category is \$1,685,200. All specialized programs for Cook are located in Chicago.

As a general introduction and overview for context it should be noted that IDHS state funding for Chicago agencies breaks down as follows:

- The total combined General Revenue, Donated Funds Initiative and FFV funds statewide in FY06 was \$24,213,700. The total FY06 combined GR, DFI and FFV allocation for Cook County was \$8,084,900. The portion provided to Chicago based programs was \$5,619,300. With the removal of an on site Rainbow House shelter service in 2006, there is an anticipated shift of program services to off site or specialized funding in FY07.

The Office of the Illinois Attorney General administers the state's Violent Crime Victims Assistance Act grant program (725 ILCS 240). Funds are collected from convicted offenders by county and distributed to victim service agencies throughout the state. More than 38% of the money distributed annually is awarded to programs providing services to victims of domestic violence or sexual assault. In 2007, the Office of the Attorney General granted just over \$1 million to family violence programs in Cook County. Where possible each component part's funding from the Attorney General's office is noted in the Assessment. Chicago programs include:

Apna Ghar, Arab American Action Network, Between Friends, Casa Central, Chicago Abused Women Coalition, Chicago Abused Women Coalition - Hospital Crisis Intervention, Chicago Legal Clinic, City of Chicago Police Department, Cook County State's Attorney's Office, Domestic Violence Legal Clinic (Pro Bono Advocates) Family Rescue, Hamdard Center for Health and Human Services, Healthcare Alternative System, Heartland Human Care Services Violence Recovery Services, Horizons Community Services, Howard Area Community Center, Jane Addams Hull House Association - DV Court Advocacy Program, Korean American Women in Need, Legal Assistance Foundation of Metropolitan Chicago Violence, Life Span, Metropolitan Family Services - Family Violence Intervention Program, Metropolitan Family Services - Legal Aid Bureau, Mujeres Latinas en Acción, Neopolitan Lighthouse, Polish American Association, Rainbow House, Rehabilitation Institute of Chicago - Women With Disabilities Center, Resurrection Project, Rogers Park Community Council - 20th District, Rogers Park Community Council - 24th District, Sarah's Inn – Austin, SHALVA, Southwest Women Working Together, Wellspring Center. Suburban programs include: *Crisis Center for South Suburbia, Pillars Community Services, Sarah's Inn, South Suburban Family Shelter, WINGS, YWCA Evanston/North Shore*

The Illinois Criminal Justice Information Authority (ICJIA) is a key funder of many of the criminal justice and law enforcement service components as well as specific areas of victim services not funded under the VOCA funds administered through ICADV. The Authority directly administers and awards VOCA and VAWA funding. ICJIA supports the following agencies and systems:

VOCA Programs

- *The Chicago Metropolitan Battered Women's Network's Centralized Training Institute*
- *City of Chicago Domestic Violence Help Line*
- *Chicago Department of Human Services for Services to Victims*
- *Life Span's Civil Legal Services*
- *Life Span's Services to Child Victims of Domestic Violence*
- *Heartland Human Care Services to Child Victim of Domestic Violence*
- *Between Friends Services to Victims of Domestic Violence*
- *Rainbow House Services to Victims of Domestic Violence*
- *St. Pius V Church Services to Victims of Domestic Violence*

- *Pillars Services to Victims of Domestic Violence*
- *Howard Area Community Center Services to Non-English Speaking or Bilingual Domestic Violence Victims*
- *Mujeres Latinas En Accion Services to Non-English Speaking or Bilingual Domestic Violence Victims*
- *Korean American Women in Need Services to Non-English Speaking or Bilingual Domestic Violence Victims*
- *Korean American Women in Need Transitional Housing and Support Services*

All but one of these programs is a Chicago agency. The total funding to Chicago agencies is \$1,283,938.00. The suburban agency total is \$102,346.00.

VAWA Programs

- *Cook County State's Attorney's Office for Chicago Domestic Violence and Sexual Assault Prosecution (\$832,345.00)*
- *Chicago Police Department's Domestic Violence Law Enforcement (\$130,000)*
- *Korean American Women In Need Transitional Housing and Support Services (\$42,840)*

The total VAWA funding from ICJIA to Chicago is \$1,005,185.00. The combined total to Chicago of VOCA and VAWA funding administered directly by ICJIA is \$2,289,123.00

The City of Chicago provides just over \$2 million for victim services through the Family Violence Initiative using Community Development Block Grant (CDBG) funds. This Initiative crosses four City Departments (Chicago Department of Human Services, Chicago Department of Public Health, Mayor's Office of Workforce Development and Department of Aging) and the MODV.

Funding provided under the Chicago Department of Human Services (CDHS) is in four areas of service: 1) counseling and advocacy, 2) legal advocacy, 3) legal services, and 4) child supervised visitation. Agencies receiving funds in '07 include:

*Rogers Park Community Council
Polish American Association
Alivio Medical Center
Centro Romero
Heartland Human Care Services, Inc.
Life Span Center for Legal Services and Advocacy
Centers For New Horizons
Roseland Christian Health Ministries
St. Pius V Parish
Healthcare Alternative Systems, Inc.
Near North Health Service Corporation
Domestic Violence Legal Clinic
Hull House Association – Court Advocacy
LeClaire Hull House
Metropolitan Family Services – Midway
Metropolitan Family Services – North
YWCA Metropolitan Chicago – Korean Center*

*Between Friends
Counseling Center of Lakeview
Wellspring
Howard Area Community Center
Mujeres Latinas En Accion
Chicago Abused Women Coalition
Branch Family Institute
Apna Ghar
Rainbow House
Korean American Community Services
Family Rescue
Southwest Women Working Together
Uptown Hull House Association
Parkway Hull House
Metropolitan Family Services – Midway
Metropolitan Family Services – Calumet*

The Mayor's Office on Work Force Development (MOWD) funds job training and placement services for victims of domestic violence. Agencies receiving funding in '07 include *Career Advancement Network, Inc., the Cara Program, Universal Family Connection, Inc., and Southwest Women Working Together (SWWT).*

Chicago Department of Public Health funds Domestic Violence Prevention efforts by parenting services and substance abuse agencies. Agencies receiving funding in '07 include:

Taproots, Inc., Chicago Youth Programs, Inc. – Children's Memorial, South East Asia Center – Broadway, Albany Park Community Center Inc.- N. Kimball, Heartland Human Care Services, Inc., St. Pius V. Parish, Asian Human Services and South Side Help Center.

Chicago Department on Aging in '07 funds elder abuse services at *Coalition of Limited Speaking Elderly and The Salvation Army Family Services.*

The City of Chicago and the Continuum of Care provide some funding for domestic violence shelter services from several sources that are noted in the Emergency Shelter section of this document.

There are agencies supported entirely by non-governmental sources. In addition there are a number of private foundations that fund domestic violence victim services. Some key foundations have provided ongoing support while others provide one time or special pilot project funding. Several foundations that have historically provided for domestic violence direct service efforts are now shifting their priorities.

SAFETY AND CRISIS INTERVENTION

FIRST/IMMEDIATE RESPONSE

911 Response - Office of Emergency Management and Communication(OEMC)

The Office of Emergency Management and Communications (OEMC) system (911 operations) has greatly enhanced the City's capacity to respond promptly to domestic violence related calls for police service. In 2005 the total domestic-related Calls for Service to OEMC (domestic disturbance, domestic battery and violation of order of protection) was 211,054; a daily average of 578 calls. During the first six months of 2006, there was a daily average of 563 domestic related calls for service with Domestic Disturbance calls accounting for 72.4%, Domestic Battery for 25% and Violation of Order of Protection responsible for 2.6%. Domestic related calls for service totaled 101,829 during the first half of 2006, a decrease of 3,085 (or 2.9%) from the 104,914 calls in the first half of 2005.

Domestic violence calls receive the highest priority for dispatch, referred to as "priority one." Priority one incidents encompass calls for service regarding bodily harm and crimes in progress. The AT&T Language Bank has the ability to translate over 150 languages and interpreters are available to OEMC operators 24 hours a day, 365 days a year. Calls from hearing-impaired victims placed through a TDD receive an immediate response by TDD.

Several individuals process each request for service. A 911 call taker receives the incoming call, asks a series of questions to determine what is occurring, creates an "event for service" and then sends the event for dispatch. Upon receipt, the dispatcher reviews the event, determines the quickest police department resource available to respond and assigns a field unit to the incident.

A dispatcher may be required to prioritize calls when there are simultaneous "priority one" calls for service in a specific patrol area. The degree of priority given to a domestic violence call depends upon a number of factors including if: the alleged perpetrator remains at the scene, there is a hostage situation, there is a report of weapons and/or children in the household, etc.

In addition to training on appropriate call taking procedures, all 911 call takers receive training specifically related to domestic violence as described below:

- **Processing calls of a domestic nature/definitions of other related matters and “family and household members”**

The training provides an explanation of persons protected by the Illinois Domestic Violence Act (IDVA) as well as an overview of domestic-related incident call taking procedures such as: establishing the relationship of the parties involved, obtaining the exact location of the individual needing assistance, obtaining a description of offender, and determining if injury has occurred, children are present, alcohol or drugs are involved, weapons are involved, and an order of protection is in effect.

The training explains that the OEMC does not allow for cancellation of domestic violence calls for service. Once a caller has indicated the need for police intervention, a subsequent call asking the police not to respond will be noted but officers will still respond to the scene.

- **Legal Terms/Definitions**

All new hires participate in a five-hour review of the legal system. This review includes the legal definitions and examples of assault, battery, domestic battery, sexual assault, stalking, etc. An overview of emergency, interim, and plenary orders of protection is also presented.

- **Domestic Violence Help Line**

Call Takers are made aware of the availability and importance of the City of Chicago’s Domestic Violence Help Line. Callers who are not in immediate need of police or emergency medical services and ask to speak with a trained counselor are provided with the Help Line number or transferred to a Help Line operator.

The Help Line is a toll-free, confidential, multi-lingual, 24 hours a day, 7 days a week resource that offers a variety of domestic violence referrals based on a victim’s needs. Trained staff members known as VIRAs (Victim Information and Referral Advocates) provide support, information and referrals for shelter, legal services and counseling (see Crisis Lines section for further detail).

- **Zero Tolerance Policy/Video Based Training**

As part of a two-hour class about violence in the workplace, all new hires are provided with information on how to recognize domestic violence, the cycle of violence and sample case studies. Printed materials are supplemented by a video presentation, which explains domestic violence in detail.

SAFETY AND CRISIS INTERVENTION

FIRST/IMMEDIATE RESPONSE

Chicago Police Department

Chicago Police Department (CPD) personnel treat domestic violence incidents in the same professional manner as all other crimes and requests for service by providing immediate, effective assistance and protection for victims and witnesses. CPD seeks to reduce the incidence and severity of domestic violence through a vital cooperative endeavor called the “Chicago Response”. This protocol involves the Chicago Police Department, the Cook County State’s Attorney’s Office, the Mayor’s Office on Domestic Violence and the City of Chicago’s Domestic Violence Help Line.

Under the Illinois Domestic Violence Act, officers assigned to a call for service must take certain actions including:

- arresting the abuser, where appropriate, based on probable cause
- inventorying weapons used to commit the abuse
- providing the victim with information about available relief, including the officer’s name and star number
- providing the victim with one referral to an accessible service agency
- arranging or providing the victim and any dependents with transportation to a medical facility or place of safety
- making a police report of an allegation or incident of abuse and listing its disposition
- informing the victim of the right to request that a criminal proceeding be initiated where appropriate even if an arrest was not made
- advising the victim of the importance of seeking medical attention and preserving evidence

The preferred response of the Chicago Police Department is to arrest the offender if there is probable cause to believe a crime of domestic violence has been committed. Probable cause exists when facts and circumstances are sufficient to lead a reasonable person to believe that a crime has been committed.

The Chicago Police Department has a mandatory arrest policy for two criminal offenses - “Violation of an Order of Protection” and “Violation of Bail Bond”. When a person is arrested for any domestic-related crime, one of the conditions of release from custody (i.e., bail bond) is to remain away from the residence and the victim for 72 hours. Failure to comply with these bond provisions constitutes the offense of Violation of Bail Bond. An offender charged with either a violation of an order of protection or a violation of bail bond cannot bond out at the station and must be held for a bond hearing before a judge.

CPD discourages officers from affecting the arrest of both parties involved in a domestic-related incident. Officers are encouraged, based upon their preliminary investigation, to determine which party is the predominant aggressor and make the arrest accordingly.

The predominant aggressor will be determined by the extent of injury, physical evidence, circumstances, prior history and witness statements. Factors officers may consider in determining the predominant aggressor are:

- history of domestic violence involving the same parties, such as prior arrests or a current or past order of protection
- criminal history of the parties involved, including previous arrests for violence with other people
- relative size of the parties
- extent and nature of the injuries
- whether injuries are consistent with statements given
- signs of an abusive relationship

Officers are required to give domestic violence victims the Domestic Incident Notice (DIN) (Appendix D), a Chicago Police Department form that is available in English, Spanish and Polish. The DIN contains the following information:

- a summary of rights under the Illinois Domestic Violence Act
- available procedures and legal remedies
- information on obtaining an order of protection
- City of Chicago Domestic Violence Help Line number
- names and star numbers of responding officers
- case report number (Records Division or RD number - if a report is taken.)

Supervisors review case reports to ensure that IDVA reporting requirements were met. A Braille DIN will be available in 2007 for blind or visually impaired victims. This DIN will be distributed by the Chicago Police Department to the other partners in the “Chicago Response” as well as to related provider agencies such as the Lighthouse for the Blind.

Officers complete case reports on all bona fide (good faith) allegations of abuse that rise to the level of a crime. Those case reports include:

- proper IDVA relationships established and documented
- elements of the alleged crime and the probable cause for arrest
- medical attention that was provided or advised
- transportation offered for victim and dependents to a shelter or place of safety
- DIN given and explained along with the City of Chicago Domestic Violence Help Line number
- victim’s statements as to the frequency and severity of prior incidents of abuse and whether or not that abuse was previously reported
- explanation as to why, if applicable, an arrest was not made.

In 2005, there was a daily average of 578 domestic-related calls for police service in Chicago, with a daily average of 158 domestic-related criminal incident police reports generated. In 2006, there was a daily average of 561 domestic-related calls for police service. Domestic related calls for service include all calls where the individuals involved have a family or household relationship under the Illinois Domestic Violence Act, whether or not a crime is alleged. This might include family arguments without threats, physical harm or harassment that would not be a crime absent an order of protection. This inclusive regulation gives responding officers the ability to determine whether the acts complained of were actionable rather than having dispatchers make the determination, fail to categorize the call appropriately, and delay police response. If responding officers determine that a crime has not been alleged a report is not generated.

CPD was historically unable to determine the total number of arrests for domestic-related offenses because the paper arrest reports did not include a relationship code. In 2006, CPD implemented an automated arrest report system whereby arrest reports are computer generated. The computerized report includes a mandatory entry as to whether or not a family or household relationship exists between offender and victim. As a result, data for arrests involving domestic relationships should be available for 2007.

CPD reported a total of 11,065 domestic-related arrests in 2005 for either Domestic Battery or Violation of Order of Protection as the lead charge (based on the Domestic Violence Quarterly Statistical Report for the period ending December 2005, Chicago Police Department, Research and Development Section). There were a total of 10,817 arrests in 2006 for either Domestic Battery or Violation of Order of Protection as the lead charge (based on the Domestic Violence Quarterly Statistical Report for the period ending December 2006, Chicago Police Department, Research and Development Division). Identifying these arrests as domestic-related is possible because both of these offenses are available only in domestic-related cases. As noted in the previous paragraph, the Department has been unable to determine how many domestic-related arrests were made for other offenses, such as misdemeanor offenses of assault or aggravated assault, criminal damage to property, etc. or for any number of felony offenses. In addition, the data reporting system used by CPD reports only the highest-ranking arrest charge, even though an offender may also be charged with other offenses. For example, when a responding officer is a victim of a battery at the scene, the lead charge is battery of an officer. Though still charged with any applicable domestic-related offenses in court, those charges are not reported in the statistics. If a particular case involved more than one charge, reporting each could make it appear as if the actual number of arrests were higher.

Arrests are also made in domestic-related cases where a warrant has been obtained, often in cases where the offender was not present when the officers arrived and was not located nearby. Historically, the arrest report indicated that this was an arrest based on a warrant but did not provide information on the underlying charge. For this reason, the number of domestic-related arrests based on warrants has not been available. In conjunction with the implementation of the 2007 automated arrest reports system, arresting officers must determine and document the underlying charge.

CPD is in the process of developing an automated case reporting system for the initial responding field officers. This computerized report will indicate whether or not there is a family or household relationship which will trigger a domestic related incident report. In addition, this report will have drop down boxes that officers can use to indicate the presence of certain factors known to be associated with lethality.

In January 2007 a new law went into effect requiring judges to do a lethality assessment in determining bond for all cases involving certain violent offenses against family or household members, including domestic battery, violation of order of protection and stalking. To aid this process, CPD will undertake roll call trainings to encourage officers to ask victims about the presence of the statutory lethality factors and to document this information in case reports.

Supervisors are encouraged to respond to as many domestic violence calls as possible during their tour of duty to ensure that all appropriate procedures are followed. They must respond to the scene of any domestic incident when assigned by OEMC as well as to a scene which involves a Department member, sworn or civilian. Supervisors assigned must be of higher rank than the department member involved in the domestic incident and be assigned from the district of occurrence. The victim/complainant will be advised of the services of the Chicago Police Department's Domestic Violence Advocacy Program (described below). The Supervisor will also advise the offender/accused of the Professional Counseling Services.

When any domestic violence offender is arrested and charged with either a Domestic Battery or a Violation of an Order of Protection, the arresting officer must check the offender's criminal history to determine a prior conviction that would allow the charge to be upgraded to a felony. Domestic Battery and a Violation of an Order of Protection charges may be upgraded to a felony if the offender has a previous conviction for Domestic Battery, Violation of an Order of Protection, or one of twenty-one felonies where the victim was a family or household member. The victim of the previous conviction does not have to be same domestic violence victim.

If the offender has a previous conviction that would allow for an upgrade, a notification is made to the Special Victim's Unit (SVU) of the corresponding area Detective Division so that a detective is assigned to prepare the case for possible review and a charging decision by the State's Attorney's Office.

In all cases where a crime has been alleged and the offender is not arrested at the scene, or after a search of the area, it is the responsibility of the Bureau of Investigative Services to thoroughly investigate all incidents of domestic violence by assigning all such cases to designated detectives. The Bureau of Investigative Services, Detective Division is responsible for the follow-up investigation of all domestic crimes. In each of the five Chicago Police Department's Detective Division Areas, the Special Victim's Unit (SVU) is charged with strengthening that Division's response to domestic violence and identifying those victims who are at greatest risk for family violence.

Active field investigations are required for all incidents of Stalking, Aggravated Stalking, Violation of an Order of Protection, Intimidation, or Aggravated Domestic Battery any time a victim is threatened with a dangerous weapon or the offender has committed other offenses against the same victim or at the same location.

Domestic Violence Program of the Chicago Police Department

The CPD's support and commitment to immediate responses to domestic violence cases is also illustrated by the existence and scope of services provided by the Domestic Violence Program. This unit is headed by a Sergeant in the position of the Domestic Violence Operations Coordinator (DVOC). The DVOC reports directly to the First Deputy Superintendent and leads the Domestic Violence Program that includes the Domestic Violence Advocacy Program. The DVOC serves as the Superintendent's and the First Deputy's representative on numerous external domestic violence committees.

The DVOC is charged with improving the Department's response to victims of domestic violence by developing a comprehensive, uniform police department strategy while maintaining coordination with other City, criminal justice and community-based agencies. The position also collaborates in the development of training curricula and materials and participates as a training instructor.

The DVOC manages the functions and performance of both the Domestic Violence Program and the Domestic Violence Advocacy Program. In that role the position provides technical assistance and guidance to district Domestic Violence Liaison Officers (DVLO) on changes to the law, department policy, or issues related to the immediate domestic violence district response. DVLO's are based in each of the twenty-five district Community Policing Offices (see Caring Community section for more detail).

The DVOC is assigned as the overall coordinator for roll call trainings and requests for domestic violence police response trainings to outside agencies and entities. Additionally, the DVOC is assigned as the liaison for elder abuse and child abuse as it relates to domestic abuse and other corresponding issues, such as animal abuse.

Chicago Police Officers are assigned to the Domestic Violence Program and supervised by the DVOC. These assigned officers provide domestic violence awareness and police responsibility training to department members as well as numerous outside agencies. Each officer is responsible for supporting Chicago Police Department personnel on domestic violence issues and community activities within certain assigned police districts and the corresponding detective divisions areas. In that capacity, assigned officers provide roll-call trainings and support to the respective district DVLO's and attend domestic violence sub-committee meetings and district and area events representing the Domestic Violence Program (see Caring Community section for more detail).

In addition the unit officers are distributed among the following assignments:

- All officers provide training, in coordination with entities such as the Safer Foundation, Gateway, the Cook County Corrections facility and the Juvenile Detention facility, to develop domestic violence awareness within substance abuse outreach agencies, recovery homes and to returning ex-prisoners
- An officer serves as the Safe Start Coordinator (described in Support Counseling for Children section)
- An officer is assigned to numerous faith based initiatives and coordinates efforts with faith based subcommittees across the city-wide districts
- An officer is assigned to domestic violence court with the State's Attorney's Office to coordinate requests from that office, the courts, domestic violence in-house agencies and with all twenty-five police districts, their DVLOs and the five Detective Division Special Victim's Units and other department units (see Legal Protection section for more detail)
- An officer is the certified school presentation officer who coordinates, develops and provides trainings on domestic violence awareness, teen dating violence and bullying to elementary and high school students, grades 3rd through 12th. (These trainings are coordinated with outside agencies and the Cook County States Attorney's Office and since beginning the program in 2004, presentations have been given to over 7,500 public school students.)

The Domestic Violence Program civilian staff positions include:

- A *Program Development Coordinator* who creates, manages and administers special projects for the Domestic Violence Program and community including program evaluation and community partnerships. The position works closely with the Domestic Violence Operations Coordinator to ensure that creative and resourceful methods are employed to meet the needs of the special victims that the unit is tasked to serve.
- A *Domestic Violence Analyst* who is assigned exclusively to domestic violence statistical preparation and analyses as well as program and policy review and development. This is a grant funded position through the Illinois Criminal Justice Information Authority (see the Evaluation, Accountability & Monitoring section for details).
- A *Training Technician II* position, funded through the Illinois Criminal Justice Information Authority, represents the Domestic Violence Program at Beat Meetings and diverse community meetings including churches, schools, prisons, drug rehabilitation, parole re-entry and CAPS (Chicago Alternative Policing Strategy) sponsored events. The position is crucial and vital to the overall outreach efforts of the Domestic Violence Program. Between October 2002 and December 2006, the Training Technician made 700 presentations and participated in an additional 350 events or trainings. The Training Technician also provides trainings in Spanish

The **Domestic Violence Advocacy Program**, which began in 1994, responds to domestic violence cases involving members of the Chicago Police Department. Supervised by the DVOC, this Program employs two full-time civilian advocates who work with the victims in these cases.

When CPD began looking at the issue of officer-involved domestic violence in 1992, it was the first police department to acknowledge the problem. Since then, the Department has continued to be a leader in holding abusive officers accountable and has the only program in the country that provides direct services to victim/survivors of domestic violence who are abused by sworn and civilian Department members.

If the Department is aware of allegations against department members of misconduct toward any “family or household member,” as defined by the Illinois Domestic Violence Act (IDVA), the victim/survivor is given notification and contact information about the Advocacy Program. One of the two program advocates contacts the victim/survivor to offer assistance. The program also accepts referrals from non-CPD sources including self-referrals.

This CPD Domestic Violence Advocacy Program provides immediate crisis intervention counseling and helps victims assess and make decisions about their options. The advocates will assist victims in carrying out any options they select, including providing intensive court and legal advocacy in civil or criminal court.

Because advocates are employed by CPD, they have access to Department resources and personnel and detailed information regarding practices and protocols. This allows them to provide very specialized assistance that could not be provided by advocates from external victim advocacy programs.

The program is entirely client focused and has no role in the investigation of the department member. Due to the strong confidentiality provisions of the IDVA, communication with victims is confidential and cannot be released without the victim’s written consent, with the statutory exceptions of child abuse reporting and duty to warn.

Allegations of misconduct related to domestic violence against department members are investigated by the Office of Professional Standards (OPS). In 1994, to improve the quality of investigations, OPS created a special team to conduct domestic violence-related investigations. Team members receive seven hours of initial formal domestic violence training and then ongoing training throughout their time on the team. This has led to improved sensitivity to victim/survivors and a much higher rate of sustained cases.

OPS coordinates with members of the Personnel Division who are knowledgeable about department member-involved situations. The Personnel Division assists in a variety of ways including arranging for psychological testing when appropriate, monitoring officers who are on psychologically-related medical leave, and monitoring officer’s compliance with Partner Abuse Intervention Programs when officers are ordered to attend by court or the Police Board.

The Internal Affairs Division also provides services related to these cases, such as making arrangements for department members to be quickly notified of orders of protection, seizing firearms when officers are ordered to surrender them pursuant to court order, and stripping officers of their police powers when necessary and appropriate.

To ensure compliance with CPD's protocol for cases involving department members, every promotion training class from detectives to captains receive training on handling these cases that includes personal accountability and proper response. Recruits also are made aware of the policy during their training at the Education and Training Division.

The Domestic Violence Program provides training within the Department at many levels.

- Roll Call trainings: Short trainings are provided to patrol officers within each district on every watch. Officers are updated about new policy, law changes or issues. Department policies and procedures as well as domestic violence dynamics are continually reinforced.
- DVLO trainings: Domestic Violence Liaison Officers (DVLO) receive continual training on a variety of topics, such as infant homicide reduction, arson, working with deaf/hard of hearing victims, immigration, elder abuse, evidence-based prosecution, impaired memory as a result of physical or psychological trauma, dangerousness assessment, and sexual assault.

At monthly DVLO meetings, information is provided on new laws, procedures and resources. Senior Citizen Officers and detectives are invited to attend these trainings and meetings as well.

At least twice a year the Program provides a two-day training program for new DVLOs. The training typically includes domestic violence dynamics and dangerousness, IDVA, law enforcement responsibilities, child abduction, criminal law and stalking.

- Promotion trainings: Prior to receiving a promotion to detective, sergeant, lieutenant, or captain members must undergo a pre-service training program at the Department's Education and Training Division. The Domestic Violence Program provides a portion of that training on issues related to domestic violence.

Detectives receive nine (9) hours of training, including domestic violence dynamics, dangerousness assessment, the Illinois Domestic Violence Act and related laws, law enforcement responsibilities, domestic violence related criminal laws, parental child abduction and stalking. Sergeants receive three (3) hours of training, including domestic violence dynamics, dangerousness assessment, the Illinois Domestic Violence Act and related laws, law enforcement and supervisor responsibilities (including officer-involved incidents). Lieutenants receive two (2) hours of training. The training is similar to that received by sergeants but with more emphasis on supervisor responsibilities and officer-involved incidents.

Captains receive one (1) hour of training primarily focused on the responsibilities of officers and supervisors under IDVA and Department protocol. Handling incidents involving department members is stressed.

- In-service trainings: The Office of Professional Standards periodically holds a training class for new investigators. The Domestic Violence Program provides a seven (7) hour block of training for this program including an intense dynamics section, the specific dynamics of officer-involved domestic violence, the IDVA, and law enforcement responsibilities. Typically, several Internal Affairs Division investigators and supervisors participate in this training.
- Specialized trainings: Since Fall, 2004, the Domestic Violence Program has developed specialized trainings for detectives and DVLOs. Other department members are also welcome and have included investigators and supervisors from the Office of Professional Standards and Internal Affairs, CAPS officers, and officers from specialized units. Thus far, trainings have been done on parental child abduction and stalking. The Program is currently developing training on sexual abuse in intimate partner relationships. The training sessions are two to three hours long and are repeated multiple times. For example, the stalking training has been presented eight times and has now been incorporated into the detectives' in-service training.
- Computer-based training: In 2005, the Domestic Violence Program worked with the Education and Training Division and an outside technology firm to create a computer-based training program that includes much of the material that would be covered in basic recruit training. The program was initially developed to assist in retraining officers who are returning to the Department after an absence (for example, officers who have been on leave while serving in the military in Iraq and Afghanistan). This program is now being reformatted so that it is accessible on the Department's Intranet. It will then be available for use within districts as part of roll call trainings or as an on-line resource for department members.
- Officer Responsibility Cards: The Chicago Police Department's Domestic Violence Program developed Officer, Detective and Supervisor Responsibilities Cards which lists officer/supervisor responsibilities under the Illinois Domestic Violence Act, Department General Orders and policies, the role of the DVLO, felony upgrades and effective case reporting. These cards have been re-distributed in 2006 to all sworn department members for use as a concise reference guide when responding to domestic violence incidents. This was accomplished with assistance from the Illinois Criminal Justice Information Authority.

POINTS FOR ENGAGEMENT– FIRST/IMMEDIATE RESPONSE

1. The high volume of domestic-related calls continues to be a challenge for the Chicago Police Department particularly in high volume districts where there are often competing priority-one calls.
2. CPD has made great strides in data collection and is considered to be a leader in introducing technology to police work. When the automated case report system goes online, the Department will finally have access to a great deal of information previously unavailable. Two challenges that CPD will face: 1) working with Department members to ensure that the system is properly implemented and, 2) keeping up with changing needs for data about specific types of crime such as domestic violence.
3. Chicago has seen a dramatic decrease in domestic-related homicides since 1994 when the Department first implemented an improved approach to domestic violence incidents. Currently, approximately 80% of the domestic homicides in Chicago were situations where there had never been a call to the police. This would indicate that appropriate and aggressive police response is a key factor in improving victim safety and reducing homicides. Clearly, however, police response alone will not resolve the problem. The community and CPD need to find ways of reaching out to those victims who have not sought assistance.
4. Although a new law requires judges to assess lethality factors in determining bond, the law does not mandate a role for police officers in this process. The Chicago Police Department recognizes that officers can play an important role in obtaining needed information so that it is available to prosecutors in a timely manner. Doing this will require a major training effort on the part of the Domestic Violence Unit as well as changes to the automated case reporting system that is still in development.

SAFETY AND CRISIS INTERVENTION

CRISIS LINES

In addition to the City of Chicago Domestic Violence Help Line, victim's immediate safety needs are addressed by non-profit service agency hotlines, 311 and 911 services, the Illinois child abuse hotline, the Illinois elder abuse hotline, and the Chicago Rape Crisis Hotline.

City of Chicago Domestic Violence Help Line

The 1997 Assessment found that although all of the local domestic violence programs receiving state funding maintained 24-hour crisis hotlines as required, there was no centralized source that maintained comprehensive, updated information and provided resource and referral linkages. Consequently, victims, police officers, and other social service providers frequently encountered a frustrating and often tedious search locating and accessing appropriate services. It was also difficult targeting public awareness campaigns and community education for citywide distribution. As a result of the identified need for a single point of access for victim service referrals in the city of Chicago and surrounding areas, MODV, in collaboration with the Chicago Metropolitan Battered Women's Network (CMBWN) and the assistance of DVACC members and other allies, launched the City of Chicago Domestic Violence Help Line in 1998.

The Help Line's mission is to be a single point of access for domestic violence services. This toll-free, 24 hour, 365 days a year, confidential and multi-lingual resource that is located in city offices alongside MODV, provides assistance to victims, concerned family members and friends, community residents and helping professionals such as domestic violence advocates, health care providers, police officers, faith leaders, prosecutors and employers.

The Help Line is staffed by onsite, trained domestic violence advocates known as Victim Information and Referral Advocates (VIRAs) who are employed by the CMBWN. Currently, the Help Line employs one full-time Director, 3 full-time Supervisors, 8 full-time VIRAs, 7 part-time VIRAs, 4 Per Die m VIRAs (who cover shifts as needed when full or part-time staff are sick or on vacation) and 1 Administrative Assistant. The Help Line does not use volunteers to answer calls. Spanish speaking VIRAs are always available to answer calls and staff can access Language Line interpreters for up to 140 additional languages.

The Help Line receives calls for assistance and information from across the city and throughout the greater Chicagoland area. Callers are provided with immediate information about their rights and options and are offered a direct three-way linkage to community-based domestic violence resources including shelter, counseling, legal advocacy, legal services, and children's services.

The Help Line’s extensive agency referral database contains detailed program information on approximately 170 domestic violence resources in the greater Chicagoland area. There are approximately 130 additional listings for ancillary services such as housing, employment, transportation and out of state services and resources. VIRAs are able to navigate the system and identify the most appropriate and accessible programs to meet the caller’s needs. They can conduct searches based on specific criteria such as zip code, geographic location, services offered, and caller’s special needs (i.e. wheelchair accessible, language, etc.). VIRAs also track the number of domestic violence shelter beds available at any given time of day. The database is routinely updated ensuring the most current referral and resource linkage.

Calls into the Help Line have not decreased as might be expected based on the decline in reported domestic violence. During the period of 2001 through 2005, the Help Line calls have increased (*Domestic Violence: Decreasing Occurrence or Decreasing Use of Services, Fugate 2006*). In 2005, the Help Line received a total of 20,688 calls from 17,071 different callers (approximately 56 calls a day). 6,636 of the calls were from domestic violence victims, 1,991 were from 3rd parties calling on behalf of a victim, 263 were from abusers. 159 were from 3rd parties calling on behalf of an abuser, 2,085 were from callers requesting a direct phone link to a specific agency, 195 were callers reporting violence other than domestic abuse, 2,361 were miscellaneous calls not victim or abuser specific, and 3,381 were administrative type calls such as people who were interested in volunteering or making a donation.

The following chart illustrates the geographic location of the Help Line callers.

Year	Type of Caller	Chicago	Suburbs	Out of State
2005	Victims	81%	17%	2%
2005	Abusers	85%	15%	0%
2005	Other	80%	18%	2%

In 2005, victims identified their referral source to the Help Line as police (52%), a domestic violence or social service program (15%), an advertisement (12%), a health care provider (3%), a family member or friend (3%), and other referral source such as an employer or clergy (15%).

The Help Line receives calls from victims who have experienced sexual assault particularly when that assault occurs within the context of domestic violence and in some cases a referral is made to the Chicago Rape Crisis Hotline. Women who are engaged in the sex trade or trafficking victims utilize the Help Line to search for support and assistance.

Most Help Line calls were conducted in either English or Spanish, however, the SBC Language Line allowed VIRAs to conduct calls in other languages including: Arabic, Bosnian, Bulgarian, Cantonese, Chinese, Creole, Croatian, Ethiopian, Filipino, French, Greek, Hindi, Lithuanian, Mandarin, Polish, Romanian, Russian, Serbian, Tagalog, Urdu, Visayan, and Yugoslavian. Calls were also answered on the Help Line’s TTY system.

General, non-identifying information about each caller is entered into the Help Line database including ethnicity, age, gender, zip code, call-type (i.e. victim, abuser, health care provider, police officer, etc.), type of violence experienced, services requested, number of children, special needs, and referral source. The data generated is technically “owned” by the city and MODV’s Coordinator of Research and Evaluation analyzes this data for trends and gaps in victim services. Annual data reports are published, given to local domestic violence service providers and others, and made available on MODV’s website (www.cityofchicago.org/domesticviolence). In May 2006, programming used to collect basic information about callers and their needs underwent some changes in order to clarify and improve operations and gather greater specificity about a number of data fields.

MODV conducts all fundraising needed to support the Help Line. Funding for the Help Line is split between grant and city corporate funds. The annual contract awarded to CMBWN to staff the Help Line is over \$600,000. The Illinois Criminal Justice Information Authority, a state entity responsible for passing through federal Victim of Crime Act (VOCA) and Violence Against Women Act (VAWA) funding, awarded MODV annual grants of \$350,000 to operate the Help Line since its inception. The City allocates an additional \$316,667 in city corporate dollars annually to support Help Line operations. Since the Help Line is located in MODV’s offices and equipment is owned by the City, the City also absorbs in-kind expenses including rent, utilities, basic telephone line expenses, equipment maintenance and technical support.

MODV has been able to raise additional grant funds for annual public awareness campaigns and Help Line promotion. Thousands of print materials including posters, safety plans, and guideline cards for concerned family and friends, health care providers, faith leaders, employers, teen dating violence victims, LGBT and elder victims have been developed. Safety plans are available in English, Spanish, Polish, Arabic, Bosnian, Russian, Korean and Mandarin. Posters are offered in English, Spanish, Polish, Arabic, Urdu, Hindi, Chinese, Vietnamese, and Korean. All print materials advertise the Help Line number and are distributed throughout the city at different community-based events. Additionally, grant funds have been used to periodically purchase advertisements to promote the Help Line in local and ethnic newspapers and movie theaters and on CTA buses, billboards, radio stations and local cable television channels. Each year, MODV receives approximately \$60,000 in grant funds from the Illinois Criminal Justice Information Authority to conduct a public awareness campaign during the summer months to promote the Help Line. This grant requires an additional \$15,000 in matching funds so city corporate funds are budgeted and used to cover this match.

It is important to note that no staff is dedicated solely to the marketing or promotion of the Help Line and MODV has not developed or implemented a consistent, formalized marketing strategy. Call volume is leveling out indicating a need for expanded promotion and/or targeted advertisement to certain under represented populations (immigrant, non-English, non-Spanish speakers, disabled) and/or referral sources (health care, employers, schools). Call volume could increase without significant additional costs.

In 2004, MODV and Loyola University's Center for Urban Research and Learning were awarded a two-year grant from the National Institute of Justice to conduct an extensive evaluation of the Chicago Domestic Violence Help Line. As part of this evaluation, researchers gathered information from 399 victims who had called the Help Line, Chicago police officers, Chicago-area domestic violence service providers and Chicago community residents to determine the usefulness of the Help Line. When asked to reflect on its value, overall, each of these groups gave the Help Line high ratings.

Victims reported:

- A mean rating of 4.41 (on a 5-point scale) for Help Line usefulness.
- 24-hour availability to be very useful (4.85 out of a 5 point scale).
- VIRAs helped them increase their knowledge on available options and resources, strategize and take action.
- Developing a strong personal connection to the VIRA they spoke with.
- A positive emotional impact as a result of their interaction with the Help Line.

Domestic violence service providers:

- Rated receiving a referral from the Help Line as "not difficult."
- Reported that referrals were easier to make once the Help Line was established.
- Found the centralized Help Line to be very valuable since it offers up to date resource information.

Chicago Police Officers:

- 64% thought that the Help Line was a useful or very useful resource for domestic violence victims.

The implications of these findings, found in the report *From Perspectives of Diverse Users: An Evaluation of the City of Chicago Domestic Violence Help Line* (Fugate et al., 2006), suggest that the City of Chicago Domestic Violence Help Line is a model resource that is successfully meeting the needs of a wide variety of users. The research identified a number of Help Line strengths. Callers are not met with a recording and communication can take place in up to 140 different languages. All three supervisors, the Director, and many of the VIRAs have been employed since the Help Line's beginning resulting in a staff that is very familiar with local domestic violence resources and has built strong working relationships with those different programs. The Help Line's comprehensive referral database, including number of available shelter beds, makes it easier for victims and helping professionals to locate appropriate services and its infrastructure helps to guarantee that exact locations of domestic violence shelters remain confidential to the larger public. Data is used to track the needs of domestic violence victims by zip code allowing identification of trends in victim service needs. The Help Line staff is knowledgeable of the urban domestic violence victim experience and negotiating systems (i.e. filing a police report, obtaining an order of protection, accessing Crime Victim Compensation funds, etc.). There is a level of accountability because the Help Line is overseen by both MODV and CMBWN.

Non-Profit Service Agencies' Domestic Violence Hotlines

In order to be eligible to receive IDHS funding, comprehensive domestic violence victim service agencies are required to provide crisis hot line responses. Not all of the agencies that offer crisis line services in Chicago are currently receiving this funding. A hotline call is defined for government reporting purposes in this manner:

A "Hotline Call" is any call coming into the program, on any incoming line (hotline number, business number, cell phone receiving forwarded calls, etc) that is NOT a call related to the agency doing business (i.e. no calls from funders, insurance representatives, banks, janitor services, supply companies, etc.)

Of the agencies surveyed for this Assessment, 22 reported having a crisis line (15 Chicago, 7 suburban).

City agencies:

- Apna Ghar ***
- Between Friends*
- Center on Halsted Anti-Violence Project*
- Chicago Abused Women Coalition* **
- Family Rescue*
- Heartland Human Care Services*
- Korean American Women in Need*****
- Women with Disabilities Center
- Life Span*
- Mujeres Latinas en Accion*
- Neopolitan Lighthouse*
- Samaritan Community Center
- SHALVA
- Southwest Women Working Together
- Wellspring

*Spanish bilingual

** Japanese, Portuguese, Hebrew, French, German, Russian Greek language capacity

*** South Asian multilingual capacity

**** Korean language capacity

Suburban agencies:

- Crisis Center for South Suburbia
- Elgin Community Crisis Center
- Pillars/Constance Morris House
- Sarah's Inn
- South Suburban Family Shelter
- WINGS
- YWCA Evanston/North Shore

All of the crisis lines receive calls for assistance from across the city and suburbs. For 9 Chicago and 6 suburban agencies, hotline calls are a major source of the agency's client intake appointments.

12 city agencies operate 24-hour crisis lines; 3 operate crisis lines during regular business hours Monday through Friday (Heartland Human Care Services, Samaritan Community Center, Wellspring). All 7 suburban agencies operate 24 hours crisis lines.

Most agencies staff their crisis line with both volunteers and paid employees. However, 3 of the Chicago and 2 of the suburban agencies staff their crisis lines with paid employees only.

The 22 agencies were asked to list their top three sources of referrals to the crisis line. Half of the Chicago agencies reported the City of Chicago Help Line as one of their top referral sources.

	Chicago	Suburb	TOTAL
City DV Help Line	8	3	11
Social Service Providers	6	5	11
Police	3	7	10
DV Providers	7	1	8
Self	7	1	8
Family/Friend	2	2	4
Internal	4	-	4
Medical	2	-	2
Religious	1	1	2

In 2005, the 15 Chicago hotlines received approximately 15,089 calls. Agencies reported receiving a low of 70 calls to a high of 3,000. The 7 suburban agencies received approximately 19,459 hotline calls (for one agency this number is only agency clients) and reported receiving a low of 450 calls to a high of 5,063. The combined total of Chicago and Suburban agency hotline calls in 2005 was 34,548.

311 Services

The widespread public promotion of 311 services to community members seeking non-emergency assistance has also served to address the goal of crisis line services. As a matter of protocol, when a victim or concerned other caller requests domestic violence information or support from the 311 non-emergency number, the caller is connected to the Chicago Domestic Violence Help Line.

911 non-emergency callers have also been linked to the Help Line. The Help Line links emergency domestic violence calls to 911. In 2005, 20.5% of the callers to the Help Line were referred by 311 or 911.

Child Abuse Hotline

The Illinois Department of Children and Family Services (DCFS) operates a 24-hour child abuse hotline, which receives calls related to child abuse and domestic violence within one household. In 2005, 62 callers were referred by DCFS to the Domestic Violence Help Line (but not necessarily by the Child Abuse Hotline.)

The DCFS response to child abuse hotline calls is discussed in the Protective Custody of Children and Support Counseling for Children sections of this document.

Elder Abuse Hotline

The 24-hour Elder Abuse Hotline receives calls related to suspected abuse, exploitation or neglect of an older person. The Illinois Elder Abuse and Neglect Act states that people who report in good faith are immune from criminal or civil liability. Certain professionals are required to make reports of suspected elder abuse; mandatory reporting requirements only apply when the reporter believes that the older person is not capable of reporting the abuse him or herself. When a call is received by the Elder Abuse Hotline, a trained elder abuse caseworker will respond within a specified time period depending on the severity of the case: 24 hours for the most dangerous situations, 72 hours for less serious situations and up to 7 days for all others. A caseworker contacts the victim to help determine appropriate services.

Chicago Rape Crisis Hotline

The Chicago Rape Crisis Hotline is a project of the Chicago YWCA. The Hotline is staffed by advocates who have received 52 hours of sexual assault crisis intervention training. It is a 24 hours a day, 7 days a week, toll-free, confidential number where survivors of sexual assault and their significant others can receive non-judgmental support and immediate assistance in the form of crisis intervention, referrals and general information.

POINTS FOR ENGAGEMENT – CRISIS LINES

1. The Illinois Department of Human Services continues to require 24-hour crisis lines as a condition of funding of comprehensive domestic violence programs (with the exception of those agencies funded as specialized services.) If this requirement was optional without loss of current level funding, programs might be able to retool 24 hour hotline services funds to increase capacity for counseling or other services.
2. The expansion of the Chicago Domestic Violence Help Line into a statewide resource would be a strategic and innovative action to build on the Help Line's inherent strengths and further fulfill the vision of its mission.
3. The City of Chicago Help Line lacks consistent publicity promoting Help Line awareness to victims and the concerned public.
4. The Help Line is limited to referrals to existing domestic violence agencies. While some ancillary service referrals are reflected in the database, there are needs for housing, jobs, financial assistance and post separation services not currently addressed by the existing database of referrals.
5. A possible collaboration between the Rape Crisis Hotline and the City of Chicago Domestic Violence Help Line should be examined.
6. The promotion of the Help Line as a resource for trafficked victims and women engaged in the sex trade should be considered.

SAFETY AND CRISIS INTERVENTION

CARING COMMUNITY

Community Residents

Over the last ten years, MODV employed a number of methods to determine the level of understanding that community residents have about the nature and prevalence of domestic violence in Chicago including:

- Grocery store surveys (*The Community Mobilization Project: Results of the Community Survey Final Report* prepared for the Mayor's Office on Domestic Violence by April Howard and Sharon Wasco)
- National Institute of Justice District Advisory Committee survey findings (*Providing a Citywide System of Single Point Access to Domestic Violence Information, Resources, and Referrals to a Diverse Population: An Evaluation of the City of Chicago Domestic Violence Help Line, Final Technical Report*)
- Focus groups, neighborhood town halls and a citywide assembly involving over 1,500 participants (*Chicago Model: Community Mobilization, Community Policing and Domestic Violence Final Report*)

As with many other areas of the country, the closeted nature and degree of community denial has lessened over the last ten years. In 2004, the National Institute of Justice Help Line evaluation survey of community members serving on District Advisory Committees found that 80% recognized physical, sexual and emotional forms of violence. 81% knew of the City of Chicago Domestic Violence Help Line.

Marketing Research for the Allstate Foundation Domestic Violence Program and the National Network to End Domestic Violence Fund conducted a National Poll on Domestic Violence in February 2006. 83% of respondents strongly agreed that domestic violence affects people in all racial, ethnic, religious, educational, social and economic backgrounds. Two-thirds strongly agreed that domestic violence is a serious, widespread social problem. Three-quarters personally knew someone who is or has been a victim of domestic violence. Nearly four out of ten respondents felt very confident they would know what to do if a friend/relative confided that they were experiencing domestic violence. While this poll represents a national sample, one can reasonably assume that local findings would mirror the findings.

Heightened community awareness leads to greater societal investment toward building multi-tiered intervention. Expanded awareness and education also leads to prevention and a societal shift in tolerance of the existence of domestic violence.

Beginning in 2003, MODV conducted the GET INVOLVED Campaign. This Campaign raised awareness, promoted the Help Line and expanded understanding about the impact that domestic violence has on each member of the community. The images of a long bank line because the teller did not show up to work due to domestic violence, students waiting in a classroom for a substitute because their regular teacher was absent due to abuse, or a church choir that was missing a member due to violence served to illustrate the personal impact of abuse.

MODV has developed thousands of print materials including posters, safety plans, and guideline cards for concerned family and friends, health care providers, faith leaders, employers, teen dating violence victims, LGBT and elder abuse victims. Safety plans are available in English, Spanish, Polish, Arabic, Bosnian, Russian, Korean and Mandarin. Posters are offered in English, Spanish, Polish, Arabic, Urdu, Hindi, Chinese, Vietnamese, and Korean. All print materials advertise the Help Line number and are distributed throughout the city at different community-based events. Additionally, MODV has purchased advertisements in local and ethnic newspapers and movie theaters, on CTA buses, billboards, radio stations and cable television channels.

Chicago Alternative Policing Strategies (CAPS)

The infrastructure of CAPS (Chicago Alternative Policing Strategies), which is a unique community-oriented policing strategy implemented by the Chicago Police Department, was utilized to guide or enhance caring community/neighborhood efforts. The general intent of CAPS is for communities to be active partners in solving crime and improving the quality of life of neighborhoods. Part of the strategy includes the formation of District Advisory Committees (DAC) comprised of community residents to help District Commanders identify key issues and set broad priorities. Today, due to the work of the Mayor's Office on Domestic Violence and the Domestic Violence Program of the Chicago Police Department under a VAWA funded program, all twenty-five police districts have District (neighborhood-based) Domestic Violence Subcommittees. These subcommittees provide the foundation for a police/community partnership that can engage in targeted problem solving on the issue of domestic violence as it exists in the district.

From 2000 until 2004 MODV employed up to five community organizers who did outreach, conducted 40 focus groups and 10 town hall meetings, helped recruit Domestic Violence Subcommittee members, formulated partnerships and facilitated problem solving with the police to maintain activities and goals for those subcommittees. Along with the Domestic Violence Liaison Officers at each district, MODV staff recruited over 1,500 community residents to participate in Mayor Daley's Citywide Domestic Violence Assembly in November 2002. Assembly attendees came together as one force with specific Calls for Action, nearly all of which moved forward over the following two years. Today, many of the attendees still participate on their district's Domestic Violence Subcommittee.

Beginning in 2005, staff support for subcommittee activities moved primarily to the Domestic Violence Liaison Officer (DVLO) in each of Chicago's 25 police districts. The

DVLO is the key to a coordinated police/community response to domestic violence. The DVLO is a sworn officer working out of the Community Policing Office to facilitate police/community domestic violence partnerships and problem solving. The DVLO also keeps abreast of changes in domestic violence laws and serves as a district-based resource on domestic violence issues for field officers and the community.

Institutionalizing these subcommittees into the CAPS infrastructures ensured continued involvement at the neighborhood level while building education and awareness of domestic violence as a community concern. Each subcommittee is as unique as each police district. Subcommittee members are volunteers and include police personnel, community based agencies, block club leaders, community residents, students, hospitals, and faith-based organizations. Most subcommittees meet either monthly or bi-monthly and each works on their own events and outreach activities including distributing domestic violence materials particularly Help Line literature, fairs, workshops, resource drives for domestic violence shelters, and “spa days” for victims. During October, Domestic Violence Awareness month, and April, Child Abuse Prevention month, subcommittees are particularly busy.

It is significant to note that 23 domestic violence service agencies reported on the Assessment survey their participation on a Domestic Violence Subcommittee. The infusion of the service community’s resources and knowledge into the larger neighborhood agenda provides Chicago with unique opportunities for new models of response and partnership. Programs include: Apna Ghar (District 23), Metropolitan Family Services Calumet (District 5), Jane Addams Hull House Association Domestic Violence Program-North, (five districts in Area 3), Neopolitan Lighthouse (Districts 9,10,11,14), Southwest Women Working Together (District 8), Metropolitan Family Service Midway (Districts 7, 8), Heartland Human Care Services (District 9), Family Rescue (District 3, 4 and 5), Chicago Abused Women Coalition (District 14), Life Span (District 16), Near North Health Service Corporation (Districts 18, 21), West Side Domestic Abuse Project (District 14), Mujeres Latinas en Accion (Districts 10,12), Center on Halsted Anti-Violence Project (Districts 19,23), Polish American Association (District 16), Rogers Park Community Council (Districts 20, 24), Healthcare Alternative Systems (Districts 14,16,25), Counseling Center of Lakeview (District 4), Howard Area Community Center (District 24), Rainbow House (District 22), Centro Romero (District 24), Wellspring (Districts 6,7), Universal Family (Districts 5,6).

Some agencies are working on community organizing efforts independent of the subcommittees. An example is Heartland Human Care Services’ work with the Brighton Park Neighborhood Council to create organizing campaigns around the issues of domestic violence, sexual assault and community accountability.

POINTS FOR ENGAGEMENT – COMMUNITY RESIDENTS/CHICAGO ALTERNATIVE POLICING STRATEGIES

1. Neighborhood residents' personal time and capacities need to be respected, supported and well utilized in order to sustain interest and involvement over time. Without specific non-police staff support, the valuable and unique Chicago resources of creative police/community problem solving and community driven activities will be diminished.
2. Recruitment for Domestic Violence Subcommittee membership needs to be an ongoing priority to ensure participation of all sectors of the community.
3. Although participation of domestic violence service agencies is occurring, limited resource capacity inhibits participation on subcommittees where domestic violence advocacy expertise is essential.
4. Subcommittee distribution and awareness activities rely heavily on the resources provided by MODV through its grant-supported material production. Institutionalized support for this ongoing need must be identified.

Faith Community

Religious leaders continue to be particularly well situated to help victims and others who are affected by domestic violence. Perhaps fearing retribution from their abusers or feeling intimidated by the legal system, many victims are reluctant to turn to the police or social services for aid. Religious leaders have begun to make real strides in working cooperatively with secular colleagues to ensure that victim's needs are met. Over the last ten years, there is a heightened awareness among many leaders so that victims don't have to choose between the support of a religious community and physical or emotional safety. Religious institutions are beginning to acknowledge that they can be both a safe haven for the abused and a first step toward accountability and rehabilitation for the abuser.

Many religious organizations are participating in their police districts' Domestic Violence Subcommittees. In 2003, MODV established an Interfaith Leadership Advisory Committee (IFLAC) for the purpose of identifying, developing, and implementing a citywide response to domestic violence in faith communities and congregations. At the first formal IFLAC meeting in February 2003, a diverse group of 90 faith leaders from across the city discussed their needs and challenges. Some of the attendees expressed a desire to receive additional training before developing plans for responding directly to domestic violence in their congregations.

Beginning in May and ending in August 2003, MODV provided a free 40-hour domestic violence training to over 35 faith leaders from IFLAC. The goal of this training was to develop a group of faith leaders who would have the skills, with support of MODV, to train others within their own faith. Significant faith based activity has resulted from this initial effort.

IFLAC also saw the importance of sharing their experiences and dialogue across faith traditions to deepen their own involvement and "fellowship" network as well as to

engage others in responding to domestic violence within their communities. In October 2004, Mayor Richard M. Daley, IFLAC and MODV hosted a breakfast meeting “There’s No Room for Domestic Violence in Our Communities of Faith.” Key leadership from Christian, Jewish and Islamic faiths addressed the gathering and committed to the development of the city’s faith response. Over 200 people attended the breakfast event representing faith leaders from Jewish, Islamic, Bahai, Hindu, Jain, Sikh and Christian traditions.

Following the breakfast, IFLAC identified the need to offer a three-part skill based training for an invited group of faith leaders who had indicated a readiness to expand domestic violence program and organizational development in their congregations. Teams of two representatives from 25 congregations participated in 3 full day training sessions beginning in October 2005 and ending in January 2006. The goal of the sessions was to guide participants in the development of a response that specifically fits their faith tradition and congregation. Participants engaged in dialogue and activities enabling them to identify key elements, components, and policies necessary for a comprehensive domestic violence response. Session content included engaging supportive congregational leadership, developing policy statements, creating safe environments to promote disclosure, and responding to disclosures. Practical considerations such as how to address safety, confidentiality, liability, communication and documentation as well as program development costs were also addressed.

At the end of the training participants had developed a greater understanding of their additional training needs. IFLAC planned subsequent meetings to address the additional and ongoing training needs that were identified. Today, a core group of interfaith leadership is fully engaged in IFLAC activities.

Similarly, in September 2004 the Chicago Metropolitan Battered Women Network (CMBWN) convened the “All Faith’s Against Domestic Violence Project Committee.” This committee consists of key leaders in Chicago’s faith and spiritual communities including the domestic violence advocacy community. The committee was formed to promote collaboration between clergy and advocates to develop effective, faith-based responses. The primary goal of the committee includes developing an interfaith guide for clergy and spiritual leaders. In addition, the committee is actively working to raise public awareness among spiritual communities on the issue through community trainings, interviews and other public presentations.

In October 2005 the committee released “Responding to Domestic Violence: An Interfaith Guide to Prevention and Intervention, at their Interfaith Breakfast which was attended by over 100 persons from ethnically diverse faiths and communities. Since that time numerous faith based trainings have been conducted in Chicago.

The development of clear partnerships between faith communities and domestic violence victim service agencies is a key distinction being addressed by CMBWN faith related efforts. Current committee work includes the release of a 2007 interfaith curriculum as a companion tool to the Guide. To inform the development of the curriculum the committee has conducted a series of 13 diverse faith-based community focus groups.

Information gathered will determine the key themes of the 2007 curriculum. The efforts of this 3 year project have been supported by grants from Little Angel Foundation.

Another significant effort in this faith arena is JCARES (Jewish Community Abuse Resources, Education and Solutions). Formerly the Task Force on Domestic Abuse in the Chicago Jewish Community, JCARES, which is directed by Jewish Women International (JWI), is a coalition of Chicagoland Jewish and secular organizations, agencies, rabbis and advocates that collaboratively create, support and influence initiatives and policies to prevent, address and respond to abuse in Jewish homes, families and relationships. JWI's leadership of JCARES has been supported by funding from the Jewish Women's Foundation of Metropolitan Chicago.

Prior to the formal establishment of JCARES, in 2004, JWI designed, developed and directed a Chicagoland Needs Assessment study to illustrate a clearer picture of domestic abuse in the Chicagoland Jewish community. The study explored the service, education and resource needs of abused Jewish women, their families and the larger Jewish Chicagoland community. More than one-quarter of respondents to the study's Community Attitudes Survey said that they were survivors of abuse. Eighty-five percent of respondents either knew individuals who had been abused or suspected that individuals they knew had been abused. Overall, 81.8% of respondents said that they knew (or suspected abuse) of at least one Jewish individual. Strengthening these results, one quarter of respondents to a 2005 Jewish Federation of Metropolitan Chicago Community Health Survey of Chicago's West Rogers Park/Peterson Park neighborhoods said that they have witnessed domestic violence and nearly one-third said they or members of their household had been a victim of physical, verbal or sexual abuse.

In March, 2004, JCARES conducted a presentation for members of the Chicago Board of Rabbis. This presentation provided an opportunity for clergy and JCARES members to discuss ways rabbis can and do identify domestic violence within their congregations, barriers and challenges rabbis commonly encounter when addressing and responding to domestic abuse, ways to link congregants to community-based domestic violence resources, and strategies that can be adopted to institutionalize a domestic abuse congregational response. This presentation opened the door for ongoing dialogue between clergy and Jewish and secular domestic violence agencies and that communication link has strengthened as time has gone on.

MODV's Interfaith Leadership Advisory Committee, JCARES, and the CMBWN's All Faiths Against Domestic Violence Committee, present a significant enhancement of religious organization's role in responding to domestic violence in Chicago. Coordination between these groups occurs as there is some overlap of leadership and participation.

A number of active partnerships between domestic violence victim service agencies and faith-based groups were reported within the agency assessment survey:

- House of Good Shepherd is a Catholic faith based provider
- Howard Area Community Center works with Saint Jerome and the United Church of Rogers Park
- The Salvation Army Family Services is a faith-based provider
- La Familia Unida works with Our Lady of Teyeyac, Saint Pius and Saint Romans
- Between Friends has a partnership with Fourth Presbyterian Church
- Healthcare Alternatives Systems works with Mujer Victoriosa and provides spiritual groups with emphasis on self esteem building
- SHALVA has a direct working partnership with the Chicago Rabbinical Council and the Jewish court (Bet Din)
- Counseling Center of Lakeview works with Saint Mary of the Lake, Our Lady of Carmel and Saint Jerome
- Wellspring, works with Salem Baptist and Saint Paul Covenant Chicago
- Family Rescue works with Salem Baptist Church; Annuciata, East Side United Methodist, Trinity, Power Circle, and Bright Star Church of God in Christ

There are a number of active faith based programs serving victims of domestic violence:

- In 2004, Moody Memorial Church Women's Ministry was asked to address the needs of congregants experiencing abuse. In preparation, they began conducting research on community resources and educational literature and conducting training regarding domestic violence. Moody's Women's Ministry has worked to develop a level of expertise regarding safety planning with its pastoral staff and started outreach in May 2005. Today, it is offering group services for victims in the congregation.
- Trinity United Church of Christ provides a help line staffed by church members, an annual book review and prayer vigil as well as outreach activities.
- Saint Pius V Project Hope is a full service faith based intervention program. The Project provides bilingual, culturally sensitive domestic violence services to all family members while also addressing, respecting and incorporating the victim's religious beliefs. The church found, through a 1996 survey of Latina domestic violence victims on Chicago's Southwest side, that they did not use mainstream community agencies because they feared cultural and religious misunderstanding and bias. Today, Project Hope provides a full spectrum of family support and empowerment services.

MODV and IFLAC implemented a Safe Start Interfaith Incubator project beginning in September 2006. The goal of the project was to build upon existing efforts within communities of faith to address the needs of children exposed to violence (CEV) by providing opportunity for high impact discussion, planning and training. In March 2007 over 200 lay and ordained members of diverse interfaith communities gathered for a full day of CEV education and dialogue.

POINTS FOR ENGAGEMENT – FAITH COMMUNITY

1. There is a lack of opportunities for free training geared to different levels of faith institution response.
2. Support is needed for ongoing technical assistance for faith institutions that want to develop a domestic violence response that incorporates issues such as confidentiality, mandatory reporting, safety issues for victims and their children, safety for the faith community, and responding to offenders.
3. Response models for congregations of all sizes and faiths need to be further developed.
4. Creating accountability within faith communities around the misuse of religion as a tool for further abuse remains vital.

Business Community

All too often, abuse experienced in the home extends into the larger community and the workplace. This violence has substantial impact and the effects are both direct and indirect. Companies bear 52 % of the economic costs associated with domestic violence according to the National Center for Injury Prevention and Control in 2003. Employers play a crucial role in assisting victims and ensuring their physical safety while on the job.

Over the last ten years MODV has hosted a number of conferences (joining with others such as CMBWN, Kraft Foods, Harris Bank, Blue Cross Blue Shield, Allstate, Verizon Wireless and the Corporate Alliance to End Partner Abuse) to address domestic violence as a workplace issue. Outreach to small businesses as well as major corporations over the last ten years has resulted in numerous workplaces increasing awareness and/or instituting policies and/or protocols for addressing domestic violence experienced by their employees.

In 1999, the City of Chicago implemented a “violence in the workplace policy” that includes definitions, recommended responses, relief and resources for city employees who are victims of domestic violence. Employees/victims are encouraged to name their city worksite as a protected place on orders of protection and to notify supervisory staff if necessary.

To further enhance the domestic violence in the workplace focus, MODV has published and widely distributed two pamphlets: *Domestic Violence and Work: A Resource Guide for Employers* and *A Survivor’s Guide to Safety Planning in the Work Place*.

In 2003 the Victims’ Economic Security and Safety Act (VESSA) was enacted into law in Illinois. VESSA includes unpaid, job-guaranteed leave and anti-discrimination protections and permits employees who work for a company with 50 or more employees or for a government entity of any size to take leave to address domestic violence, dating violence, sexual assault, or stalking. The act covers employees who are victims of domestic or sexual violence or who have a family or household member who is a victim of domestic or sexual violence. VESSA provides for up to a total of 12 weeks of unpaid

leave during any 12 month period to seek medical attention, victim services, counseling, safety planning, legal assistance, court proceedings, relocation and other specific purposes. VESSA is the most comprehensive set of employment law protections for victims of domestic and sexual violence in the country. The Women's Law and Policy Project (WLPP) of the Sargent Shriver National Center on Poverty Law (Shriver Center) drafted and advocated for the bill. Since its enactment, the WLPP has trained almost a thousand survivors, advocates and employers in Chicago and throughout Illinois on VESSA, partnered with the Chicago Lawyers' Committee for Civil Rights Under Law, Inc. to represent individual claimants, and published *VESSA: The Victims' Economic Security and Safety Act, Keeping Your Job and Keeping Safe, A Guide to Employment Law Protections for Survivors of Domestic and Sexual Violence* which is available on the Shriver Center web site at www.povertylaw.org.

In spring 2006, the Chicago City Department of Human Resources in partnership with MODV, coordinated and implemented a mandatory workshop on VESSA for all human resources, labor liaison, and employee assistance program staff in the City of Chicago workforce. The City developed policy and procedures for those employees identifying a need to request time off from work under VESSA regulations.

Amendments to the Illinois' Unemployment Insurance (UI) Act that became effective on January 1, 2004 include a voluntary leave provision for victims of domestic violence. The WLPP of the Shriver Center drafted and advocated for more extensive coverage, but the negotiated law allows victims of domestic violence to leave their job for reasons related to the violence and remain eligible for UI benefits. Information about UI domestic violence benefits can also be found in the Shriver Center's VESSA manual available on the Shriver Center's web site.

In addition to the attention being given to domestic violence as a workplace issue, the business community has been identified as a community stakeholder whose interests are directly impacted by the prevalence of domestic violence. Many small businesses have been receptive to displaying domestic violence related posters and brochures. Many major employers have welcomed brown bag lunch presentations or provided other points of access to their customer or employee base to spread awareness about domestic violence and available resources. Major corporations such as Blue Cross and Verizon have donated space or other services in support of MODV and other community domestic violence goals. There are a number of corporate foundations that support the non-profit sector either by making direct grants or sponsorship of agency events.

One unique and very successful example of the kind of engaged business activity currently underway is the work that MODV has been doing with salon professionals. ***CUT IT OUT*** is a national program that builds awareness of domestic violence by educating salon professionals on how to recognize warning signs, respond appropriately, and safely refer victims to local resources. Chicago has adopted the ***CUT IT OUT*** program as a local community strategy that allows community business owners and professionals to play a key role in providing safety and support to domestic violence victims within their customer base. The ***CUT IT OUT*** program in Chicago, with MODV

as the local coordinator, has trained 30 individuals from the domestic violence service provider community in an effort to sustain this awareness activity at a local level.

In the spring of 2006, in partnership with the Chicago Police Department and the CAPS implementation office, MODV implemented six citywide area workshops for community based salon owners and their staff. These business owners and professionals have been identified as stakeholders willing and ready to make a commitment to respond to domestic violence within their communities. Educated salon professionals strengthen response by reaching victims that may never have sought the more formal services of a domestic violence agency or intervention from the police or courts. Bringing individuals such as salon professionals into the overall response to domestic violence in Chicago broadens the definition of “response” and “services”. This type of involvement speaks to a broader societal commitment toward addressing the persistent nature of domestic violence as a community concern.

POINTS FOR ENGAGEMENT – BUSINESS COMMUNITY

1. With the enactment of the Victim Economic Security and Safety Act (VESSA), Illinois could gain greater understanding of local workplace costs and ways to better utilize and coordinate services to minimize costs while meeting the needs of abuse victims and their children. Greater awareness and understanding of the impact of domestic violence in the workplace and on the workforce can only improve efforts to create safety for victims.
2. Increased training and awareness for employers regarding the benefits permitted under VESSA coupled with ongoing encouragement for all employers to improve or enhance their own tailored responses should occur. Exploration of potential partnerships with Human Resource organizations as well as other business associations such as the Chamber of Commerce should be pursued.
3. Dissemination of materials to victims related to unemployment benefits as well as other employee benefits needs to increase.
4. Other unique business responses similar to Cut It Out need to be identified, developed and implemented.

SAFETY AND CRISIS **INTERVENTION**

LEGAL PROTECTION

Safe and Accessible Court Building and Access to Emergency Orders of Protection

After 20 years of operating in inadequate facilities, the new Chicago Domestic Violence Court opened its doors in October, 2005. The new facility at 555 W. Harrison Street provides a notable and welcome change, combining accessibility to a number of services in one building.

Previously, when victims came to the criminal court and charges were either not filed or dismissed those victims had to travel to a civil court facility that was nearly two miles away to file for an order of protection (OP). For a variety of reasons, victims often never made that trip even though they wanted and needed the order. Since the new court building houses misdemeanor as well as civil independent order of protection courtrooms, this process has been improved.

When an arrest has been made, a victim is instructed by the police to contact the State's Attorney's Office at the Domestic Violence Court to seek an emergency order of protection. If no arrest was made, a victim who has a police report can go to domestic violence court where cases are routinely screened by the State's Attorney's Office. This State's Attorney's screening process was put into place in the 90's and it has a two-fold purpose. First, it provides an Assistant State's Attorney with an opportunity to talk to a victim where no arrest has been made and determine whether and what type of criminal charges can be brought. The screening process also enables the victim to obtain an emergency order of protection. In the case of an arrest, if an emergency order is requested within the statutory time limit, the victim will automatically be put through the automated order of protection system and sent to court to formally request an OP from a judge. In cases where there is no arrest, if there is a determination that criminal charges can be filed, the State's Attorney will also request an emergency order of protection.

At the time that a criminal charge is requested the State's Attorney will seek an arrest warrant for the defendant or ask that a summons be sent ordering the defendant to appear in court on a date certain. In approximately 95% of the criminal charges filed an arrest warrant is requested. In the case where a criminal charge is not filed the victim may still request an emergency order of protection from one of the two civil courtrooms also located at the domestic violence courthouse.

In 2005, the State's Attorney's Office at the centralized criminal court indicated that 9,000 people signed into the screening process at the court seeking review of their case for possible charges. In 2006, the office reports 7,000 people signed into screening.

Domestic-related felony preliminary hearings are held in the domestic violence bond courtroom. Because misdemeanor bond court and felony preliminary hearings now occur in one building, the opportunity for issuing emergency orders of protection is now possible.

In 2003, an officer from the Police Department's Domestic Violence Program was designated as the Domestic Violence Court Liaison Officer (DVCLLO). This specially trained officer's primary responsibility at the Domestic Violence Court is to enhance communication between the Cook County State's Attorney's Office and the Chicago Police Department increasing the likelihood that domestic violence victims receive improved services as they navigate the court system and attempt to hold offenders accountable for their criminal behavior. The DVCLLO helps to obtain paperwork (i.e., case reports, criminal histories) to expedite cases and reduce time and stress for both the victim and court personnel. To date, the DVCLLO has assisted more than 1,000 victims even though she is not at court every day because of other police duties and/or assignments and is not available to every victim or advocate on all cases.

The DVCLLO identifies cases that qualify for felony charges and helps to facilitate arrests of offenders who are wanted on warrants - both those obtained through misdemeanor court and/or through investigative alerts - by expeditiously working with the Assistant State's Attorneys, Special Victims Unit Detectives, district Domestic Violence Liaison Officers (DVLOs) and responding officers. The DVCLLO has been instrumental in upgrading more than 120 misdemeanor charges to felony charges.

In addition, the DVCLLO troubleshoots and reports back to the Domestic Violence Operations Coordinator (DVOC) of the Chicago Police Department's Domestic Violence Program with potential training issues. The DVCLLO also assists the Targeted Abuser Call located at Domestic Violence Court by helping with the identification of repeat offenders and facilitating apprehension in a timely manner (for more information see Court System section).

In 2006 in Cook County:

- 18,447 civil and 11,641 criminal orders of protection were granted for a total of 30,088.
- The centralized criminal domestic violence court handled 14,541 misdemeanor cases. Each of these cases may represent several court hearings. The State's Attorney's Office reports an average weekly caseload of approximately 1,000 cases.
- 10,608 emergency orders of protection were issued in civil court and 2,969 were made into plenary orders. (The difference in the total reflects extensions and interim orders of protection.)

- 3,090 emergency orders and 6,359 plenary orders were issued in criminal court. (The difference in the total reflects extensions and interim orders of protection.)

In 2005 in Cook County:

- 17,544 civil and 12,773 criminal orders of protection were granted for a total of 30,317.
- The centralized criminal domestic violence court handled 15,130 misdemeanor cases.
- In Chicago District One courts, there were a total of 7,184 orders of protection issued in criminal court. This total includes all emergency, plenary, interim and extension orders and is not an unduplicated count since a single victim could have had emergency, extension, interim and plenary order or another combination of the above.
- Domestic Relations (District One) courts issued 12,354 orders of Protection. An additional 349 orders were issued in Child Support courts and 6 issued in Child Protection courts.

In 2004:

- 17,720 civil orders and 9,234 criminal orders of protection were granted totaling 26,954.

Many victims who call the City of Chicago Domestic Violence Help Line are seeking information about legal protection. Effective May 2006, the Help Line database revision will result in collection of number of callers who already have an order of protection in place.

It is difficult to determine why the numbers of victims seeking legal protection are far fewer than those who call the police for assistance or seek services from domestic violence agencies. Many victims are seeking independent orders of protection in the civil courtrooms at the new courthouse with fewer utilizing the criminal court than in the past. The impact of these shifts must be closely examined continually so that resources can be distributed to meet shifting needs and appropriate systemic reforms are made. (For more detail, see the Legal Advocacy, Legal Services and Court System sections).

POINTS FOR ENGAGEMENT – SAFE AND ACCESSIBLE COURT BUILDING AND ACCESS TO EMERGENCY ORDERS OF PROTECTION

1. Research should be conducted by an external source to determine if the State’s Attorney’s screening process has impacted the decreased number of cases resulting in criminal prosecutions. MODV should consider convening a work group to examine research findings. Work Group members should include researchers, advocates, State’s Attorneys, judges, attorneys, court personnel and others who have a specific role in addressing this issue.
2. Focus groups with victims who have used the court should be conducted to determine if their needs were met. Educational materials for victims could be developed to help create reasonable expectations about the court experience. Other issues should be addressed through systemic reforms or additional supportive services. After receiving an emergency order of protection, victims need a clear, written explanation on how to get and the need for a plenary order, how service by publication works, how to enforce the order, information regarding associated issues (i.e. supervised visitation) and other resources.
3. Examination of the attribution of civil and criminal court resources needs to occur. The distribution of legal advocacy and civil legal services should also be reviewed.
4. Increasing the amount of time the Domestic Violence Court Liaison Officer is available at court and the possibility of assigning a detective to the court would further improve case coordination. Opening up these avenues of communication to legal advocates should be considered.

SAFETY AND CRISIS INTERVENTION

LEGAL PROTECTION

Legal Advocacy

Legal advocacy is essential for victims who are negotiating the legal system. Legal advocates provide victims with information about obtaining Orders of Protection and intervene on victim's behalf with representatives of the civil or criminal justice system and law enforcement personnel. Non-lawyer advocates working for domestic violence service agencies provide the vast majority of legal advocacy services.

Assessment survey results indicated that 37 agencies (30 Chicago and 7 suburban agencies) are providing a range of legal advocacy services. Agencies estimated providing between 6 and 8,760 hours of legal advocacy in 2005 to between 3 and 2,040 people. Chicago agencies alone estimated that they provided a total of 32,947 hours to 8,819 people (not all of these hours of service involve actually going to court).

Chicago agencies providing legal advocacy:

- Anixter Center
- Between Friends
- Center on Halsted Anti-Violence Project
- Chicago Abused Women Coalition
- Healthcare Alternatives Systems
- House of Good Shepherd
- Jane Addams Hull House Association Domestic Violence Court Advocacy Program
- Jane Addams Hull House Domestic Violence Program – North
- Jane Addams Hull House Domestic Violence Program – West (previously known as LeClaire Hearst Community Center)
- Korean American Women in Need
- Legal Aid Bureau of Metropolitan Family Services
- Life Span
- Metropolitan Family Services-North Center
- Neopolitan Lighthouse
- Rainbow House
- Samaritan Community Center
- Southwest Women Working Together
- YWCA Metropolitan Chicago Uptown-Korean Center
- Wellspring
- Apna Ghar
- Casa Central
- Centro Romero
- Family Rescue
- Heartland Human Care Services
- Howard Area Community Center
- Mujeres Latinas en Accion
- Metropolitan Family Services-Midway
- Polish American Association
- Rogers Park Community Center
- St. Pius V. H.O.P.E.

Suburban agencies providing legal advocacy:

- Arab American Family Services Crisis Center for South Suburbia
- Elgin Community Crisis Center Pillars/Constance Morris House
- Sarah's Inn South Suburban Family Shelter
- YWCA Evanston

Most Chicago agencies have between 1 and 3 full time legal advocacy staff. Two agencies each have 7 full time legal advocates. The 30 Chicago agencies employ 57 full time and 13 part time advocates. Suburban programs employ 16 full time and 8 part time advocates. Six Chicago programs indicated that they used volunteers to provide legal advocacy services including Mujeres Latinas en Accion that has 52 volunteers. Only one suburban program indicated that it utilized volunteers to provide legal advocacy services.

Some agencies provide legal advocacy to any victim of domestic violence, while some only to victims receiving other agency services (i.e. residents of the shelter). Only two agencies indicated that they provided transportation as part of their legal advocacy services. Two agencies indicated that a victim had to have a police report in order to be eligible for legal advocacy services. Anixter Center limits its services to deaf victims only. The Center on Halsted Anti-Violence Project focuses on services for LGBT victims. A number of agencies (Korean American Women In Need, Polish American Association, Arab American Family Services, Centro Romero, Mujeres Latinas en Accion and Apna Ghar) prioritized services to certain cultural/language groups but did not limit eligibility to those groups only. Chicago Abused Women Coalition (CAWC) reported that 85% of victims that obtain orders of protection with the assistance of CAWC staff are bilingual and /or immigrant victims.

None of the Chicago agencies restrict eligibility based on a geographic area; however most indicate that clients do come from the communities closest to their physical location. A map, illustrating the general location of all legal advocacy programs reflected in the City of Chicago Help Line agency database, can be found in Appendix E.

Legal Advocacy Agencies at the New Domestic Violence Courthouse

When the new Domestic Violence Courthouse opened, two advocacy groups were provided free space in the building - Jane Addams Hull House Association Domestic Violence Court Advocacy Program and Family Rescue. Hull House and Family Rescue legal advocacy programs estimate that they serve approximately 10-12% of all victims using the Domestic Violence Court. In 2005 Family Rescue provided an estimated 5,000 hours for 871 people while Hull House provided an estimated 7,246 hours for 2,040 people.

Hull House

Hull House employs 7 full time advocates who play an important role in explaining the criminal court process to victims, offering support and referrals to minimize the impact of obstacles faced and other challenges encountered both in the court system and outside of criminal proceedings. Due to the volume of cases heard in the criminal misdemeanor court, Hull House advocates are unable to provide services for every victim who enters

the system but when available, they are in the courtroom informing and preparing victims. In addition to the 7 advocates, the program staff includes 3 part time interns and three administrative staff. Services are available in Spanish and English.

Hull House is also a partner with the Target Abuser Call (TAC) program, a prosecution-based initiative with the Cook County State's Attorney's Office and Life Span (described in detail in the Court System section). Two court advocates are assigned to this project.

Family Rescue

Family Rescue employees 6 full time advocates, a DV Reduction Unit Site Supervisor and Court Advocacy Program Director who all provide direct legal advocacy services. The Court Advocacy Program has two units: civil and criminal. The criminal unit (DVRU) is housed in the 3rd District Police Station (see Follow-Up Services section for details on the unit). It has 3 full time advocates who travel between the Police Station and the Domestic Violence Court, providing criminal court advocacy and aggressive follow-up services for victims referred by the police. These advocates also provide services to victims whose cases are felonies and are being seen at the 26th and California Branch Court, and battered women who are defendants in the legal system (but determined by the program to be victims). The civil unit is housed at the Domestic Violence Court and it is staffed by 3 full time advocates. The primary focus of these advocates is to provide civil legal advocacy on independent orders of protection. The agency reports that there are 5 advocates in court daily. Court advocates can provide services to Spanish-speaking clients.

Off-Site Legal Advocacy Agencies

A number of agencies that are not housed at the court building indicated that some legal advocacy services are provided in a group context at the agency site. Some of those same programs limit actual accompaniment of victims to court to less than five days a week. For example, a legal advocate may offer group services and court accompaniment twice a week. It is estimated that off site legal advocacy programs serve between 3-5% of victims who receive advocacy service at the court building itself.

There are fewer total agencies providing legal advocacy in felony domestic violence cases, in child abuse court cases, or in cases involving minor domestic violence victims.

Felony Case Advocacy

The vast majority of domestic violence cases are misdemeanor cases. In recent years there has been heightened attention given to the seemingly low level of felony domestic violence cases and the need for legal advocacy. Violations of orders of protection and domestic battery charges can be upgraded to felonies if the abuser has been convicted of a previous domestic violence charge. Because preliminary felony court proceedings take place in the new domestic violence court, the goal is to increase felony charges against abusers in cases where the victim is in agreement and evidence indicates that it would be

in her best interest to proceed. Orders of protection are now being issued at the preliminary proceedings phase. While legal advocacy for these victims has been extremely limited in the past, a number of surveyed agencies indicate they are providing services. Of the 37 agencies that reported providing legal advocacy, 26 provide legal advocacy in Felony Cases. 18 were Chicago agencies providing services for between approximately 1 and 20 felony cases in 2005 for a total of 89 cases (Anixter Center, Apna Ghar, Between Friends, Center on Halsted Anti-Violence Project, Chicago Abused Women Coalition, Centro Romero, Family Rescue, Healthcare Alternatives Systems, Heartland Human Care Services, Howard Area Community Center, Korean American Women In Need, Legal Aid Bureau of Metropolitan Family Services, Neopolitan Lighthouse, Polish American Association, Rainbow House, Rogers Park Community Council, Southwest Women Working Together, Wellspring.) The 7 suburban agencies (Arab American Family Services, Crisis Center for South Suburbia, Elgin Community Crisis Center, Life Span (felony advocacy is conducted in the suburbs only), Pillars/Constance Morris House, South Suburban Family Shelter, YWCA Evanston) provided advocacy for approximately 115 felony cases.

Felony legal advocacy requires advocates to accompany Chicago clients to the criminal court building at 26th and California once the case moves beyond the preliminary hearing. Because these felony courts at 26th and California are not as familiar with the issue and do not have the same availability of supportive domestic violence services as the Domestic Violence Court Building, felony legal advocacy is vital.

To promote this crucial service, in January 2006 the Centralized Training Institute of the Chicago Metropolitan Battered Women's Network, conducted a training designed for court/legal advocates entitled "Understanding the Legal Process for Felony Cases." The purpose of the training was to increase the skills of court/legal advocates working on felony cases. Collaborators and presenters for the training included the Chicago Police Department, the Cook County State's Attorney's Office, Family Rescue (Court Advocacy Project), Pillars Community Services, Heartland Alliance (Violence Recovery Services) and the Illinois Clemency Project. Advocates received information on the law, process for upgrade on felony charges, the roles of systems players and domestic violence court procedures, as well as advice on how to talk with victims about felony cases and how to effectively advocate on victims behalf.

Although there are a number of agencies that indicated they offer felony case legal advocacy services, it should be noted that there is a variation in the scope or range of these services. Some agencies provide services to victims who are existing clients of the agency and a felony case has been charged. Fewer take cases and work to ensure that felony charges are brought and fully prosecuted. Family Rescue, for example, has developed a specific area of expertise in this area of advocacy. Advocates encounter felony cases in several ways: soon after the incident when it occurs in the areas served by the Domestic Violence Reduction Unit; when assisting victims seeking civil orders of protection who have not yet obtained felony charges; and from direct referrals by the State's Attorney's Office, and Area 1 and 2 Detective Divisions. Family Rescue indicated working diligently with victims and police personnel to get felony charges filed and continuing effort through the entire felony charging and upgrade process.

Juvenile Court and DCFS

In addition to the advocacy needs of adult victims in criminal misdemeanor and felony courts, victims of domestic violence may also require advocacy in juvenile child abuse and neglect courtrooms. As parents, these victims require advocacy when DCFS takes custody of their children as a result of domestic violence in the home (see the Protective Custody of Children section). Assessment survey results indicated that of the 37 agencies providing legal advocacy, 10 provide advocacy in juvenile court child abuse cases. Those 10 agencies (8 Chicago agencies) provided service for approximately between 1 and 10 for a total of 42 juvenile child abuse cases in 2005. No agency indicated any specialized service in this area.

Advocacy for Teens

Adolescents or minors may require legal advocacy services, usually in cases of teen dating violence or abuse by a parent when DCFS is not involved. The Illinois Domestic Violence Act provides teen victims of domestic and sexual violence with the ability to petition the court on their own behalf for orders of protection. However, access to these orders for petitioners who are minors is inconsistent. Advocates report that courts often do not allow minors to file complaints or petition the court without a parent. Some domestic violence agencies have indicated concern about providing legal advocacy services to minors without parental consent.

In 2001 the Center for Impact Research in partnership with MODV hosted a series of meetings with domestic violence and youth service agencies on the issue of availability of orders of protection for minors. This work group recommended that court administrators begin to track the number and outcome of orders of protection sought by minors against intimate partners. They also recommended that teens be educated about civil orders of protection. Teens at that time (and perhaps still) were skeptical about the usefulness of orders of protection. Currently, there is no data to measure the safety that access to orders of protection provides to minors.

The police response to teen victims and teen perpetrators of intimate domestic violence was not clear in 2001. The recommendation was that the domestic violence and youth divisions of the Chicago Police Department collaborate to educate officers about the seriousness of the problem of domestic violence among teens. It was also noted that a police protocol on teen involved domestic violence needed to be developed and implemented.

Of the 37 legal advocacy agencies that responded to the Assessment survey, 22 reported providing advocacy to minors. 19 agencies provided service for 1 to 120 minors for a total of 354 minors in 2005. 17 were Chicago agencies and 5 suburban. Agencies report they will work with parents or another adult identified by the teen to assist with filing petitions to the court.

Funding

Targeted government funding for legal advocacy service is limited but 30 Chicago agencies that are providing legal advocacy services are receiving support as follows:

- 12 from the City's CDBG Family Violence Initiative (Community Development Block Grant)
- 15 from VOCA (Victim of Crime Act)
- 16 support from IDHS (Illinois Department of Human Services)
- 16 from Attorney General funds

4 programs indicated no support from these identified government sources while 7 had one source, 8 had two sources, 8 had three sources, and 3 had funding from all four sources. Each funding source requires fiscal and programmatic reporting from the agency receiving support.

Trends and Changes

Agencies indicated that there is a growing need for legal assistance for immigrant and non-English speaking victims.

Advocates and court statistics reflect that more victims are using civil court for orders of protection. Increasingly, clients need legal assistance with divorce, child custody, visitation, and support issues.

Advocates report that victims require advocacy getting felony charges approved.

A significant number of advocates indicated that abusers are inappropriately using the court system to obtain orders of protection against victims. These victims cannot find legal assistance and frequently are respondents in plenary orders of protection. A myriad of negative effects arise from the entry of these erroneous orders, both in civil and criminal courts. Subsequently police or state's attorneys are arresting and prosecuting women for violations of orders of protection without adequate investigation.

Advocates also report that victims have landlord and or financial issues that require legal assistance.

POINTS FOR ENGAGEMENT – LEGAL ADVOCACY

1. The original 1997 Assessment indicated that the need for legal advocacy far exceeds the capacity of agencies providing this service. Despite the gains made, there are still many victims who do not have the benefit of a legal advocate. A conservative estimate indicates that no more than 15% of victims receive advocacy services at the Chicago Domestic Violence Court (some victims may have received a level of legal advocacy which included information about their legal options but did not go to court). In the civil order of protection courtrooms specifically, advocates estimated that 90% of victims are appearing *pro se* without benefit of legal representation or legal advocacy services.
2. With the exception of bilingual and cultural specialization and some particular sensitivity to legal advocacy for LGBT victims, the 37 agencies providing legal advocacy all reported offering similar services. There should be a review of the legal advocacy needs not met by the prevailing service model.
3. Legal advocacy programs housed at the courthouse are providing advice and guidance to advocates who come to the building with their clients from community-based centers. Without formal acknowledgement of this role there is a triage of expertise being established among the legal advocates employed by domestic violence service agencies. Further specialization of these services and the efficacy of court site locations should be explored.
4. Legal advocacy services in felony cases should be monitored to determine ongoing system advocacy issues and training needs. As volume increases, so will the need for advocates to respond to these cases.
5. Due to the absence of experienced attorneys, civil legal advocates are providing advocacy in some civil legal matters that are complex enough to require legal representation by an attorney.
6. Current case screening practices at the domestic violence court need review to examine factors that contribute to erroneous charging based on abuser allegations. Court personnel and police need better training so they are able to address the increase in arrests of victims and/or victims as respondents on orders of protection. Legal advocacy as a part of a defense strategy requires additional advocate training, expertise and relationship building with the Public Defenders Office.
7. Resolving the issues of minors who require orders of protection and the ability/authority for legal advocates to provide services is necessary. Police response protocol regarding domestic violence incidents involving two minors requires examination.
8. Court administrators should begin to keep track of orders of protection involving minors as petitioners and/or respondents.
9. Legal advocates coming to court from community-based agencies are getting minimal initial training followed by hands on job experience and networking as their method for increased expertise. Consideration should be given to the creation of minimal qualifications for those who provide legal advocacy services beyond the 40-hour training presently required to establish client confidentiality under the IDVA.

10. The absence of protocols that account for the level of complexity and/or dangerousness of cases often results in more serious cases going without advocates. When victims call the City of Chicago Domestic Violence Help Line and seek the assistance of a legal advocate there are no established differentials among the agencies providing advocacy services. With proper triage methods in place, certain identified victims could proceed *pro se* or without benefit of “on site” legal advocacy services if they were provided some minimal advice and information. Others with more complex needs could be linked to those with the greatest expertise.
11. Not every courtroom at the Chicago Domestic Violence Court has an advocate present and not all advocates assigned to a courtroom are always available. When an advocate takes a few victims’ cases she is absent from the courtroom and unavailable to assist in any matters arising in the courtroom itself. Assignment issues are exacerbated by the overall capacity required to meet the huge unmet needs of victims appearing at the court building every day. One possible solution would be to have an advocate that remains in each court to ensure appropriate linkages.
12. Advocates and court data indicate that the number of victims coming to the Domestic Violence Court is decreasing and a determination needs to be made regarding the cause of this. Similar to the decreasing numbers of calls for police assistance, decreasing court appearances could be based on a real reduction in domestic violence incidents; victims choices about seeking criminal charges and/or orders of protection as not significant or useful options for their circumstances; prior victim experience that included finding the criminal justice or civil court unresponsive to their needs; victims perception of not being well treated. Whatever the cause for the shift, advocacy services at civil court should be expanded with increased training about screening, risk assessment and custody and visitation issues.

SAFETY AND CRISIS **INTERVENTION**

LEGAL PROTECTION

Legal Services

Legal services, meaning representation by an attorney, is a crucial resource for victims of domestic violence. Help Line data illustrates that in 2005 26% of the total service needs requested by victims was for legal assistance. Half of those, 13%, asked for civil legal services specifically. Despite the many resources described below, perhaps 90% of all victims seeking civil legal services at the Chicago Domestic Violence Court appear *pro se*. All of these *pro se* victims, including those who use civil legal advocates, fill out their own petitions and orders of protection with assistance from the Clerk of the Court's office. Victims then appear before a judge alone, seeking relief that is crucial to their safety as well as that of their children.

Family Law and Order of Protection Services

In Chicago there are 8 free legal service providers for victims of domestic violence. The agencies include Life Span, Chicago Legal Clinic, Legal Aid Bureau of Metropolitan Family Services (LAB), Legal Assistance Foundation of Metropolitan Chicago (LAF), Domestic Violence Legal Clinic (DVLC, formerly Pro Bono Advocates), Chicago Volunteer Legal Services (CVLS), Samaritan Community Center and Heartland Alliance's National Immigrant Justice Center (formerly Midwest Immigrant and Human Rights Center). In the suburbs South Suburban Family Shelter offers legal services. (See Appendix F for map.)

LAF, LAB, CVLS, and DVLC represent victims of domestic violence in all types of domestic relations proceedings including paternity, child support/child custody, visitation, divorce, and orders of protection. Lack of service capacity forces these agencies to screen cases for acceptance based on a variety of factors not all which relate to the specific victim's case. Agency resources and the intensity of current case loads also factor into the case acceptance determinations.

LAF eligibility includes income and asset guidelines U.S. citizenship, legal resident or otherwise eligible victim of domestic violence/trafficking under the Kennedy Amendment. LAB also has income guidelines at 125% of the federal poverty level, although unusual expenses are taken into account in determining eligibility. CVLS has income guidelines of 175% of federal poverty level but takes over income clients in some cases. The Domestic Violence Legal Clinic (DVLC) serves only low-income victims of domestic violence in Cook County. All other providers attempt to determine if a victim has the resources to hire a private attorney but their case acceptance is not restricted by set income eligibility standards.

DVLC is housed at the Domestic Violence Court and represents victims who are seeking independent orders of protection. Additionally, DVLC sometimes represents victims in dissolution of marriage cases; these victims originate through the domestic violence courthouse intake. Annually DVLC provides minimal assistance to 2,200 victims at the courthouse and accepts approximately 600 to 800 as legal clients seeking independent orders of protection. Of that number approximately 50 to 100 receive more comprehensive services in the divorce division courts and DVLC has an attorney solely for this purpose.

Legal Aid Bureau of Metropolitan Family Services (LAB) provides legal services (orders of protection, guardianships, and power of attorney) to victims of elder abuse on the South Side of Chicago for clients of Metropolitan Family Service's Elder Abuse Intervention Team.

Chicago Legal Clinic's Child's Representative Program, under the supervision and direction of its Deputy Director, is appointed by the court to represent children on a pro bono basis in cases involving custody and visitation, domestic violence allegations, or when the parents are appearing pro se (or they are being represented by legal service providers) and have a combined income of \$50,000 or less.

Life Span provides legal services as part of a comprehensive array of domestic violence services for victims and their children. In addition to orders of protection, divorce, custody and visitation, Life Span lawyers have specialization in cases involving mental illness, substance abuse, abusers who are police officers, removal and/or recovery of children out of the country, and sexual assault no contact orders. Life Span also offers legal representation for victims who are seeking or been denied VESSA (Victim Economic Security and Safety Act) relief by their employer (see Business Community section). Life Span is a partner in the Target Abuser Call Program (TAC) a collaboration between Life Span, the Cook County State's Attorney's Office and Hull House Court Advocacy Project (described in Court System section).

Staffing and Capacity

The 8 Chicago legal service agencies employ a total of 107 full time lawyers. 80 of the 107 are employed by Legal Assistance Foundation of Metro Chicago (LAF). 6 full time and 1 part time LAF staff attorneys are employed by the Family Law Project of LAF to provide domestic violence related legal service and the remaining 77 LAF attorneys spend approximately one third of their time providing domestic violence related legal services. 1 of the Family Law Project's full time attorneys, funded by a Department of Justice grant, specializes in representing Southeast Asian or Latino victims. Life Span employs 10 full time lawyers and 2 paralegals, including 4 Spanish, 1 Polish, and 2 Hindi speakers, who do domestic violence work exclusively. The Domestic Violence Legal Clinic (formerly Pro Bono Advocates) employs 4 full time lawyers who are housed at the Chicago Domestic Violence Court. Chicago Legal Clinic uses 8 part time lawyers (no full time staff). South Suburban Family Shelter employs 1 full time attorney to serve suburban clients at the Bridgeview courthouse.

Samaritan does not employ legal staff relying exclusively on pro bono attorney assistance. With the exception of Life Span all agencies use pro bono lawyer services in addition to paid staff attorneys.

Chicago legal programs provided an estimated 1,560 to 20,043 hours of legal services in 2005 for a total of more than 75,958 hours. LAF provided the highest number of hours of service including family law cases from neighborhood offices, which as a matter of case acceptance prioritize those that include issues of domestic violence. More than 26,363 people were served. Between 25% and 70% of clients were receiving other supportive services from the agency providing legal assistance or another agency.

Assessment survey responses indicated that in Chicago agencies' domestic violence legal caseloads, victims sought divorce, custody or visitation in the majority of the cases. Samaritan reported 30% while 6 agencies reported between 65% and 100% of their cases involved victims seeking divorce, custody and visitation litigation. Remaining cases generally involved seeking civil orders of protection.

Assessment survey results from both legal service providers as well as legal advocates highlighted the trend of abusers getting orders of protection against victims in increasing numbers. When victims approach providers for legal assistance as respondents to an abuser's petition for an order of protection or defense representation because of violation of order of protection charges, there is little capacity to meet those needs.

Several providers also indicated that limited advocacy and legal service resources are being used for family violence cases not involving intimate partners. Many report increasing numbers of elder victims seeking orders of protection against their adult children.

In May 2006, the Mayor's Office on Domestic Violence (MODV) Safe Haven Project supported judicial training for domestic relations judges on issues of custody and visitation in domestic violence cases. At this training many judges indicated that *pro se* litigants appear before them with little or no familiarity about their legal options. Judges are in the very difficult position of having to make decisions without good pleadings or benefit of vital evidence or testimony. Many victims who appear in divorce courts have not been advised by a legal advocate or a lawyer regarding available protections or service options.

In 2006 the law firm of Latham & Watkins approached the Mayor's Office on Domestic Violence (MODV) and expressed an interest in developing a pro bono project to assist victims of domestic violence in the Chicago area. As part of this project, MODV and Life Span provided training to Latham & Watkins attorneys on the procedure of obtaining orders of protection and ways to sensitively work with domestic violence victims. Attorneys were also trained on linking clients to community-based domestic violence resources including counseling, shelter, supervised visitation and safe exchange programs. Beginning in early 2007, pro bono attorneys from the firm were available at the new Chicago Domestic Violence Court building twice a month to assist otherwise *pro*

se victims obtain civil emergency and plenary orders of protection. MODV will provide ongoing technical support for this project through regular communication and meetings.

Immigration Services

The federal Violence Against Women Act (VAWA) provides that battered women who are or have been married to a U. S. citizen or legal permanent resident can petition for their own legal residency without the help of their abusers. This right is commonly referred to as “self-petitioning” and is a crucial safety tool for undocumented battered women. With the exception of the Legal Aid Bureau and the Domestic Violence Legal Clinic, the other 6 Chicago legal service agencies seek VAWA relief on behalf of immigrant victims (Life Span, Chicago Legal Clinic, Legal Assistance Foundation of Metro Chicago, Chicago Volunteer Legal Services, Samaritan Community Center, Heartland Alliance’s National Immigrant Justice Center (formerly Midwest Immigrant and Human Rights Center). These 6 agencies served between 15 and 450 immigrant victims for a total of 890 in 2005. Of that 890, Life Span represented 450 victims and Heartland Alliance's National Immigrant Justice Center represented 205 victims.

In 2000 Congress created the U nonimmigrant visa, a tool for survivors who are ineligible for VAWA self-petitioning. The U visa does *not* fall within the family based system, so there are no requirements to establish the abuser’s status or a legal relationship. However, because the U visa was created to strengthen the ability of law enforcement to detect, investigate and prosecute criminal activity while providing humanitarian protection to survivors, U visa applicants are required to contact law enforcement and comply with reasonable requests for assistance.

Life Span’s Immigrant Battered Women’s Project

Life Span’s Immigrant Battered Women’s Project is dedicated to meeting the needs of a seriously underserved population of battered women - undocumented, non-English speaking victims. The services offered by this project focus on relief available to these clients by VAWA. The Project offers information and legal advice concerning immigration issues as well as legal representation in VAWA self-petitions including case development, gathering evidence, and drafting the lengthy, required petitions. The Project often assists clients in gathering the evidence needed to prove they are victims and working with domestic violence counselors to obtain documentary evidence of services the client has received. The Project is staffed by an attorney who is bilingual in Arabic and two paralegals, one bilingual in Spanish and one bilingual in Polish. Staff also works to obtain U visas for victims who do not qualify for self petitioning. Hundreds of battered women are served by this Project every year.

Heartland Alliance National Immigrant Justice Center

Heartland Alliance National Immigrant Justice Center provides legal assistance regarding immigration matters for survivors of domestic violence. Heartland Alliance conducts a thorough assessment in order to determine the best ways to assist survivors. For those who are not eligible for either VAWA or U visa relief, Heartland explores whether they qualify for asylum based on past persecution or a well founded fear of future persecution.

(Although many immigrant survivors benefit from VAWA, there are many who do not. The primary reason why immigrant survivors do not qualify for VAWA is that the abuser is not a U.S. citizen or lawful permanent resident.)

Heartland Alliance also conducts trainings for pro bono attorneys, and presentations to raise awareness of advocates, law enforcement and immigrant communities. They are engaged in advocating for positive legislative and procedural changes to ensure that laws provide the protections intended by Congress.

Victims Economic Security and Safety Act (VESSA)

The Victims Economic Security and Safety Act (VESSA) provides legal relief for victims of domestic and sexual violence who work for state and local government entities or other employers with 50 or more employees. VESSA relief includes unpaid leave to address domestic violence, sexual assault, and stalking for victims or family or household members of victims. Those covered by the act can take up to 12 weeks of unpaid leave from work to attend counseling sessions, make court appearances, access medical or legal services, and other purposes. Life Span and the Legal Assistance Foundation offer information, advice, advocacy, and representation for clients who have not been granted relief by their employers and qualify for VESSA. Victims can contact the Equal Employment Opportunity Commission to address employers' noncompliance with VESSA.

Juvenile Court Cases and Teen Petitioners

2 of the 8 agencies that provide legal services specifically offer those legal services in juvenile court child abuse cases. 1 of the 2 agencies reports 5 juvenile cases (Life Span) and the other (LAF) reports 300. Clearly there is a need for domestic violence informed civil legal representation for domestic violence adult victims in juvenile child abuse cases.

Chicago Volunteer Legal Services Foundation is appointed by the Probate Court to represent minors in contested guardianship cases. Some of these involve children who have been abused or exposed to domestic violence.

Similarly, only 4 agencies report providing legal service to minor domestic violence victims and 1 of those agencies only when the minor was accompanied by a parent. The total number of minor victims served was extremely low. Obviously legal service for minor domestic violence victims is severely limited.

Other Services

Depending on the school term, Loyola University Law School students work in partnership with the Clerk of the Court to assist some *pro se* victims with their petitions for Orders of Protection at the Chicago Domestic Violence Court.

Legal Aid Bureau of Metropolitan Family Services (LAB) provides legal services for clients of Family Rescue (located at the Domestic Violence Court) including representation on orders of protection, divorce and child support proceedings. LAB created a specialized, fast - tracked intake process for Family Rescue clients to ensure representation would be available for initial return court dates.

Legal Assistance Foundation of Metro Chicago (LAF) and Hull House Association have a partnership impacting the clients of the Jane Adams Hull House Association North Women's Counseling Program and DV Court Advocacy Project. LAF will represent clients of these programs if they meet LAF's income requirements and are in need of legal representation for divorce, child custody or child support cases.

LAF offers legal advice groups at several other domestic violence agencies including Healthcare Alternatives System and Centro Romero. Life Span reported a similar arrangement with WINGS and the YWCA Evanston/North Shore in the suburbs.

Funding

There are a number of key government funding sources that support vital legal services.

- City of Chicago Community Development Block Grant (CDBG)
- Victim of Crime Act (VOCA)
- Violence Against Women Act (VAWA)
- Attorney General Crime Victim
- Federal Legal Service Corporation (LSC-low income restricted)
- Illinois Department of Human Services

Of the 8 Chicago legal service provider agencies completing the Assessment survey, 2 agencies do not receive any funding from these sources. 1 agency gets funding from all six of the sources (LAF). Life Span receives all but LSC funding. LAB is funded by four sources; Samaritan and Chicago Legal Clinic receive funding from one source each. The Domestic Violence Legal Clinic is funded by three sources.

CDBG funds 5 providers; VOCA funds 2 providers, VAWA funds 4 providers, the Attorney General funds 5 providers, Legal Service Corporation (requires income eligibility determination) funds 1 provider, and the Illinois Department of Human Services funds 4 providers.

Additionally, several of these providers also receive Lawyer's Trust Fund and Chicago Bar Foundation private grants.

The Illinois Equal Justice Foundation was created in 1999 to support legal system equal access as a basic right for all Illinois residents regardless of income. The Foundation promotes a range of innovative, cost-effective strategies for meeting the civil legal needs of all Illinois residents. The State of Illinois appropriated \$500,000 for distribution by the Illinois Equal Justice Foundation in FY01, another \$500,000 in FY02, \$490,000 \$490,000 for FY 2003, \$480,200 for FY 2004, \$472,900 for FY 2005. In FY 2006, there

was a four-fold increase to \$2,000,000 along with a move of the fund to the Attorney General's Office. The appropriation currently stands at \$3,500,000. While the funds are not solely earmarked for family law cases, this new source is a resource for building capacity to provide legal services to victims of domestic violence. In 2006, the Illinois Equal Justice Foundation awarded Chicago area agencies \$37,000 for domestic violence related legal services. Cabrini Green Legal Clinic and Life Span received funds as did LAF for its suburban services.

Legal service providers also depend on funding from private foundations and corporations. Funding sources such as the Polk Bros. Foundation, Field Foundation of Illinois, Chicago Area Legal Services Foundation, Chicago Bar Foundation, and Lawyers Trust Fund provide support for legal services for battered women. Advocates are concerned that private foundations are shifting their focus to other issues and that private funding for this crucial service is declining. Funders who formerly supported legal services for victims of domestic violence but no longer do so include the Lloyd A. Fry Foundation and the Chicago Community Trust.

POINTS FOR ENGAGEMENT – LEGAL SERVICES

1. Involvement in the court system is often not the domestic violence victim's choice but it is (often) the only way to obtain crucial legal relief. Victims who obtain an attorney through one of the specialized programs described above are truly fortunate. Although counseling, shelter and other support services are important for many victims, these services are voluntary or utilized as a matter of choice. When a victim seeks to end a legal relationship with the abuser, some type of civil legal proceeding is required. The victim is at highest risk of serious violence or homicide at the time of separation, but ironically, essential legal services are not readily available to her and her children at that point.
2. Need significantly exceeds service capacity. Civil legal services are needed for victims seeking orders of protection. Resources are even less available for those victims seeking domestic violence informed legal services for divorce, paternity, custody and visitation or support issues. Many victims of domestic violence are appearing before judges without benefit of a lawyer or any domestic violence services at all, leaving them at risk for coerced or uninformed personal decision-making. The risk is heightened when victims seek to end a relationship or limit the abuser's contact with them or their children yet victims walk into courtrooms every day alone.
3. Immigrant victims of domestic violence should have the ability to access VAWA remedies and require assistance to do so. Capacity to provide these services must be increased.
4. Informed legal representation for domestic violence victims involved in child abuse proceedings is greatly lacking leaving them extremely vulnerable to coerced actions or loss of custody.

5. Victims who are respondents to orders of protection or are defendants in criminal cases need to have strengthened relationships with defense attorneys and more service capacity in both criminal and civil court. Screening processes must be reviewed since the numbers of abusers gaining emergency orders of protection are increasing. While screening processes certainly cannot block individuals from seeking orders, there may be ways to enhance the process itself to address this issue.
6. Attention should be given to increase training and linkage to vital services to meet the unique needs of elder abuse victims seeking orders of protection against their adult children or other family members. Consideration should be given to the possibility of placing an elder abuse advocate in the domestic violence court.
7. Careful consideration and planning needs to take place in order to respond to the serious lack of legal service capacity. The efficacy of locating attorneys in domestic violence programs where experienced legal supervision may be lacking requires study. The efficacy of building pro bono services through law firms to meet legal services needs also requires full consideration.

SAFETY AND CRISIS INTERVENTION

SHELTER & HOUSING

Emergency Shelter

8,627 domestic violence victims and third parties calling on behalf of specific victims called the City of Chicago Domestic Violence Help Line in 2005. Of the victim callers, 40% (2657) were seeking shelter services and 31.6% (629) of third party victim callers were seeking shelter services for the victim. Of the victim callers, 75.5% seeking shelter were from Chicago and 22.8% were from the suburbs. Of the third party callers, 74.1% were from the city and 24.7% were suburban callers.

Less than one- third (31%) of callers in the North sector (areas of the City are identified as sectors within Help Line profiles) were seeking shelter services and most in this sector were seeking services other than shelter (69%). In the Central and South sectors, however, almost half of the callers were seeking shelter as compared to other services.

		Victim	Third Party	TOTAL
NORTH	Shelter	33.4% (379)	23.4% (79)	31.1% (458)
	Other Services	66.6% (757)	76.6% (258)	68.9% (1015)
CENTRAL	Shelter	44.6% (608)	35.4% (111)	42.8% (719)
	Other Services	55.4% (756)	64.6% (203)	57.2% (959)
SOUTH	Shelter	49.2% (850)	38.3% (137)	47.3% (987)
	Other Services	50.8% (877)	61.7% (221)	52.7% (1098)

In 2005, 54% (1342) of African American domestic violence victims called the Help Line seeking shelter services compared to 26% (174) White and 24% (204) Latino domestic violence victims. 217 White (33%) and 306 Latinos (37%) victims who called the Help Line asked for legal assistance more than other services.

Current Capacity

Today, there are 6 domestic violence residential shelters in Chicago: Apna Ghar, Chicago Abused Women Coalition (Greenhouse), Family Rescue, House of Good Shepherd, Neopolitan Lighthouse, and Southwest Women Working Together. (An

emergency shelter map can be found in Appendix G.) NOTE: Rainbow House's Shelter program, which was a 42 bed shelter, closed in May 2006.

5 nearby suburban shelters are available to Chicago victims and their children. These suburban shelters (Constance Morris House, Crisis Center for South Suburbia, Elgin Community Crisis Center, WINGS, YWCA Evanston/North Shore) are contacted when those in the city are full or when there are particular safety considerations.

As part of the Assessment survey, shelters reported FY 2006 adult bed and crib capacity, estimated number of adults and children sheltered, maximum length of stays in number of days and estimated average stay. (NOTES: For all but House of Good Shepherd and WINGS figures were derived from Info Net data. WINGS was built to house 45 total people but due to funding issues the program was operating at half capacity.)

	Total number of adult beds	Estimated number of adults sheltered in FY 2006	Total number of cribs	Estimated number of children sheltered in FY 2006	Maximum length of stay (days)	Estimated average stay
CHICAGO SHELTERS						
Apna Ghar	12	41	2	22	120	105
CAWC (Greenhouse)	39	137	3	218	120	45
Family Rescue	36	223	2	181	120	50
House of Good Shepherd	46	43	11	108	105	74
Neopolitan Lighthouse	25	249	2	257	90	30
Southwest Women Working Together	8	19	1	3	14	7
TOTAL:	166	712	21	789		

	Total number of adult beds	Estimated number of adults sheltered in FY 2006	Total number of cribs	Estimated number of children sheltered in FY 2006	Maximum length of stay (days)	Estimated average stay
SUBURBAN SHELTERS						
Constance Morris	24	111	4	133	90	35
Crisis Center for South Suburbia	35	178	5	228	60	10
Elgin Community Crisis Center	40	229	5	218	42	15
WINGS	45	92	10	91	90	24
YWCS Evanston/North Shore	32	139	6	104	90	14
TOTAL:	176	749	30	774		

In Chicago in 2005, 54% of victims seeking shelter through the Help Line stated that they had children. These victims had on average 2.15 children.

Eligibility and Screening

All programs providing emergency shelter for domestic violence victims are private non-profit agencies. Consequently, each shelter has developed its own client eligibility criteria and length of stay limits. Generally, programs shelter female victims of domestic violence and their children. Victims must be at least 18 years of age, may be single or married, with or without children, and must be willing to set personal goals and aggressively work towards achieving those goals while residing at the shelter. In some instances a 16-17 year old victim may be accepted into shelter if she has been living independently before or considers herself emancipated. Most, if not all of the shelters require that school age children be enrolled in school within 72 hours.

House of Good Shepherd restricts eligibility to mothers or pregnant women who are victims of domestic violence. House of Good Shepherd residents live in private furnished apartments; families range in size from 1 to 6 children per family. Having private living space creates a safe and secure environment and promotes self-sufficiency by affirming the mother as the person responsible for family and home. In their apartments, with staff support, mother and children enhance their independent living skills as they repair and restructure themselves and their relationships.

All of the remaining domestic violence shelters offer safe refuge for women and their children in a confidential multi-family group living setting while promoting healing and recovery. Many offer intensive counseling programs and advocacy services.

Most of the shelter programs reported on Assessment surveys that eligible victims must be free of communicable diseases, be willing to enroll in appropriate treatment if there are substance abuse problems, and be capable of carrying out routine activities of daily living for themselves and accompanying dependents. Victims must not pose a threat and should not have previously abused program rules or had a stay terminated because of violence toward others.

Shelters indicated that their services include helping the woman to realize the impact of the violence on her life and her family, safety planning, securing needed benefits, reviewing available legal remedies, and understanding options and decision making consequences.

All of the shelters screen victims to determine that they have no available resources or other housing options and are in immediate danger. An individual woman's request for shelter and the complexity of her presenting issues are evaluated against the shelter's capacity to address those issues. It should be noted that screening is a two-way street, and as the shelter intake staff is evaluating the victim, she is also screening the program to determine if the program is suitable for her own needs.

The screening process used by domestic violence shelters has met with some criticism. Seemingly eligible victims are sometimes screened out for reasons that are not always clear. Expanded training may help to increase the capacity and skills of shelter intake staff so that the complexity of victim's presenting issues are more fully evaluated. Dialogue with those seeking shelter on behalf of victims also needs to occur so that they have a better understanding of what is being evaluated at intake and can make the most appropriate referrals.

Providing domestic violence informed emergency crisis shelter with practical life/survival support continues to be necessary. All of the shelters agreed that they are seeing victims who really need to leave their abuser and have no other resources. Their clients face issues such as poverty and racism which are compounded when they become victims of domestic violence. Discussion with domestic violence providers suggests that the historical model of emergency domestic violence shelter with the emphasis on safety, respite, case management and confidentiality may not be the model that meets the needs of victims that utilize shelter service today. It is not that "shelter" is no longer the answer but rather that pilot models of new kinds of shelter, which better address victims' complex needs should be explored.

Upon entry to a shelter the female client is generally assigned a primary advocate/counselor who works with her to design appropriate service and safety plans. Many are assigned a separate children's advocate/counselor if there are accompanying children (see Support Counseling for Children section).

Several, but not all of the shelters do a routine substance abuse screen. Several offer more in depth mental health assessments following initial intake. Neopolitan Lighthouse requires a victim to have or make a police report within 48 hours of entering shelter.

Some of the shelters refer clients to job training and placement programs while also assisting in the search for permanent or transitional housing. Life skills management is offered in the form of parenting, budgeting, time, and stress management.

House of Good Shepherd offers former residents a monthly support group where free childcare is available. In 2005, House of Good Shepherd served a total of 66 women and 89 children in their aftercare program.

Special Services and Service Gaps

Shelters reported that victims frequently used Chicago Department of Human Services (CDHS) emergency services transport, police, and public transportation to get to the shelter. CDHS operates a van for many kinds of emergency transportation needs. Unfortunately, domestic violence cases receive no greater priority than other emergency transportation calls. Many victims sit in the police station waiting for a ride and reportedly leave in frustration before it arrives. Some programs (such as Family Rescue) provide cab vouchers to victims needing to be transported into shelter.

Apna Ghar addresses certain cultural and religious needs. For example, one refrigerator has only vegetarian food and the agency provides Halal meat for Muslim women.

Family Rescue noted that it offers shelter services in Spanish and English. CAWC (Greenhouse) offers services in English, Spanish, Japanese, Portuguese, Hebrew, Russian and Greek. Apna Ghar offers service in a number of Asian languages.

Shelters attempt to meet the complex needs of victims by networking and partnering with community resources. Mental health and primary health care professionals come to some of the shelters to address resident's issues.

The 1997 Assessment noted some clearly identified gaps in emergency shelter services for certain underserved victim groups. For example, domestic violence shelters did not allow male children over the age of 12 to accompany their abused mothers. Today, CAWC-Greenhouse, Family Rescue and Southwest Women Working Together (SWWT) shelters report they would accept boys through the age of 17 if their mother is a victim of domestic violence.

Only Southwest Women Working Together shelter indicated that it accepts adult male victims.

Domestic violence victims with physical disabilities who are seeking shelter have limited options. With the closing of Rainbow House, a fully accessible shelter, this limitation has been seriously exacerbated. Both Crisis Center for South Suburbia and YWCA Evanston/North Shore have shelters that are accessible without program limitations. Constance Morris House can shelter disabled individuals who can manage their own hygiene and personal needs and permits disabled women to bring in personal assistants during the day for a few hours. Neopolitan Lighthouse can shelter those with physical disabilities without limits on accessibility. At Apna Ghar, SWWT and CAWC victims and/or their children who have limited mobility are sheltered on the first floor. Family Rescue indicated that the shelter can counsel non-ambulatory clients on the first floor but the shelter cannot house non-ambulatory clients. Nearly all shelters indicated that they are able to shelter deaf and hearing-impaired victims.

Victims of domestic violence may also receive emergency shelter services from facilities intended to address homelessness (see Housing Assistance in Practical Life Resources section for details).

At present with approximately \$17,000,000 of funding allocated per year for shelter services statewide, the primary goal continues to be immediate safety for domestic violence victims. Increased funding would allow for higher salaries for shelter staff, upgraded minimum staff qualifications, and ongoing professional training. A new shelter model that is designed to meet the needs of the most critically impacted victims would require increasing the government's shelter service funding capacity with a transformed emphasis beyond immediate safety goals.

Funding

Southwest Women Working Together (SWWT) has 8 designated beds for domestic violence victims within a larger shelter for women and children making it impossible to calculate expenses related to domestic violence only. House of Good Shepard is totally supported through private fund raising efforts including individual, corporate and foundation support.

The 2006 combined budgets for the remaining 4 city shelter agency services (Apna Ghar, CAWC–Greenhouse, Family Rescue, Neopolitan Lighthouse) was approximately \$3,141,584.

Funding for services provided to victims while residents of the shelters is sometimes earmarked for specific core service components such as counseling or legal advocacy. The funding identified below is restricted for use in providing shelter. Some City of Chicago funding is restricted for expenses related to the physical operation of the shelter residence and not the supportive services provided to residents.

- The City provides a combined total of \$187,927 to CAWC-Greenhouse, Family Rescue and Neopolitan Lighthouse in Emergency Services and/or Corporate Grant funding. (Before closing, Rainbow House Shelter had been receiving \$86,000 for shelter services not reflected in this total.)
- The Chicago Continuum of Care awards \$90,957 to CAWC and Family Rescue for their emergency domestic violence shelter programs. (Other Continuum of Care grants support transitional housing programs for domestic violence victims.)
- The remainder of the 4 emergency shelter agencies combined budgets is met by private foundations, private donors, and fundraising events. Estimates indicate that nearly 25% (approximately \$768,995) of the shelters' operating budget must be raised through local private funding (foundations, donors, events).

All city shelter programs, with the exception of House of Good Shepherd, received IDHS funding to support shelter operations.

Developments and Trends

Over the last ten years, progress has been made toward building trauma-informed services, particularly for victims who may have mental health or substance abuse issues. Staff competency to serve sheltered individuals who are challenged by multiple service needs has developed but requires ongoing attention and evaluation. Several examples of shelters which have linked or developed a formal collaboration with mental health and/or substance abuse professionals is reflected in the Support Counseling for Victims section of this document.

The necessity for closer examination of the issue of who is using domestic violence shelter and what are their short and long-term needs is a priority today.

Today, domestic violence shelters reported observing that more victims are:

- Immigrants and/or trafficked
- In need of subsidized housing and/or affordable housing
- In need of securing the financial means to support themselves and their children
- Challenged by the absence of public benefits
- Involved in the criminal legal system as defendants or are on probation often related to drug use
- Dealing with housing barriers because of outstanding utility bills
- Reporting past abuse from family of origin or previous relationship in addition to current abuse.

Today, programs are indicating they are serving:

- More younger women (18-23) with young children than in prior years
- Older clients with no work experience
- Victims in need of trauma-informed mental health services
- Victims in need of free medical care, substance abuse treatment and/or recovery services.

The fact that younger victims are seeking help and leaving abusive relationships sooner may indicate that they are informed about domestic violence and/or more aware of the options available to them. But, as one provider explained, victims requesting shelter today are increasingly struggling to survive. Their needs are myriad and encompass all aspects of their lives including stable housing, job training, employment, mental health, acute and chronic medical problems and substance abuse/dependency. Domestic violence services are able to address only a portion of the needs that victims bring with them into shelter. Case management efforts are made to link people to the resources they need, or shelters collaborate with those that can meet these needs by bringing additional specialized services on site.

The provision of emergency domestic violence shelter in Chicago is being affected by the Plan to End Homelessness and the Continuum of Care. Shelter service definitions are being altered, which impact future funding and agency planning. New outcome measures are being developed under the Continuum of Care, the Federal Department of Housing and Urban Development (HUD), and the Family Violence Shelter and Services funding from the federal Department of Health and Human Services (the major source of State funding for shelter services). Definitions and outcome measures are not being crafted by the domestic violence service community which has traditionally defined safety as the primary reason for sheltering rather than the cessation of homelessness.

Shelters that have received homeless service funding are faced with new outcome measures related to addressing homelessness through achieving permanent housing. Although domestic violence is a cause for displacement from housing, the primary purpose of domestic violence shelters was to provide a safe, confidential, and temporary residence for victims and their children that wrapped them in supportive and options-based empowerment and advocacy services. With maximum domestic violence shelter stays generally at 120 days, locating new or returning to previous housing was always

part of the service plan for residents. However, achieving permanent housing was not the primary measure of service success.

In Chicago this shift is best illustrated in the service models reflected by the Continuum of Care Plan (Appendix H). Domestic violence shelters must consider conversion to the “Interim Housing” model reflected in this plan if the shelter intends to seek homeless service funding under the approved city supernofa required by HUD. Although the charted elements of Interim Housing can be achieved by domestic violence shelters, the focus on the service outcome of “permanent housing” for victim/clients is cause for concern for domestic violence shelters. The percentage of total clients in domestic violence shelters who will need to be in permanent housing following their 120 maximum day stay may be achievable with an expanded definition of permanent housing. However, the follow-up required to meet the second outcome measure of “clients remaining housed after six months” does present serious concerns for domestic violence agencies and MODV.

Historically, follow-up services have not been part of domestic violence shelter services and may not be possible due to victim safety concerns. Contacting the victim after she leaves the shelter may place her in danger if she is living with her abuser. She may have relocated and does not want any follow up service or she may have left the shelter without the program’s knowledge of her departure destination. These are areas for public policy debate and advocacy work with homelessness funding sources.

Another challenge is represented by the fact that local jurisdictions receiving support from HUD McKinney Vento homeless funding are required to create a Homeless Management and Information System (HMIS). Under such a system personal identifying information is shared by all funded entities to strengthen coordination and tracking of how individuals are accessing services and service outcomes. The impetus was a federal mandate that HUD begin to track the chronically homeless to determine services these individuals were receiving and if, by virtue of those services, they moved from chronic homelessness to permanent housing.

All but one of the Chicago domestic violence shelters receives funding from the City which would have required their participation in HMIS. The unique nature of shelter for victims of domestic violence was not considered nor was there recognition of confidentiality and safety as bedrocks of domestic violence victim service interventions. For example, in legal proceedings under the Illinois Domestic Violence Act (IDVA), victims seeking orders of protection are allowed to provide alternative addresses to ensure that their locations remain unknown to their abusers or those whom the abuser might rely on to track the victim’s whereabouts.

Nationally domestic violence agencies were initially exempted from participation in HMIS but the final HUD regulations that went into effect in 2005 did require them to participate. However, the statutory provision under IDVA regarding the confidential relationship between Illinois providers and clients prevented compliance. MODV and Chicago Metropolitan Battered Women’s Network (CMBWN) joined together in advocacy efforts and visited Illinois congressional leaders in Washington, D.C. to stress

the need for action to prevent this forced compliance. Others around the country took similar action and HUD issued a temporary waiver, but dictated that jurisdictions should develop a method for compliance which did not cause programs to violate the laws of their state.

As of this writing, HUD has not indicated a date specific to achieve HMIS compliance. MODV, ICADV, CMBWN and CDHS have developed an alternative method and the City has informed HUD that data will be collected from the State of Illinois' Info Net system, which is the database used by all State funded domestic violence programs to report levels of service to several different State funders. An agreement was reached between the City, the domestic violence advocacy representatives, and the Illinois Criminal Justice Information Authority which maintains the Info Net system, that adapting Info Net by adding fields not previously included but required for HMIS reporting was a satisfactory solution.

The adaptations are being made and training will follow. While individual client record information is collected by agencies and reported to the Info Net database, the City will receive aggregate data in order to report the HMIS data required from HUD. One key advantage of this adaptation beyond safe HMIS compliance is that shelters will now be recording whether a client has been in any other shelters over the prior year. For the first time unduplicated shelter client counts may emerge. Although not perfect, this information will help quantify who is utilizing the shelter system in a repeat manner including victims who use the same shelter for more than one length of stay, and those who move from shelter to shelter with or without periods of non-shelter housing between stays.

POINTS FOR ENGAGEMENT – EMERGENCY SHELTER

1. The evident lack of shelter bed capacity remains a challenge. One of the key issues facing the City and others seeking to address shelter and housing needs for victims of domestic violence is the lack of clear answers to the questions: “How many victims who do not have the resources to obtain alternate permanent housing request emergency domestic violence shelter because leaving their abuser would mean they are homeless?” “How many victims are requesting domestic violence refuge because they require undisclosed safe temporary housing which offers “wrap around” services of counseling, advocacy, and children’s services?” “How many victims seeking emergency domestic violence shelter require substance abuse or mental health services as part of their survival planning?” Determining the answers to these questions through research and exploration of other survey and service models will ensure the stability of domestic violence shelter models that address specific protection or service needs.
2. There are clear individual thresholds or points of readiness for change for victims of domestic violence. Services must address thresholds so that victims are supported through their decision-making processes.
3. The challenge for the domestic violence service community is to clearly articulate the need for safe refuge through its own lens and the lens of those it serves, rather than through the lens of the city, state, or federal government.

4. As different kinds of shelter models are examined both the needs of victims of violent abusers who may pursue them and victims who have left and simply need a place to stay as they transition, need to be taken into account. Shelter/housing/a place to stay that is sensitive to domestic violence and its impact and risks is important to all victims.
5. Inadequate funding to attract and maintain the level of staff needed to meet the complexity of the service needs among DV victims in shelter is a significant challenge.

SAFETY AND CRISIS INTERVENTION

SHELTER & HOUSING

Non-Emergency Housing Programs

At present, 6 Chicago agencies offer non-emergency forms of domestic violence shelter: Apna Ghar, Family Rescue, Heartland Human Care Services, Korean American Women in Need, Jane Adams Hull House and Southwest Women Working Together (SWWT). Suburban agencies included Elgin Community Crisis Center, South Suburban Family Shelter, Sarah's Inn, WINGS, and YWCA Evanston/North Shore. Some of the city agency programs are described in more detail below.

Apna Ghar

Apna Ghar's transitional/second stage housing program consists of two pieces. The original program, funded by ICJIA, can accommodate up to 5 women and her children in 2 apartments for up to an 18 month period of time. With funding from the HUD Homelessness program, Apna Ghar implemented an extended Supportive Housing program adding 5 additional apartments that can accommodate up to 12 women and her children for up to 24 months. The general eligibility criterion requires that the client complete a stay in the shelter, secure income, and agree to some compulsory savings from their earnings so that after completing the stay in the transitional housing they will be able to independently lease an apartment. Case management, counseling, legal advocacy, and job search assistance are provided to clients. As a result of federal Violence Against Women funding, residents are offered an art therapy class and assistance in securing jobs including such things as obtaining a driver's license. The overwhelming majority of participants in this program are immigrant women who are going through necessary legal processes.

Family Rescue

Family Rescue's transitional shelter model consists of providing a supportive environment where families can heal after being in a relationship marred by domestic violence. The site has 22 subsidized apartment units in a courtyard building. On-site Head Start daycare and before and after school programs are available free of charge for children ages 3-12. To be eligible for services, a client must be a homeless victim of domestic violence with at least one child and family income must not exceed 50% of the median income for the area. Tenants pay 30% of their income for rent and have access to individual and group trauma-informed support, advocacy from other social service and community agencies, case management for adults and children, substance abuse recovery support, assistance to linkages with job training placement programs and school enrollment, homemaker assistance including life skills, parenting, budgeting, menu

planning, stress and time management. A Teen Enrichment Program is also offered for youth ages 13-18. Clients are required to develop a service plan at intake and work with an advocate to update it as needed.

Family Rescue allows a maximum length of stay in their transitional housing facilities of 730 days and the average length of stay is the full 730 days. After the 730 days, a family may choose to remain in their apartment unit without rental subsidy or services, or may exit the program for permanent housing in the community (which the majority chose to do). The program estimates total capacity is 22 adults and just over 65 children at any one time.

Heartland Human Care Services

Heartland Human Care Services offers the Families Building Community (FBC) Program, a housing first model that provides scattered site housing assistance and case management to formerly homeless families. This program networks with the domestic violence emergency shelters for referrals and nearly 40% of participating families have experienced domestic violence. This housing resource is not a solution for an individual in crisis needing immediate safe housing but is a good resource for families who need assistance as they look towards leaving shelter and moving back into permanent housing. A rental subsidy is provided to participants. The program serves 50 families per year.

The program uses a strengths based case management model and staff is trained on the dynamics of domestic violence and safety planning. Case managers and participants collaborate to develop skills in budgeting, housekeeping, goal setting and achieving outcomes as well as creation of individualized plans for development and attainment of vocational goals and linkages to job training and vocational programs. Other services provided include housing assistance and education on tenant/landlord rights, advocacy assistance in locating and securing affordable housing after the FBC program ends, assistance in securing daycare, Head Start programs, community resource linkages, referrals to support groups, and recreation programs. FBC also provides shelter transition services and assistance securing public benefits as determined through a comprehensive benefit screening tool used with entering families. Additionally, FBC offers furniture and tours of the new neighborhood. The children's specialist assesses developmental, emotional, educational and physical needs of children and parenting classes are available. A substance abuse assessment aids FBC and participants in determining recovery activities while in the program and a substance abuse counselor is available to meet individually with participants.

Korean American Women In Need (KAN-WIN)

Korean American Women in Need's transitional housing program is bilingual and bicultural like other services at KAN-WIN. Many program participants are monolingual Korean and new immigrants to the U.S. The program is designed so that women and children can live in a violence free home and begin to build independent and self-sufficient lives. Comprehensive services including job skills development, English

tutoring, counseling, and financial support for housing and job training are provided. The program does not have a separate housing facility; clients choose, according to their needs and concerns, a place to live with their children. At the end of the program, these places become permanent homes ensuring continuity of environment. The program helps women and children find stability in many areas of their lives by providing close case management resources. Funded as a Permanent Housing with Short Term Support program, the KAN-WIN program estimates a capacity for 4 families with children.

Southwest Women Working Together (SWWT)

SWWT's Courage Homes program consists of scattered site units for women and children. During the designated maximum 2-year length of stay, clients work with case managers to become self-sufficient and attain residential stability. Courage Homes' capacity is estimated at a total of 40 units. Each unit has the capacity for one adult with six children. Most residents' average length of stay is the maximum 730 days. In 2005 Courage Homes estimated serving 25 families.

Jane Addams Hull House Association

Jane Addams Hull House Association offers transitional housing through its Emerge Program. Emerge services are designed to assist 20 homeless young adults (15 single adults and 5 families; family make up cannot include more than 2 children) between the ages of 18 and 24 over a 2 year time span. Program services include comprehensive, individualized case management services as well as life skills, educational, medical, and therapeutic supports. The goal of Emerge is to help young adults successfully transition from homelessness to self-sufficiency and independence. The program model is Permanent Housing with Short-Term Support. Victims of domestic violence are eligible for services but are not the only eligible population for services. In 2005, victims of domestic violence made up 10% of the client population.

The average length of stay is 18 months. The program provides scattered site apartments and pays rent and utilities for the duration of the lease. After six months of living in an Emerge program apartment, the client is expected to pay 10% of gross income to supplement the cost of the apartment. All of the apartments are below fair market rent so clients are able to become the leaseholders. One year of aftercare services are provided.

Other

There are additional efforts targeted at meeting the needs of victims of domestic violence within the homeless service area. Those efforts are not program-based. For example, CDHS employs five domestic violence advocates who offer advocacy and counseling services to victims using homeless services (see Housing Assistance in Practical Life Resources and Advocacy section for more details).

Funding

The City of Chicago and/or the Continuum of Care have defined the models under which a program can seek non-emergency housing funding (Appendix H). Presently Apna Ghar, Family Rescue, Heartland Human Care Services, Korean American Women in Need, and Southwest Women Working Together (SWWT) receive an estimated combined total of \$2,513,867 from these sources. It should be noted that Family Rescue, Apna Ghar, and Korean American Women in Need target their programs to survivors of domestic violence exclusively while Heartland Human Care Services, Jane Addams Hull House and Southwest Women Working Together offer their resources to domestic violence victims but provide shelter to a general population of adults and children.

POINTS FOR ENGAGEMENT – NON-EMERGENCY HOUSING PROGRAMS

1. Transitional housing programs report that public entitlements such as TANF and Food Stamps are difficult for clients to obtain. The housing market has become increasingly challenging to navigate with less safe and affordable housing available.
2. Alternative models may develop for transitional and permanent housing. The Plan to End Homelessness is also redefining those models, which will have a direct impact on this form of service as well. The models call for scattered site rather than program-based forms of transitional shelter service effectively eliminating models similar to that formerly provided successfully by Family Rescue. Close examination of the model of transitional shelter and housing models for victims of domestic violence must take priority.

SAFETY AND CRISIS INTERVENTION

SHELTER & HOUSING

Public Housing

The Mayor's Office on Domestic Violence and the Sargent Shriver National Center on Poverty Law's Women's Law and Policy Project and Housing Law Unit are collaborating with the Chicago Housing Authority (CHA) to implement the housing provisions of the 2005 Violence Against Women Act that became effective on January 6, 2006.

New federal provisions for survivors of domestic violence, sexual violence, dating violence and stalking living in public and subsidized housing (Title VI: Housing Provisions) positively affects policies related to:

- Evictions (e.g., removal of perpetrator; bifurcation of a lease)
- Admissions (e.g., disqualifying rental, credit or criminal histories)
- Honoring court orders
- Security policies and protocols including confidentiality

The parties have made considerable progress and are close to finalizing an agreed protocol for residents and applicants of CHA's public and subsidized housing stock. This protocol will be incorporated into CHA's admissions and occupancy policies, leases, information to subsidized households, and application notices. Once there is a final agreed upon protocol, the parties will work together to implement the protocol and provide all appropriate training to CHA staff, property managers, and social service providers.

Private Sector Housing

Victims of domestic violence often face difficulties maintaining their rental housing. Many victims have had the experience of calling the police and obtaining an order of protection only to find that their landlord moves for eviction. Others have found that landlords are reluctant to rent to them because of their domestic violence history. Recent legislative efforts have begun to address these issues. Signed into law on July 20, 2006, the Illinois Safe Homes Act became effective on January 1, 2007. This new law is the result of collaborative efforts by Sargent Shriver National Center on Poverty Law, Housing Action Illinois, Lawyers Committee for Better Housing, Illinois Coalition Against Domestic Violence and the Illinois Coalition Against Sexual Assault.

The Safe Homes Act protects victims of domestic and sexual violence who live in private market rental or subsidized housing. Before the passage of the Safe Homes Act, victims who fled unsafe housing situations could still be liable for rent and damages accrued after their departure. Landlords frequently refused to make necessary accommodations for

these tenants, such as lock changes to prevent a perpetrator from entering the home or acknowledging basic safety concerns. As of January 2007 victims of sexual and domestic violence have legally binding, actionable steps to secure housing safety.

The Safe Homes Act allows a tenant or any member of a household who is a victim of domestic or sexual violence to end a lease early, even when the perpetrator is a member of the household or a leaseholder, if:

- there is a credible imminent threat of future harm on the premises; or
- the tenant provides written notice of her fear of future harm to the landlord or property manager three days before or after vacating the residence.

Victims of sexual violence do not have to show credible imminent threat of harm on the premises if:

- they provide written notice to the landlord three days before or after they leave their apartment or house (and within 60 days of the assault); or
- they provide evidence (medical/court/police evidence OR statement from a victim services/domestic violence/rape crisis agency).

Under the Safe Homes Act, tenants also have the right to request a lock change from their landlord when there is a written lease and the perpetrator is not a leaseholder. The request must be in writing, signed by all tenants on the lease, and due to a credible imminent threat of domestic or sexual violence. The request must be accompanied by at least one form of evidence (e.g., medical evidence, police report, or statement from a victim services organization). After receiving this notice, the landlord has 48 hours to change the locks or give the tenant permission to change the locks.

POINTS FOR ENGAGEMENT – PUBLIC AND PRIVATE SECTOR HOUSING

1. Although the Safe Homes Act is a significant step in establishing the housing rights of victims of sexual and domestic violence, there are still areas for improvement. The primary goals for the 2007 Illinois legislative session include extending the lock change option to victims with oral or month-to-month leases, offering lock changes when the perpetrator is a leaseholder, and ensuring that resources are available to cover moving and relocation expenses.
2. VAWA provisions create funding opportunities for those public housing authorities which designate a preference for eligibility for victims. The CHA at this point is not making that commitment. Under the Plan for Transformation, previous CHA residents will be offered newly established public housing units. It is anticipated that many former residents will remain in the interim housing that has been secured which may provide a true opportunity for CHA to execute this preference based on availability. Because the CHA has historically had an admissions preference for victims of domestic violence it is hoped that it will reconsider this decision.
3. As domestic violence programs will be faced with increasing requirements to assist victims in obtaining permanent housing, new alliances and collaboration need to be established between those working on domestic violence issues and those working on affordable housing issues.

SAFETY AND CRISIS INTERVENTION

PROTECTIVE CUSTODY OF CHILDREN

State Protective Custody

The Illinois Department of Children and Family Services (DCFS) are responsible for determining the need for the State to take protective custody of a child. Responding to research revealing the correlation between domestic violence and child welfare, the DCFS named domestic violence as one of five underlying conditions often present in the families who come to the attention of child welfare services. A statewide Domestic Violence Administrator, hired in April 1995, seeks to ensure improved responses to this issue.

Although there is a clear acknowledgment that children's exposure to domestic violence has a negative impact on their development, the tools available to DCFS to address this have not always lent themselves to positive outcomes. Victims of domestic violence have lost custody based on the conclusion that they failed to protect their children from this exposure. Strengthened training and tools have resulted from advocacy efforts and good faith dialogue between DCFS and domestic violence victim services. Litigation in other parts of the country where this problem was even greater also influenced new directions and considerations for child welfare systems nationally.

Direct service staff is now mandated to screen for domestic violence beyond the initial investigation through the duration of a case. DCFS and Catholic Charities investigators routinely use a Domestic Violence Screen (Appendix I). A Child Endangerment Risk Assessment Protocol (Appendix J) and the Domestic Violence Screen guide a worker through continued screening and monitoring. Additionally, DCFS worked with the domestic violence community to develop a much needed Domestic Violence Policy and Practice Guide.

A statewide five week Clinical Practice Training (CPT) is delivered to all DCFS and Purchase of Service (child welfare agencies under contract with DCFS) direct line staff and their supervisors. In addition to highlighting the use of the DV Screen, the training also highlights child trauma symptoms, safety planning and various interventions and service plans that are sensitive to the needs of victims of domestic violence.

Locally, DCFS also developed a Domestic Violence Handbook. The English and Spanish Handbook encourage client disclosure. It is routinely distributed to females when DCFS staff is initially responding to household inquiries. The Handbook provides basic information including the definition of domestic violence, hotline numbers, statewide programs, statistics, and information about the potential impact of violence on children. The fact that DCFS recognizes domestic violence as an underlying condition which could mitigate child safety and risk is also noted in the Handbook.

The Domestic Violence Intervention unit, housed under DCFS's Division of Clinical Services, supports the Domestic Violence Protocol and Practice Guide by placing Domestic Violence Specialists in all of its six regions. Upon the request of a worker or supervisor, Domestic Violence Specialists will provide case consultation. Other duties include continuous staff development and community outreach. At present, two Domestic Violence Specialists have been hired for the Chicago Cook County area.

Domestic violence advocates point out that although the DCFS protocols are good, the practice does not always conform to those protocols. Protocol knowledge does not always filter down to the workers and oversight of the purchase of service agencies and their compliance is reported to be minimal. Advocates indicate DCFS is generally more supportive and less punitive if a victim is a client of a domestic violence agency. However, there are a good number of unrealistic requirements placed on victims by DCFS service plans making full compliance very difficult.

In 2006, the Domestic Violence Mental Health Policy Initiative (DVMPHI) engaged in a project with DCFS to create a child trauma curriculum for training child welfare caseworkers, supervisors, and foster parents. This is the first curriculum of its type in the nation. The curriculum was piloted with administrators and other stakeholders in March – April 2006 and a revised curriculum was presented to DCFS in May 2006. DCFS is in the process of refining and adapting the curriculum and plans to initiate training through its Training Division in the coming year.

There are twenty-eight (20 Chicago, 8 suburbs) domestic violence programs that report offering counseling services for children. Some of these children are DCFS involved (see Support Counseling for Children section for more detail).

Both domestic violence victim service agencies as well as the CDHS domestic violence advocates working in homeless services (described in the Housing section) note that abusers are increasingly using the child welfare system to further traumatize their victims. Victims report being falsely accused of abusing their children triggering DCFS investigations. Though the allegations often prove to be unfounded, victims and their children suffer through extreme anxiety through the investigation process.

Some domestic violence providers also indicated delayed responses from the DCFS Hotline. It appears that when children are in shelter, DCFS assumes that the child is "safe" and that an urgent response is not required.

POINTS FOR ENGAGEMENT – STATE PROTECTIVE CUSTODY

1. It remains difficult to determine how many victims receiving services from domestic violence service providers in the city are involved with DCFS. No domestic violence programs are under contract with DCFS. When a DCFS client service plan requires a mother to receive domestic violence services, she must locate and begin receiving services on her own as an illustration of compliance. DCFS involved families receive no greater priority than other victims in need of domestic violence services. However, a victim's failure to receive services could result in the loss or continued loss of custody of her children (state protective custody). There is still a need to monitor DCFS' compliance with its own domestic violence related policy.
2. The consequences of children's exposure to domestic violence is becoming better known, recognized and acknowledged but service capacity and expertise has not developed. Children who come to the attention of DCFS where exposure to domestic violence has occurred as well as those exposed who do not come to the attention of DCFS have insufficient service resources.

SAFETY AND CRISIS INTERVENTION

PROTECTIVE CUSTODY OF CHILDREN

Parental Protective Custody

Safe Havens Supervised Child Visitation and Exchange

“Protective custody” as a legal term generally reflects cases in which the state has determined a need to assume physical custody of a child. When responding to domestic violence cases where children have been exposed to domestic violence and/or abused themselves, the idea of “protective” custody needs to include custody and visitation by and between parents.

Studies have shown that victims of domestic violence and their children are at heightened risk when the abusive relationship is ending. This risk highlights the urgent need for safe and supervised places where visitation and exchange of a child between two parents can occur. Supervised visitation and safe exchange centers provide a setting where non-custodial parents can either visit with or exchange their children in the presence of a third party. In Chicago, families are often referred for supervised visitation or exchange services by a court order when there is a heightened risk of either ongoing abuse against the custodial parent or the child or child abduction by the non-custodial parent.

Apna Ghar, Mujeres Latinas en Acción, and the Branch Family Institute are currently being funded by the City to provide safe, comfortable, and non-threatening environments where free supervised visitation and safe exchange services between children and their non-custodial parents can occur. These visitation centers help strengthen the family bonds while accounting for victim safety and promoting abuser accountability. The centers uphold child and victim safety by ensuring that custodial and non-custodial parents do not see one another during visitation or exchanges, employing 40-hour domestic violence trained staff, and developing program policies and rules to prevent the use of visitation/exchange as tools for further abuse (Appendix K).

City Community Development Block Grant (CDBG) funds have been the primary source of support for the three supervised visitation centers in Chicago. In 2002, the U.S. Office on Violence Against Women selected the City of Chicago as one of four jurisdictions to be awarded a four-year national demonstration Safe Havens: Supervised Visitation and Safe Exchange Initiative grant. This grant has allowed MODV, in partnership with the Chicago Department of Human Services and the current visitation centers, to enhance and expand culturally appropriate supervised visitation and safe exchange services to families with a history of domestic violence. A multidisciplinary Local Consulting

Committee was established to assist with this effort as Chicago has been charged with developing best practice strategies.

Safe Havens funding to the three Chicago-area supervised visitation centers began in July 2003. Since that time through 2006, 521 families including 772 children have been provided with 4,229 visits and 2,234 exchanges.

Circuit Court of Cook County's Children's Advocacy Room

The Circuit Court of Cook County's Children's Advocacy Room, located at the new Domestic Violence Courthouse, is a safe and nurturing environment where children may stay while their parents or guardians attend court proceedings. Designed as a friendly, child-centered site, the space is intended to spare children from exposure to the stressful, emotionally charged atmosphere of a courtroom. Children are supervised by trained, professional staff with assistance from volunteers and interns. Games, books, toys, arts and crafts and other appropriate materials selected to meet a wide range of needs are offered. Nutritional snacks are provided through donations from The Greater Chicago Food Depository.

Operating in conjunction with the Children's Advocacy Room, the Circuit Court of Cook County's Children's Advocacy Clinic is a mental health assessment and referral clinic for children and parents involved in Domestic Violence Court. This clinic offers a voluntary mental health triage system that screens children and parents for the effects of domestic violence trauma. Clinic clients are given referrals to appropriate agencies to address identified mental health needs as well as other needs including housing, employment training and childcare. Clients also receive assistance in setting up appointments at referral agencies. The clinic's services include an educational component to help children process the violence they have experienced in their home and understand courtroom proceedings.

Since the opening of the Domestic Violence Court in October 2005 the Children's Advocacy Room and Children's Advocacy Clinic programs have served 3,302 children and 2,147 families. These programs receive support from the Attorney General's Office.

Chicago Child Advocacy Center

The overlap in the occurrence of domestic violence and child sexual abuse is becoming increasingly documented. The Chicago Children's Advocacy Center (CCAC) coordinates multidisciplinary child sexual abuse investigation cases and provides advocacy, crisis intervention and limited treatment and intensive follow-up services to children and their families. The CCAC aims to help children begin to heal so that they are less vulnerable to potential long term debilitating consequences often associated with child sexual abuse. Sexual abuse in childhood may be a major risk factor contributing to negative outcomes in childhood and adult life, including mental health and interpersonal skills problems, increase risk of criminality and substance abuse, and poor academic performance.

Child victims or witnesses to sexual abuse receive coordinated services from legal, medical, child protective, law enforcement and social service professionals. Co-housed at the center, these professionals provide services that are developmentally and culturally sensitive to each child's needs. The intake staff screen for domestic violence with the caregiver and take an active role in linking that caregiver to domestic violence services when appropriate.

YWCA Rise Children's Center

The YWCA of Metropolitan Chicago provides specialized services to victims of sexual assault or abuse between the ages of 3 and 17 years. Services offered include trauma-focused sexual assault counseling and therapy, medical and legal advocacy, and professional education and training to other community-based programs and professionals. The YWCA Rise Children's Center recognizes that sexual abuse impacts the entire family, and non-offending family members are also able to access counseling services. Counseling services are available in both English and Spanish, and are offered in the West Loop, Woodlawn, Logan Square, Lawndale, Uptown, and West Rogers Park communities in Chicago as well as in the South and West Suburbs.

POINTS FOR ENGAGEMENT – PARENTAL PROTECTIVE CUSTODY

1. Essential funding is not earmarked for supervised child visitation and exchange services and sustaining them beyond the federal demonstration grant is proving difficult. Education regarding how critical these services are within the continuum of domestic violence services must become a focus.
2. The lessons learned by Chicago's federal supervised child visitation and safe exchange demonstration site experience must be taken into account as additional services are developed. Best practice guidance can be offered by the Chicago visitation centers and MODV.

SAFETY AND CRISIS INTERVENTION

SUPPORT SERVICES

Safe and Accessible Healthcare Services

The health care consequences of domestic violence are significant and well documented. Victims are found in nearly every health care setting. Many victims of domestic violence indicate that their help-seeking often leads them to medical providers either because of injuries or other resulting health impact issues. Viewed as a non-threatening and confidential source of assistance, these providers remain a key and yet not fully developed resource for victims. (See Fugate M, Landis L, Riordan K, Naureckas S, Engel B. *Barriers to Domestic Violence Help Seeking*. Violence Against Women, 2005; 11(3); 290-310.)

At the request of MODV, the Metropolitan Chicago Healthcare Council surveyed its hospital members for this assessment. Forty-two hospitals responded to the survey. Respondents had the option of remaining anonymous however 33 of 42 respondents reported the name of their facility. Of the 33, all but 3 are in Cook County. Responding hospitals indicated:

- Emergency departments routinely screen for domestic violence (78%)
- Routine screening in the hospital's other practice settings (65%)
- Facility has a written policy or protocol regarding domestic violence cases (90%)
- Awareness of the City of Chicago's Domestic Violence Help Line (50%)
- Staff have provided the Help Line number or called on behalf of a patient (43%) (Many indicated that they referred internally to a social worker who in turn made appropriate referrals.)
- Protocol was in place for notifying law enforcement when a victim disclosed domestic violence (71%). (Many involved the victim's prior consent.)
- Hospital collected data on domestic violence victim disclosure rates (17%)

The purpose of screening to identify domestic violence in the healthcare setting is not strictly to diagnose as much as to support the victim, treat the consequences of the abuse and encourage linkages to other types of needed assistance.

An analysis of calls placed by domestic violence victims to the City of Chicago Domestic Violence Help Line between 2002 and 2004 illustrates that only 3% of those callers were referred by healthcare providers (Alexander-Young and Fugate 2005). Similarly in 2005, health care providers referred 3.2% of the victim callers.

Since the mid 90's, the policy of the Chicago Department of Public Health (CDPH) states that each patient who presents for treatment at any CDPH clinic must be routinely screened by the Primary Care Team for domestic violence and provided with domestic violence material. Screening for domestic violence regularly occurs at CDPH community medical health clinics. In an initial health history information gathering, patients aged fourteen and over are asked three screening questions regarding experience of physical, sexual and emotional violence.

In addition, per federal requirements for all recipients of Title X funding, CDPH must certify that it encourages family participation of minors who seek family planning services and provides counseling on resisting attempts of sexual coercion. Since 2002 MODV has assisted in training CDPH to ensure that sexual coercion counseling is integrated into clinic settings. Training content concentrates on the practice of young girls, due to age and inexperience, consenting to sex without thinking that they have a choice. The training describes coercive behaviors, including emotional and physical threats, humiliation, manipulation and anger, which results in the coerced person feeling that saying no to sex is not a respected position. MODV working with CDPH has built a Learning Management Systems Course for Title X clinic staff.

Assessment survey responses indicated that there are a number of partnerships between domestic violence victim service agencies and health care providers. A number of victim service programs are located in agencies that offer medical care including Chicago Abused Women Coalition, Howard Brown Health Center, Near North Health Service Corporation, Alivio Medical Center, and Healthcare Alternatives Systems. Other domestic violence agencies report referral relationships with Chicago hospitals and clinics:

Domestic Violence Agencies

House of the Good Shepherd

Near North Health Service Corporation

Howard Area Community Center

Mujeres Latinas en Accion
Apna Ghar

La Familia Unida

Between Friends
Healthcare Alternatives Systems

Counseling Center of Lakeview
Rainbow House Beverly Morgan Park
Centro Romero
Life Span
Anixter Center

Chicago Hospitals and Clinics

St. Joseph's Hospital Clinic
Children's Primary Care (Children's Memorial Hospital),
Partners Occupational Health Services
Children's Memorial Hospital,
Northwestern Hospital
Michael Reese Hospital
Access
St. Francis Hospital
Jorge Prieto Clinic
IAMA
Kiran Foundation
Alivio Medical Center
Jorge Prieto Clinic
St Francis Hospital
Salud Family Health Center
Erie Family Health Center
Alivio Medical Center
Little Company of Mary Hospital
Chicago Women's Health Center
St. Lukes
Mt. Sinai (3 doctors that are fluent ASL signers for full communication accessibility with deaf and hard of hearing patients)

Neopolitan Lighthouse	Advocate Bethany Hospital WIC clinics
Chicago Abused Women Coalition	St. Elizabeth Hartgrove Children's Memorial Hospitals Stroger Hospital
Universal Family Connection	Roseland Hospital

A significant domestic violence medical site partnership is reflected by the Hospital Crisis Intervention Project (HCIP), a collaborative effort of the Chicago Abused Women Coalition (CAWC) and the Cook County Bureau of Health Services. HCIP, the first program of its kind to be founded in a public hospital, provides direct services to victims of abuse at the John H. Stroger, Jr. Hospital of Cook County. The project also trains health care providers in identifying, assessing and referring patients. Since 1993, HCIP has responded to over 4,000 referrals and provided over 2,000 battered women with crisis intervention, individual counseling, safety planning, access to emergency shelter, legal and systems advocacy, and links to other essential resources. Over 98% of HCIP clients live below the national poverty index and have little access to other sources of healing and support. HCIP supports and informs research partnerships with eminent academic, governmental and scientific entities. For many years, the co-founders and staff of HCIP designed and taught a ten-week course on domestic violence at the University of Chicago's Pritzker School of Medicine. This innovative advocacy-based curriculum is the most extensive course on domestic violence taught in the United States.

In 2002 HCIP joined the Mayor's Office on Domestic Violence and provided training to approximately 1,000 Chicago Fire Department emergency medical technicians to further broaden the outreach available to victims of abuse. These sessions were facilitated through the continuing education program of the Chicago Fire Department.

Illinois Health Cares (IHC) works to improve the health care community's capacity to engage in violence prevention and response activities related to domestic violence, elder abuse and sexual violence statewide. The program is collaboratively administered by the Illinois Department of Public Health and the Illinois Violence Prevention Authority. Since 2003, Illinois Health Cares has trained statewide over 5,000 professionals on the health care response to domestic, elder or sexual violence and distributed a wide range of educational materials to health care providers, including almost 20,000 Radar Cards—laminated, pocket-sized cards which remind health care providers to assess for intimate/domestic violence and elder abuse. Illinois Health Cares is guided by a strong commitment to collaboration among a wide range of partners. On the local level, IHC draws on the strengths of partners which include community-based domestic violence, elder abuse or sexual assault victim services programs; public health departments; Illinois Family Violence Coordinating Councils; and hospitals and clinics or other group practices. In Chicago there are two projects funded under this grant program: The John H. Stroger Hospital of Cook County and Between Friends.

The IHC program at John H. Stroger Hospital works closely with other departments and agencies dedicated to the prevention of violence, specifically elder abuse and youth violence. The program has completed an extensive elder abuse needs assessment and has created an elder abuse training that will be used by the hospital and the ambulatory care

clinics. A youth summit is planned to take place prior to the end of the fiscal year to learn more about the needs of the youth in the community and their feelings about how Stroger Hospital can be involved in creating a safer environment.

The IHC program at Between Friends is dedicated to improving the health care providers' ability to identify and sensitively respond to victims of domestic violence. Between Friends provides domestic violence trainings with an emphasis on effective screening and sensitive ways to approach victims of domestic violence with local medical services, including St. Francis Hospital and Health Center, and ACCESS Health Center. The project provides training, technical assistance, and resource materials to hospital and clinics.

POINTS FOR ENGAGEMENT – SAFE AND ACCESSIBLE HEALTHCARE SERVICES

1. The percentage of victim callers who are seeking shelter and are referred by a healthcare provider to the Domestic Violence Help Line, indicates that the Help Line is most often used by healthcare sources as a means of assisting abused patients in crisis. Many hospitals may be searching for a safe place to send abused patients once they are discharged. Some providers may be unaware of the Help Line's function to link victims to various domestic violence services (including counseling and legal advocacy) in addition to finding shelter space.
2. Targeted outreach and awareness efforts by the Help Line and other direct service providers to healthcare providers should occur in order to increase identification and linkage.
3. There is a lack of current data on screening rates and disclosures of domestic violence in any health care setting. Updated research is necessary to accurately measure the advances or lack of advances made by Chicago healthcare providers in identifying patients who are victims/survivors of abuse. The research might include healthcare screening rates measured by chart reviews and surveys of both patients and healthcare workers.

SAFETY AND CRISIS INTERVENTION

SUPPORT SERVICES

Support Counseling for Victims

Many victims of domestic violence need domestic violence informed supportive counseling. In 2005, 18% of the requests from victim callers to the City of Chicago Domestic Violence Help Line were for this service. Victims seeking supportive counseling may be living with their abuser or planning a separation. Others may have already separated or need counseling services to address the impact that domestic violence has had on their lives and the lives of their children.

Eligibility, Scope of Service, Staff Capacity

40 Chicago agencies and 7 suburban agencies that provide counseling services completed Assessment surveys. (Appendix L reflects all the counseling agencies included in the City of Chicago Domestic Violence Help Line database as of 2005.)

Chicago agencies that completed Assessment surveys include:

Alivio Medical Center	Mujeres Latinas en Accion
Anixter House	Near North Health Service Corporation
Apna Ghar	Neopolitan Lighthouse
Between Friends	New Hope Community Service Center
Casa Central	Polish American Association
Center on Halsted Anti-Violence Project	Rainbow House Beverly Morgan Park
Centers for New Horizons	Salvation Army Family Services
Centro Romero	Samaritan Community Center
Chicago Abused Women Coalition	SHALVA
Counseling Center of Lakeview	Southwest Women Working Together
Family Rescue	St. Pius V. H.O.P.E.
Heartland Human Care Services	Universal Family Connection
Healthcare Alternatives Systems	Wellspring
House of Good Shepherd	Women with Disabilities Center
Howard Area Community Center	YWCA Metro Chgo Uptown-Korean Cntr
Howard Brown Health Center	
Jane Addams Assn North Women's Counseling Center	
Jane Addams Hull House Assn DV Program-West (previously LeClaire Hearst Community Cntr)	
Jane Addams Hull House Association DV Program-South (previously Parkway Hull House)	
Korean American Women in Need	
La Familia Unida	
Life Span	
Metropolitan Family Services Calumet Center	
Metropolitan Family Services Midway	
Metropolitan Family Services North Center	

Suburban agencies that completed Assessment surveys:

Arab American Family Services
Elgin Community Crisis Center
Crisis Center for South Suburbia
Pillars

Sarah's Inn
South Suburban Family Shelter
YWCA Evanston

None of the Chicago agencies restrict eligibility based on geographic area however most indicate that clients do come from the communities closest to their physical location.

Counseling services are generally short term (less than a year) and the goal is to provide safety planning, information, education regarding options, supportive listening and reflection, and guidance in decision-making. Counseling staff often provides advocacy with third parties such as DCFS, police, employers, landlords, etc. to ensure that victim needs are met.

Group counseling services have been a traditional mainstay of domestic violence programs. Shared experiences and support from others who have experienced abuse has proven to be of great assistance to many victims over the years. Facilitated by trained domestic violence counselors, group counseling is also an efficient application of limited agency resources.

Once the domain of agencies whose primary mission was exclusively domestic violence, domestic violence counseling services are now offered by multi-service agencies where dual issues can be addressed. Culturally specific services have also emerged.

For example, Howard Brown Health Center and the Center on Halsted Anti-Violence Project target their counseling services to LGBT (lesbian, gay, bisexual, transgender) victims. Anixter Center focuses on deaf and hearing-impaired victims. Women with Disabilities focus its service on victims who self identify as disabled. SHALVA provides services to Jewish victims of domestic abuse, Polish American Association serves Polish victims and several agencies, including YWCA Uptown Korean Center and Korean American Women in Need serves Korean victims. Apna Ghar offers services in a number of Asian languages particularly reaching South Asian victims.

A number of agencies provide bilingual Spanish counseling services including: Life Span, Family Rescue, Health Care Alternatives Systems, Heartland Human Care Services, Between Friends, Chicago Abused Women Coalition, Howard Area Community Center, Counseling Center of Lakeview, Mujeres Latinas en Accion, Centro Romero, Casa Central, Jane Addams Hull House Association North, and Alivio Medical Center.

Arab language service is offered at Metropolitan Family Services Midway in the city and Arab American Family Services in the suburbs.

Three agencies, Universal Family Connections, Samaritan Community Center and Alivio Medical Center report restricting services to low-income families.

A number of agencies restrict their group counseling services to shelter residents or women only. Several programs report offering off-site or co-located counseling services. For example, Heartland Human Care Services also provides group and individual domestic violence counseling services at Maria's Shelter (Englewood) and New Age Services (West Side) locations. Between Friends reports offering a number of groups off-site, including a high school health clinic and a teen mother's program at Thresholds. Between Friends also indicated conducting regular counseling sessions by phone for those who are unable to come to the site. Family Rescue has a number of off-site counseling locations including Forever Free Shelter, Theresa's House, Roseland Christian Ministries, Feather Fist, Juan Diego and Our Lady of Guadalupe Church.

La Familia Unida limits its supportive victim counseling program to clients seeking services for themselves and/or their children to address issues related to domestic violence from family of origin, former or current partner abuse. Services are not crisis intervention. In most cases, clients are survivors who have left relationships, need to resolve emotional issues, and are seeking guidance in order to heal. A client involved in a domestic violence relationship is helped to create a safety plan and referred to victim's services elsewhere. Due to conflict of interest, the program does not service victims of clients enrolled in the agency's abuser's service program.

Counseling Center of Lakeview has a unique focus. The agency indicates that it treats both victims and perpetrators in abusive relationships through individual and group therapy to halt the cycle of abuse, including the intergenerational cycle of abuse that impacts the children's future. The paradigm from which the program operates recognizes family violence as a treatable problem that affects the family as individual members and as an entire system. Therefore, a single member of the family cannot be treated with the expectation that the family system must change.

There are a total of 131 full time, 26 part-time and 10 volunteer counselors at the 40 Chicago agencies providing counseling services. 11 of those agencies have one full time counselor; 3 of the 11 subsidize services with part-time or volunteer counselors. One agency has no full time counseling staff and provides those services through three part time positions. 7 agencies have two full time counselors; two of these have an additional part time staff member. 2 agencies have three full time counselors; one has an additional part time staff member. 2 agencies have four full time counselors; one has three part time staff members. 1 agency has five full time counselors supplemented by four part time and two volunteer staff. 1 agency has six full time counselors. Another has eleven full time counselors. 2 agencies report having 14 full time counselors. Another has 19 full time counselors including one substance abuse specialist.

The 7 suburban agencies reported having 28 full time, 30 part time and one volunteer among their collective counseling staff.

All 40 city agencies indicated that they provide individual counseling for victims and nearly all also provide group-counseling services. The total estimated hours of individual and group services by these 40 agencies in 2005 was 120,185 hours to 24,478 people. Slightly more than a quarter of the hours of services were group service and just over half of the total people received group counseling services.

The seven suburban agencies provided a combined total of 30,158 hours of counseling services to 2,612 people. 40% of the total hours were group services and 39% of the total people received group counseling services.

Teen Victims Services

There is an increased awareness of the need for counseling services for teen victims of domestic violence. Of the 40 agencies that reported providing counseling for victims, only 22 estimated serving a total of 396 minor victims in 2005. All but 2 of these 22 agencies served 20 or fewer minors. 4 suburban agencies indicated serving 167 minors in 2005. As reported in the Legal Advocacy section of this Assessment, there are limitations or barriers that have precluded many agencies from meeting the needs of minor victims of domestic violence. It is also important to note that as domestic violence programs are entering schools to conduct teen dating violence prevention education work, students/teens are making disclosures about abuse. Agencies require training and program model development to meet this emerging need.

Other Services

A number of programs offering both adult victim and children's supportive counseling provide parenting-related counseling services. Others reported offering art therapy for adults. Still others offered opportunities for education such as book clubs. Many agencies reported a specialization in serving immigrant victims.

Funding

Funding for victim counseling that is provided by domestic violence service agencies is extremely limited. Agencies often determine how to piece together a patchwork of governmental sources that fund their programs in order to offer counseling services to victims of domestic violence. Among the 40 Chicago agencies who report providing victim counseling services, 24 use City of Chicago CDBG funding to support these services, 12 use VOCA funding, 5 use VAWA funds, 16 use Attorney General grant funds, and 23 use IDHS funding. It is important to note that 3 city agencies are not funded by any of these 5 government sources; 11 agencies access one source, 12 agencies access two sources, 11 agencies access three sources, 3 agencies access four sources. None of the agencies are funded by all 5 sources for their counseling services.

Trends and Enhancements

Over the last ten years there has been increased recognition of the limitations of the domestic violence victim service supportive counseling model. As more complex needs emerge, increased skill development or partnerships with others who have this expertise began to take shape.

Substance Abuse

There has been heightened attention of the need to address substance abuse issues for victims of domestic violence. Practitioners and researchers know that substance abuse and domestic violence, although unique behaviors are often related and display many similar characteristics and underlying factors. Noting that women who use alcohol and other drugs are more likely to be the victims of domestic violence, a need for specialty substance abuse services was identified.

In 1999 the Illinois State Legislature appropriated funds for start-up of pilots to develop and implement integrated and coordinated services for women who are in need of both domestic violence and substance abuse treatment services. This funding was annualized for continuing support. In January 2000 IDHS funded 4 domestic violence and substance abuse treatment service partnership pilots statewide. In 2005 the number of initiative sites expanded. Currently funded sites in the metropolitan area include Pillars and Constance Morris House in Summit; Healthcare Alternative Systems and Neopolitan and Family Rescue in Chicago; and Pilsen Little Village Mental Health and Chicago Abused Women's Coalition in Chicago.

A key goal of the initiative is to facilitate the identification of women potentially in need of integrated or coordinated services and intervention strategies. Services include formalized screening for those seeking substance abuse services for domestic violence and systematic screening for those seeking domestic violence services for substance abuse treatment needs. Protocols include, but are not limited to, the following considerations: 1) placing client safety first, 2) co-locating professional staff, placement of certified addictions professionals at domestic violence shelters and on-site presence of domestic violence professionals at women's treatment programs, 3) referring to a domestic violence specialist for assessment if screening indicates domestic violence, 4) including relapse prevention and safety plans in treatment/service plan, 5) using same-sex therapeutic groups, and 6) adopting a non-confrontational substance abuse treatment approach.

A portion of the initiative funding supports supplemental staff training and cross-training. Training topics include strategies for ensuring client safety; overview of domestic violence theories and philosophy; intervention strategies and the Illinois service system; overview of addiction; screening for domestic violence and substance abuse; legal issues and orders of protection; federal and state regulations regarding confidentiality of substance abuse treatment and domestic violence records; children as primary clients and the effects of violence on children; Violence Against Women Act, and promoting a coordinated community response.

The University of Illinois Chicago, Jane Addams College of Social Work conducted both process and outcome evaluation of the effort during its pilot phase. The evaluation supported the project goal to develop replicable local-level service models for substance abusing women who are victims of domestic violence. The report "Effects of Coordinated Services for Drug Abusing Women Who Are Victims of Intimate Partner

Violence” (Bennett, L.W.& O’Brien, P. (In Press), documented that substance use declined during the period of service reception while self-efficacy increases. Report findings also indicated that women see themselves as more vulnerable following program services as newfound sobriety may open their eyes to the seriousness of the situation. The research offered the possibility that women who are successful in their substance abuse recovery may face increasing levels of abuse from partners in response to her abstinence or reduction in substance use, particularly if the substance abuse was a shared activity prior to treatment.

The research also supports all domestic violence agencies screening and referring for substance abuse problems and substance abuse agencies screening and referring for domestic violence. Issues such as confidentiality, philosophical differences, power differentials and competition for funding should be collaboratively addressed.

Mental Health Issues

Another example of addressing the more complex counseling needs of victims of domestic violence is reflected in the work conducted by the Domestic Violence Mental Health Policy Initiative (DVMHPI) in partnership with the Mayor’s Office on Domestic Violence (MODV). A yearlong series of meetings were convened with domestic violence agency directors to examine critical issues impacting women and children experiencing the effects of domestic violence, psychiatric disabilities and other lifetime trauma. The meetings provided a forum to openly discuss the challenges of providing optimal services to women and children experiencing a range of needs, diminishing resources, partnering in ways that do not place women and children in further jeopardy, and addressing all issues while retaining a grassroots, social justice perspective. DVMHPI hosted a series of training sessions on related topics along with monthly consulting group meetings for supervisors at domestic violence agencies.

This complex work began in a strong manner but this kind of transformation and adaptation and expansion of counseling services is an evolving process. Agencies are examining their policies and practices as well as staff training and skill development issues. There will always be the need for basic domestic violence supportive counseling to assist victims of domestic violence through the crisis, safety planning and transitions associated with the original model. However these service development discussions reflect attention to and responsiveness to the emerging needs of increasing numbers of victims who are requesting services from domestic violence counseling agencies.

Making enhancements to basic domestic violence counseling services have raised a number of opportunities and challenges. Funding has not been identified to support these models. Other non-domestic violence earmarked funds may need to be shifted to meet this need. Opening up funding sources for specialized domestic violence counseling models will likely bring new providers such as traditional mental health agencies or substance abuse focused agencies into the mix. Ensuring an understanding of the social factors that entrap victims in abusive relationships and their advocacy needs by those expanded service agencies is an essential concern.

Ongoing training opportunities for domestic violence agencies that are addressing more complex service issues are vital to maintaining quality assurance. Moving in this direction will likely further professionalize staff at those agencies.

A number of innovative collaborations that address dual service needs for victims of domestic violence have been developed including a joint effort between DVMHPI, the Chicago Department of Public Health (CDPH), and the Mayor's Office on Domestic Violence (MODV). CDPH has created "Centers of Excellence" at 3 geographically distributed community mental health centers (Woodlawn, Lawndale, and Northwest) and each center partners with one of 3 participating domestic violence programs (Rainbow House, Chicago Abused Women Coalition and Family Rescue). Direct service enhancing features of this project include access to mental health/trauma treatment services within 24-48 hours for women and children, referral to domestic violence programs, on-site consultation with an adult trauma specialist, and cross-consultation and joint staffing between agencies.

As part of this collaboration, DVMHPI, along with the original authors and publishers of *Risking Connection: A Curriculum for Working With Survivors of Childhood Abuse*, developed *Risking Connection-Domestic Violence: A Curriculum for Working with Survivors of Domestic Violence and Lifetime Trauma (RC-DV)* to assist providers and enhance the ability of community agencies to offer services that are both domestic violence and trauma informed. This new volume retains the core model and key content of the original *Risking Connection* - an accessible in-depth relational approach to working with adult survivors of childhood abuse that focuses on both provider and survivor concerns while additionally addressing specific issues faced by survivors of domestic violence and other types of ongoing trauma. It also provides a framework for clinical and advocacy concerns, addresses the intersections of culture, trauma and domestic violence, and provides new information on the impact of trauma on development, attachment and neurobiology. Unlike purely academic models, this newly developed curriculum is grounded in the experience of community-based providers and the women they serve.

Additionally, DVMHPI collaborated closely with CDPH to develop new intake comprehensive mental health assessment, psychiatric evaluation and treatment planning forms and materials specific for survivors of domestic violence. New forms were introduced in the second quarter of 2006 and staff in all twelve CDPH sites has received training on incorporating them into practice. DVMHPI also worked with CDPH to revise their policies and procedures manual to address safety and confidentiality issues related to domestic violence. DVMHPI is about to enter the second phase of the roll-out to all CDPH mental health centers by providing a large-scale training to all sites and more targeted on-site training and consultation to 2 new centers—Greater Lawn and Back of the Yards.

DVMHPI's collaboration with IDHS-DMH (Illinois Department of Human Services Department of Mental Health), Life Span, Thresholds and A Growing Place Empowerment Organization provides training and technical assistance to public mental health agencies, state psychiatric hospitals, and domestic violence, consumer advocacy,

and disability rights programs in Chicago and across Illinois so that they are able to respond more sensitively and effectively to abuse survivors living with psychiatric disabilities. During the past year, DVMHPI and partners conducted 4 regional statewide cross-trainings and hosted a symposium entitled *Improving Services for Domestic Violence Survivors Living with Psychiatric Disabilities: Recommendations for Cross-Sector Collaboration*. Two sets of training and curriculum manuals were developed. *Access to Advocacy: Responding to Trauma & Domestic Violence in Lives of Women with Psychiatric Disabilities* was created for domestic violence and disability service providers and *Responding to Trauma & DV in Lives of Women with Psychiatric Disabilities: Assessment, Intervention, and Treatment Issues* was created for mental health providers. Assessment tools for mental health clinicians, practice guidelines for mental health and domestic violence providers, and informational packets for consumers on trauma and domestic violence have also been developed.

POINTS FOR ENGAGEMENT – SUPPORT COUNSELING FOR VICTIMS

1. Maintaining the capacity of domestic violence agencies so that they are able to offer both traditional as well as dually focused counseling requires close examination and planning. Examples of dual focus include substance abuse/domestic violence and mental health/domestic violence.
2. Victims seek service from many areas other than domestic violence agencies. Incorporation of domestic violence expertise within a wide arena of social services will ensure that victims are not hindered in their pursuit of services.
3. Advocacy for appropriate adjustment and realignment of domestic violence and other funding sources to ensure proper balance between crisis and supportive counseling, longer term trauma based recovery services, and services which address dual issues of domestic violence and mental health and/or substance abuse must be a priority focus.
4. Incorporating domestic violence expertise within mental health centers and psychiatric hospitals to ensure quality services to victims of domestic violence is an essential part of supportive counseling. Funding shifts and priorities need to be monitored and guided.
5. Issues such as confidentiality, philosophical differences, power differentials and competition for funding between domestic violence, substance abuse and mental health providers needs to be addressed collaboratively.

SAFETY AND CRISIS INTERVENTION

SUPPORT SERVICES

Support Counseling For Children

While there is no question that one of the best ways to protect children is to meet the needs of their mothers, it is important to note that children have unique needs which are presently not being adequately met. In 2005, 49% of victim callers to the City of Chicago Help Line indicated they had between 1 and 9 children (mean 2.11) and just under half were between the ages of 0-5.

Funding for children counseling services has been even more limited than funding for adult victim services. However, there is a heightened level of attention being given to the issue of children's exposure. Assessment survey results indicate that 19 Chicago and 10 suburban domestic violence agencies provide children's counseling services.

Chicago agencies providing counseling for children include:

- Apna Ghar
- Between Friends
- Chicago Abused Women Coalition
- Family Rescue
- Heartland Human Care Services
- House of Good Shepherd
- Howard Area Community Center
- Jane Addams Hull House Association North Women's North Counseling Center
- Korean American Women in Need
- La Familia Unida
- Metropolitan Family Services Calumet Center
- Metropolitan Family Services North Center
- Metropolitan Family Services Midway
- Neopolitan Lighthouse
- Rainbow House Beverly Morgan Park and Little Village
- Salvation Army Family Services
- Southwest Women Working Together
- St. Pius V. H.O.P.E.
- YWCA Metropolitan Chicago Uptown Korean Center

Suburban agencies providing counseling for children:

- Arab American Family Services
- Constance Morris/Pillars
- Crisis Center for South Suburbia
- Elgin Community Crisis Center
- Life Span

- Sarah's Inn
- South Suburban Family Shelter
- WINGS
- YWCA Evanston
- Zabin and Associates, P.C.

Eligibility, Scope of Service, Staff Capacity

8 Chicago and 7 suburban agencies indicated that a parent had to be receiving services in order for the children to be eligible for counseling services. Several programs that said this was not a requirement indicated that the parent had to have been a past client. A few stated that the adult victim had to be out of the domestic violence relationship before counseling services would be offered to children.

A number of programs, both in the city and the suburbs, indicated having age restrictions for children's counseling services. Most offered services to both male and female children ages 5 and up. (Domestic violence shelters work with younger children along with a parent, but only a limited number of non-residential programs provide services to the 0 to 5 age group.) Although few agencies indicated strict geographic eligibility criteria, they did indicate that most of the children they are counseling originate from communities near the agency's physical location. Parental consent is required in order for an agency to provide service to a child. Some programs noted that in the case of a teenager, the agency would provide up to 5 counseling sessions without parental consent, the limit allowed by Illinois law.

16 of the 19 city agencies and 7 of the 9 suburban agencies offering counseling for children indicated providing services to children involved with DCFS. Many said that DCFS made referrals to them but none reported payment by DCFS for those services. In 2005, Chicago agencies provided children services to between 2 and 23 children who were DCFS involved, a small number since the rates of co-occurrence between child abuse and neglect and domestic violence is significant. This raises the question of where DCFS families are receiving trauma informed domestic violence services.

18 of the 19 Chicago programs counsel the victim/parent and children together. All 10 of the suburban programs offer this parent/child service.

The combined estimated total of children who received individual counseling services at the 19 city agencies in 2005 was 1,552 children. 15 agencies also offer group-counseling services for children. Some children received both individual and group counseling services. The combined estimated number of children who received group services from the 15 agencies in 2005 was 1,250. The 10 suburban agencies provided 885 children with individual services and 8 of those agencies provided 1,043 children with group services.

The scope of children's services generally offered by the agencies included nurturing self esteem, reducing the long term effects of exposure to domestic violence, addressing the impact of past or ongoing trauma, broadening coping resources, providing safety planning and offering age appropriate social, educational and recreational activities.

Service outcome examples were reported by the Chicago Abused Women Coalition (CAWC). CAWC reported 80% of the children who attended support groups and individual counseling left the shelter setting with the ability to identify 3 or more strategies and resources for help including calling 911, family or friend, school personnel, hospitals and social service agencies. Children also learned about good touch, bad touch, fire safety and teen dating violence.

Few agencies indicated the ability to conduct assessments of children who may be exhibiting more serious social, emotional, behavioral and/or developmental issues. The co-occurrence of child sexual abuse and exposure to domestic violence was noted. The ability to address these more complex counseling and service issues was extremely limited.

A number of agencies noted serious limitations in offering bilingual children's services. Heartland, CAWC, La Familia Unida, St. Pius, Metropolitan Family Services North and Midway, YWCA Korean, Salvation Army, Korean American Women in Need and Jane Adams Hull House Association North Women's Counseling Center do offer bilingual children's services.

Several agencies mentioned the fact that "children's counseling" services need to be delivered informally for many immigrant populations because of unfamiliarity or distrust of the more formal methods.

All 19 of the city agencies have paid children counseling staff. 9 have part time counselors (one relies on only a part time counselor). Those who do use part-time employees generally have only one part time employee to supplement service offered by one or two full time staff. 5 of the 19 Chicago agencies use one or two volunteers and/or interns to provide children's counseling services; 4 of the 9 suburban programs use volunteers. While some children's counselors are therapist most are not.

Clearly the ratio of children's counseling staff to adult victim counseling resources is not adequate. One notable exception is Family Rescue which has 13 full time and 2 part time children's staff as well as a full time Child Behavior Specialist and a contract with a psychologist who provides assessment and therapy.

Service Enhancements and Collaborations

Several notable children's service enhancements were mentioned by the agencies that responded to the Assessment survey. For example, children's mental health therapy services are being purchased by some programs with grant funds made available by ICADV.

Prior to 1999, only a small amount of federal VOCA funds (approximately \$200,000) were earmarked for children's services statewide. Programs, including those in Chicago and Cook County, used small \$5,000 grants to supplement the children's programming they had pieced together with inadequate funding from other public and private sources.

Beginning in FY2000, ICADV secured additional VOCA funds to expand statewide services to children with mental health needs. In FY2007, ICADV granted approximately \$930,000 statewide through two projects: the Child Therapy Reimbursement Fund and the Child Enhanced Services Grant. Chicago agencies received a combined total of approximately \$180,000 and suburban agencies received approximately \$72,000.

The Child Therapy Reimbursement Fund pays domestic violence programs to contract with licensed therapists for child mental health evaluations, individual children's therapy, family therapy for mother and children, and case consultation with program staff. Therapies may include diverse modalities (e.g., art, music) and are provided to both residential and non-residential clients. Most programs found that successful implementation depended upon bringing therapists on-site. Clients were much more likely to take advantage of therapy that was easy to access and offered in the domestic violence program environment that they trust. Therapy may be short or longer-term; the duration is usually determined by whether the family is in emergency shelter, transitional housing or non-residential services. The project requires that domestic violence program staff stay involved in case management with the therapist.

Programs that currently receive Child Therapy funding in Chicago include: Family Rescue, Neapolitan Lighthouse, Life Span, and Hull House North. Suburban agencies based in Cook County that receive funds include Elgin Community Crisis Center, YWCA Evanston, South Suburban Family Shelter (Homewood), Constance Morris House (Summit), Sarah's Inn (Oak Park); and Crisis Center for South Suburbia (Tinley Park).

The second fund, Child Enhanced Services, supports staffing at domestic violence programs providing intensive services to children who have been identified as having behavioral problems or who are at high risk for problems because of the mother's experience with moderate to severe violence. ICADV initially projected that 25% of children would be identified as having behavior problems that required an enhanced level of service. In reality, in the first 20 months of services, 32% of children were identified as needing assessment and/or enhanced services. Funded services include assessment, individual child counseling, family counseling for mother and children, advocacy, case management, children's group counseling, conflict resolution and parenting skills groups. Specialized therapies such as art, music and play therapies are also provided by some programs. Services are intended to promote the child's well-being and link children to appropriate community resources. Interventions that strengthen the bond between mother and child, parenting skills and family counseling have accounted for 20% of the total service time for all clients. Services are provided to both residential and non-residential clients. Chicago programs that currently receive funds for Child Enhanced Services include Chicago Abused Women's Coalition, Family Rescue, and Hull House North. Staff funded under this project have also benefited from the trauma-informed training provided by the DVMHPI.

From program feedback as well as its own observations, ICADV has noted several advantages to these project models. The therapy reimbursement project has allowed programs to get assessments and therapeutic help to children and families immediately, bypassing long-waiting periods at community agencies and allowing domestic violence

programs to take advantage of the opportunity to intervene during a critical window of time for mother and child. Domestic violence program staff and licensed mental health professionals consultations have also contributed to increased skill and knowledge. Clients are accessing expertise they would not otherwise be able to afford and some have transitioned into longer-term therapy even after the relationship with a domestic violence program ends. The two Chicago programs that have received support from both funds have offered especially high quality triage and service for children most in need of help.

Other notable service enhancements include Heartland Human Care Services' (HHCS) therapeutic pre-school and after school program. This program was designed to address education, foster age appropriate physical and social development and focus on emotional needs of children who have witnessed violence in their homes or homelands. The HHCS Learning Center opened in the summer of 2006 with space for 30 school age children (6-12) and 47 pre-school children. Staff has expertise in both early childhood education and development and working with children exposed to violence. The Learning Center provides a safe haven that promotes a positive self-image and a sense of belonging in each child. The Learning Center works with the non-abusive parent to ensure continuity of care and services.

As those who work with children in schools, day care, Head Start and other venues increase their awareness of the impact of exposure to domestic violence on children there is a resulting increase in referrals for intervention. Universally, all intervention agencies are in need of more resources to meet the needs of children. This includes internal programs as well as sources of referrals for complex needs.

Funding

Funding for children's services provided by domestic violence victim service agencies is extremely limited. It is clear that lack of targeted funding for programs most likely to reach adults who have the authority to engage their children in supportive services is a major impediment to addressing child counseling needs. Many agencies piece together a patchwork of governmental sources which also fund many of the adult service programs. Of the 19 Chicago agencies that report providing children's services, 8 use City of Chicago CDBG funding, 9 use VOCA funding, 2 use VAWA funds, 4 use Attorney General funds, and 12 use IDHS funding. 5 agencies access one source, 6 agencies access two sources, 3 agencies access three sources and 2 agencies access four sources. None of the agencies are funded by all five sources for their children's services. It is important to note that 4 city agencies are not funded by any of these five government sources for their children's services.

Similar to supportive counseling for victims, there have been several areas of policy, coordination and enhancement of service forums actively seeking to address the needs of children. These efforts are focused both within the existing network of domestic violence victim service agencies as well as other children service venues such as family support, educational programs such as Head Start and day care, mental health providers, and supervised visitation and exchange programs.

Safe Start

The Chicago Department of Public Health's Office of Violence Prevention administers Chicago Safe Start. Initiated in 2000, Chicago Safe Start was a six year federal demonstration project funded by the U.S. Department of Justice-Office of Juvenile Justice and Delinquency Prevention to address the needs of children 0-6 years that have been exposed to violence. Chicago Safe Start was funded to generate a citywide response to young children's exposure to violence while supporting more specific impacts in the Englewood and Roseland/Pullman Police Districts.

Chicago Safe Start awarded delegate service contracts to two providers, Family Focus and Metropolitan Family Services. These providers treat the whole family with special focus on meeting the needs of the young child.

The Safe Start model called for two pathways to identify children who are at risk of or have been exposed to violence. An incident based response, designed for intervention at the earliest point of contact when domestic violence is reported, is built upon police, emergency medical and child welfare emergency response systems. A symptom based response pathway goal is to enhance the capability of the existing provider community which encounters children in the targeted age group, to identify the effects and symptoms of exposure to violence and to refer children to needed services. Childcare centers, Head Start, early childhood education, health care providers, substance abuse treatment providers, domestic violence service providers, WIC centers, faith-based organizations, community mentors and family members comprise this community system. Providers receive program brochures with contact information to facilitate referrals and are invited to participate in a local council.

The incident-based pathway of Safe Start includes a protocol that requires officers in the 5th and 7th districts to assist adult victims of domestic violence to contact the City of Chicago Domestic Violence Help Line to generate a Safe Start referral. CDPH Safe Start personnel works in partnership with the Police Department to offer periodic roll call training to remind officers of Safe State program protocol.

Chicago Safe Start partners, staff, and delegate agencies, offer training to a broad array of professionals and paraprofessionals that serve children and families in any capacity. The ultimate goal is to prevent exposure to violence but when that does not happen, Safe Start wants to reduce the negative consequences of that exposure on the bio-psychosocial and emotional development of children in the first years of life.

Chicago Safe Start is working with the Chicago Department of Children and Youth Services to provide training on Childhood Exposure to Violence (CEV) to Head Start programs across the city. To date, 71 staff and 20 mental health consultants (across approximately 50 sites) have received the training on the CEV curriculum via small group instruction and are encouraged to act as trainers and ambassadors for others at their service location.

A parallel charge is for Safe Start to help child and family serving systems explore and adopt ways to better respond to and serve young children when exposure to violence occurs. Toward that end Safe Start funded five “short-term high impact” project grants to Chicago area organizations to convene members of their professional community and explore ways to incubate and advance responsiveness to children’s exposure to violence.

Chicago Safe Start awarded 3 incubators in the areas of Mental Health, Substance Abuse and Home Day Care Providers. The Mental Health incubator introduced CEV research and training materials to therapists across the Chicago Department of Mental Health division. Additional training and clinical consultation will be applied to expand the incorporation of CEV awareness and responsiveness into parenting education and family support services. The Substance Abuse and Home Day Care incubators convened members of their respective provider communities to learn about and incorporate CEV awareness, responsiveness, and prevention into their work. Additional efforts are underway to secure incubator commitments in the area of community violence as well.

Two “incubator” grants were awarded to the Mayor’s Office on Domestic Violence (MODV) enabling networks of providers to receive technical assistance and training that builds their capacity to address children’s exposure in more meaningful ways. One of the incubators administered jointly by MODV and CDHS is working with a network of children service staff from domestic violence victim service agencies. MODV conducted a strategic planning session with these service providers to delineate challenges and training needs. As a result, in January 2007 the MODV/CDHS incubator partnered with DVMHPI and provided a full day of training using the Child Trauma Training Curriculum developed by Patricia Van Horn. Over 60 workers from domestic violence agencies completed this training session.

Following the session, participant agencies were offered 4 consultation sessions with clinical staff of La Rabida. Child workers were able to share cases with colleagues and receive professional support and guidance. Session topics were drawn from case consultation forms submitted by participants. Participants benefited from small session size and high facilitator/participant ratio that allowed for full participation.

MODV received a second Safe Start incubator award to work with a network of faith leaders from the IFLAC (Interfaith Leadership Advisory Council). This faith incubator effort sought to address the capacity and challenges of developing meaningful ways for the faith community to address children’s exposure to violence. In March 2007 over 200 lay and ordained members of diverse interfaith communities gathered for a full day of education and dialogue (see Faith Community in Caring Community section for more detail).

Safe Havens Supervised Child Visitation and Safe Exchange Grant Program

Research has shown that children are profoundly affected by domestic violence. Positive involvement by a father figure, however, has also been shown to be beneficial to children's overall development. In some instances, mothers who have suffered abuse by their partners want their children to have safer and healthier contact with their fathers, and some men seem to be able to develop empathy towards their children more easily than towards their partners. Although giving fathers more opportunities to change is an essential component to ending violence against women and children, the safety of victims and their children always has to be the first priority.

The experience of the Chicago-area Supervised Visitation and Safe Exchange Grant Program has identified the need for supportive assistance and possible therapeutic intervention for children and their non-custodial parent (commonly the abuser). Staff at supervised visitation centers work closely with both children who have been exposed to domestic violence and their non-custodial parents, and believe this service model provides an opportunity for more targeted intervention. Currently, families receive supportive supervised visitation and safe exchange services, including assistance with general parenting skills and communication (see Parental Protective Custody in the Protective Custody of Children section for more detail). Enhanced therapeutic intervention could help the child and their non-custodial parent strengthen their relationship in a way that acknowledges the harm done by the parent's abusive behavior. Other jurisdictions in the country have begun to explore the concept of "fathering after violence," an issue that requires more local consideration.

DVMHPI's Child Trauma Capacity Building Project

The DVMHPI Child Trauma Capacity Building Project offers local training and consultation for community-based service providers and their supervisors within a domestic violence-sensitive and trauma-informed framework. In collaboration with national experts in domestic violence and childhood trauma, several curricula for community providers have been developed:

Child Trauma Training Curriculum for Clinicians and Supervisors

This core curriculum was developed, in collaboration with DVMHPI, by Betsy McAlister Groves, MSW, LICSW, and colleagues from the Child Witness to Violence Project (CWVP) at Boston Medical Center. It is geared for master's level children's mental health providers, domestic violence counselors, children services staff and supervisors. This 20 hour curriculum draws on current research and offers best practice recommendations for working with children exposed to domestic violence and other trauma and their primary caregivers (or non-offending parents). It incorporates an approach that is strength and resiliency based, focused on enhancing or repairing the parent-child relationship in the aftermath of trauma exposure, and developmentally attuned to the needs and capacities of young children. The curriculum was field-tested and well received at 2 Chicago community mental health agencies (Community

Counseling Centers of Chicago (C4) and Ada S. McKinley). It will be finalized along with a Practitioners Guide by September – October 2007.

Domestic Violence Advocates Trauma Training Curriculum

This curriculum was developed, in collaboration with DVMHPI, by Patricia Van Horn, JD, PhD, at the University of California – San Francisco. It is geared for domestic violence advocates and their supervisors working in shelter and non-shelter settings with children and teens exposed to domestic violence and their mothers or primary caregivers. The 12-hour training curriculum gives advocates information and practice tips to expand their understanding of domestic violence as a specific trauma that may impact a child's ongoing development and affect a mother-child relationship. It also provides handouts to share with parents to support their efforts to help their children (and themselves) heal and recover. The curriculum explores how a child may experience trauma at different developmental stages and ages, how to strengthen or repair the parent-child relationship and increase coping capacities, and ways to intervene in areas of difficulty or vulnerability. It was field-tested with domestic violence advocates from 18 Chicago community agencies in January 2007. The final version of the curriculum will be completed by September – October 2007 with an expanded, companion Practitioners Guide.

La Rabida Child Witness to Domestic Violence Initiative (CWDVI)

La Rabida Joli Burrell Children's Advocacy Center (CAC) staff provides training for domestic violence program staff on trauma-focused assessment and therapy approaches. The La Rabida Child Witness to Domestic Violence Initiative (CWDVI) is a collaboration between CAC and domestic violence agencies that identifies traumatized children and provides psychological services to restore them to a pre-trauma level of functioning. CWDVI has worked with 4 domestic violence agencies in Cook County over the past year including 2 city agencies - Rainbow House and Metropolitan Family Services Calumet Family Violence Intervention Program - and 2 suburban agencies - Crisis Center for South Suburbia and South Suburban Family Shelter. CWDVI has received generous funding from the Illinois Children's Healthcare Foundation.

A total of 21 staff from four collaborating domestic violence agencies has participated in 64 hours of training and case consultation with La Rabida staff. A total of 240 children entered into services at the 4 agencies and an additional 9 children received services at the La Rabida's Joli Burrell Children's Advocacy Center in connection with this program; these 249 children have benefited from the project by either directly receiving an assessment/intervention or by the increased competency of the domestic violence agency staff. A total of 16 children have received trauma-focused assessments and therapy from project staff on-site at the participating agencies.

Chicago's Department of Children and Youth Services

Chicago's Department of Children and Youth Services (CYS) has partnered with the Chicago Mayor's Office on Domestic Violence (MODV) to bring together a number of programs for women, men, and children that raise awareness of and combat domestic violence. This collaboration coincides nicely with the mission of CYC which is to provide services to families and children, to advocate on their behalf, and to help facilitate supportive communities in which families and children can live and thrive in safety.

Early Childhood Programs

CYS administers Chicago's Head Start grant from the U.S. Department of Health and Human Services by partnering with a network of community and faith-based organizations, private childcare programs and public schools. The program serves 16,518 low-income children ages 3 to 5 from about 14,000 families. Eligible children receive a wide range of comprehensive and individualized services such as educational and early childhood development programs that promote school readiness, free medical, dental and mental health services, nutritious meals, and parent education. CYC and MODV collaborate on domestic violence initiatives by providing technical assistance, awareness and safety training.

The Fatherhood Initiative is brand new at CYC, launched as an important piece to Head Start. The Fatherhood Initiative seeks to reduce domestic violence by fostering and encouraging healthy, non-violent relationships and interactions between fathers, their families and communities. The Initiative helps to raise awareness of the destructiveness of domestic violence and to provide men with tools to become more positively active in the lives of their families.

The Early Head Start grant is a federally funded program which provides 575 children ages 0-2 with free, full-year, full-day services in centers or in day care homes. Pregnant women learn health, nutrition and developmental information. New infants are given care and attention to stimulate healthy development. This program works to empower expecting women and new mothers by educating them to recognize healthy and unhealthy, violent and potentially violent relationships while offering them proper care and a supportive community.

CYC also partners with Illinois DCFS (Department of Children and Families) to provide specialized childcare. This partnership provides children with developmentally appropriate care while addressing their special and unique needs; the children's development may be threatened because their immediate environment includes domestic violence.

Youth Programs: Ages 6 – 18

Mentoring

CYS's mentoring programs use an inter-generational approach that bonds youth and adults while passing along knowledge and experience in an organized and structured fashion. Mentoring inspires a safe, secure and stable relationship between an adult and youth/child and helps provide youth with supportive, mutual, non-violent interactions. Mentors must spend minimally two hours per interaction, at least twice per month.

Out of School Services

Out of School Services provide structured, age appropriate activities for youth that address their individual social, emotional and academic needs by offering a wide array of opportunities including support for those at risk of substance abuse, dealing with domestic or other social violence and homelessness, and vulnerability to dropping out of school. When school is in session, programs must operate at least 3 hours per day, 4 days per week.

Child and Adolescent Counseling Services

Individual and group youth counseling sessions are provided to youth by trained professionals in the fields of psychology, social work and counseling. Services seek to promote positive changes in cognition, behavior, emotional health, and relations with siblings, families, and communities. Youth learn problem-solving techniques to resolve conflict/issues in a positive, non-violent manner that alleviate barriers to education, socialization, and/or family stability.

Homeless Youth Services

CYS funds and supports certain agencies who reach out to homeless youth and/or youth in shelters, typically those between the ages of 12 and 18. Programs work to unite youth with their families or assess and support youth by providing various social and/or transitional services. There are clearly youth who have become homeless or runaways as a result of domestic violence participating in this program.

Family Start Learning Centers (FAST)

In partnership with the University of Illinois at Chicago, CYS supports 4 Family Start Learning Centers (FAST). These centers are committed to developing literacy and lifelong learning skills of parents, children and family members in Head Start and childcare in order to promote children's ability to achieve economic self-sufficiency. Programs like this work with parents on demonstrating and identifying mutually supportive equal relationships to model for their children. Basic-skills workshops, GED preparation classes, ESL classes and hopefully a course on domestic violence training/safety/awareness classes and/or workshops would be included in this program.

POINTS FOR ENGAGEMENT – SUPPORT COUNSELING FOR CHILDREN

1. Having services for children exposed to domestic violence separate from adult victim/caregiver services presents a distinct or practical barrier for accessing assistance.
2. Efforts to inform victims about services for children at a point of crisis response by police or medical providers have had limited impact as victims may not be at the most receptive point for absorbing the information.
3. Since most victims calling the City of Chicago Help Line had an average of 2 children nearly half of who were under the age of 5, child counseling resources are woefully inadequate in terms of the capacity to meet the need.
4. Targeted, earmarked funding streams for these services need to be established if service capacity is to grow. In addition to increasing supportive services for children exposed to domestic violence, there needs to be an infusion of domestic violence-informed mental health and developmental assessment and therapeutic services for those who require these interventions.
5. Opportunities to work with domestic violence abusers about parenting after cessation of the violence need to be developed.
6. As those who work with children become more aware and skilled at identifying children who have been exposed to violence, the need for direct service responses will expand. Without an increased capacity to serve these identified children, referring professionals will become frustrated and may discontinue heightened attention toward identification.
7. DCFS needs to work with the domestic violence service community in a more deliberate way to shore up where, when and how DCFS involved families are linked to domestic violence services.
8. Further investigation is needed to determine best practice standards for delivering services to children who have been exposed to domestic violence. This investigation needs to examine triage of need and service models.
9. Services for children under the age of 6 are extremely limited and these children often have less exposure to others outside of the home (i.e. at school).
10. Children and parenting services must account for cultural differences.
11. Homeless Youth Services funded by CYS should identify youth who have become homeless or runaways as a result of domestic violence. This requires a comprehensive response and effective linkage agreements with those agencies that facilitate and coordinate services for homeless youth.
12. Child and Adolescent Counseling Services provided through CYS should offer counseling and training to identify, support and help children cope with domestic violence in these supportive settings.
13. Policy level discussions must include those working directly with children exposed to domestic violence.

SAFETY AND CRISIS INTERVENTION

PRACTICAL LIFE RESOURCES AND ADVOCACY

Financial Assistance, Jobs and Economic Self-Sufficiency

When abusive partners control all financial resources such as bank accounts, employment income, credit, investments, and inheritance, they create major obstacles for their victims. Financial necessity and stability are primary reasons domestic violence victims remain in or return to abusive relationships. Researchers who talked with domestic violence victims found (The Allstate Foundation Domestic Violence Program Education and Job Training Direct Assistance Fund Report, June-September 2006):

- 27% of victims have no access to cash
- 34% have no access to a checking account
- 22% have no access to a car
- 51% have no access to a charge account/credit.

Economic abuse makes it even more difficult for victims to manage the obstacles associated with living in poverty. Victims frequently cite housing, employment, child care and transportation as major barriers to escaping or reaching out for support. They repeatedly report that access to economic resources is a critical need.

Safe and Accessible Public Assistance Benefits

The Illinois Department of Human Services (IDHS) is responsible for administering public benefits, including cash assistance, food stamps and Medicaid. In 1996, an era of welfare reform ended the income entitlement program for poor families with children known as Aid to Families with Dependent Children (AFDC) and replaced it with Temporary Assistance for Needy Families (TANF). As a result, Illinois reduced its TANF caseload by 82.4% between 1994 and 2004. Follow-up research found that persons who remained in TANF caseloads were more likely to confront barriers to self-sufficiency such as substance abuse, learning disabilities, domestic violence, and physical and mental health problems.

Welfare reform placed an emphasis on engaging TANF clients in work as quickly as possible. A single parent who is able must work or participate in a work activity for at least 30 hours per week. Two parent families are required to work 35 hours per week. The hours spent in programs for substance abuse, domestic violence and mental health count toward meeting the work requirement.

The Work Pays program disregards two-thirds of earned income when determining benefit levels. For example, if a parent earns \$300 per month, the TANF grant is reduced by \$100.

TANF stresses personal responsibility. Clients must cooperate in establishing paternity and obtaining child support. A woman may receive an exemption from establishing paternity or obtaining child support if doing so will place her or her children at risk of violence. Clients must cooperate in work and training activities, referrals and treatment, and follow through on their service plan or face sanctions.

IDHS implemented the state's TANF program in July, 1997. Since then, the Illinois TANF plan has been modified several times. Among the notable changes are the addition of exemptions to the sixty month time limit and the adoption of the Family Violence Option (Exclusion).

The Domestic Violence Exclusion went into effect in Illinois on July 1, 2002. It provides needed relief to domestic violence victims and their families as they struggle to break out of the cycle of violence. A client who qualifies for a Domestic Violence Exclusion is not required to participate in work and training activities. The Exclusion allows a TANF applicant or recipient to apply for a waiver that stops the clock on the 60-month lifetime limit for TANF cash assistance before the family reaches 60 months and, for families that have already reached the time limit, extends benefits beyond 60 months. Applicants and recipients qualify if they are experiencing difficulty participating in work and training activities for at least 30 hours a week, or participating is unsafe for them.

In order to qualify for the DV exclusion, TANF recipients must be able to prove they are a victim of domestic violence. Proof of domestic violence may include a written statement from another person including a relative, friend, police, government agency, court record, domestic or sexual violence program or rape crisis organization, professional (e.g., doctor, lawyer, clergy), or any other credible evidence including physical evidence. A person does not have to be receiving services from a domestic violence service provider to qualify for exclusion.

If approved, the initial waiver lasts only two months. The victim's Responsibility and Services Plan (RSP) is amended to reflect what is being done to deal with the domestic violence (e.g., counseling, legal action, medical services). The waiver may be continued for as long as necessary but the victim is obligated to undergo a reassessment of her situation once a month.

Helping families struggling with poverty and issues of domestic violence and/or substance abuse requires coordinated effort between TANF and domestic violence service agencies. Welfare receipt time limits necessitates that service/treatment plans incorporate employment goals and TANF offices must be informed of any circumstances that would keep a victim from complying with a program requirement. Agencies need to communicate and work together to develop coordinated rather than conflicting service plans. Payment for supportive services such as childcare and transportation are available to assist TANF recipients with their service plan.

One significant challenge noted among those informing this assessment is that the Illinois Domestic Violence Exclusion is underutilized. Research estimates that 50-60% of TANF clients had experienced domestic violence over their lifetimes and 20-30% were recent or current victims of abuse (Tolman and Raphael, 2000). Victims of domestic violence were also more likely to be long term welfare recipients and to cycle on and off welfare (Lyon 2000). In a study of Illinois TANF families, 13% reported severe physical domestic violence in the past year (Kirby, 2003). Yet, IDHS numbers do not reflect the number of recipients and applicants acknowledging that they are victims of domestic violence or requesting services or accommodations because of the violence.

In addition, most applicants and recipients are not aware of the Domestic Violence Exclusion and those who do request it are often either discouraged from pursuing it or are improperly denied. The rules governing the Exclusion are reportedly too narrow and need to be amended to more accurately reflect what victims of domestic violence experience. The disparity may be attributed to several factors including reluctance to acknowledge being a victim of domestic violence or fear that disclosure may trigger child welfare involvement or not being aware of any benefit to reporting domestic violence victimization to IDHS.

Another cash program that TANF applicants and recipients are eligible for is Crisis Assistance. Crisis Assistance is limited cash assistance to help defray the costs of food, clothing, household furniture or supplies, and non-medical needs related to medical care. Crisis Assistance is for families who lack necessities due to a natural disaster, lost or stolen cash or property or those who are homeless or must leave their homes because of physical abuse by a person who still occupies the house.

An eligibility requirement for TANF and Medicaid is cooperation with paternity establishment and child support enforcement efforts. However, an applicant or recipient may have “good cause” for not cooperating if the child on whose behalf support is sought was conceived as a result of incest or rape, there is a possibility that the child is going to be adopted, there may be emotional harm to the applicant or recipient or her child, or there is a fear of domestic violence. Child support collection and enforcement efforts are not taken as long as “good cause” exists.

Special rules determine Food Stamp eligibility for domestic violence victims who live in shelters. Battered women who are shelter residents are considered a separate Food Stamp unit. Only the battered women’s assets, income and expenses are used to calculate eligibility and any asset held jointly by a battered woman and her abuser is exempt if the victim is only able to access the asset with the abuser’s consent.

Non citizen victims of domestic violence and their children or parents may qualify for cash assistance, including TANF, Aid to Aged, Blind and Disabled (AABD), General Assistance (GA) and/or medical assistance if they meet the following criteria:

- are a Lawful Permanent Resident (LPR) or have a pending or approved petition for status;
- are a spouse, widow, child of a U.S. citizen or a spouse or child of a LPR;

- have been abused by a U.S. citizen or LPR or by a member of that relative’s family who lived with them;
- need assistance, at least in part, due to the abuse;
- no longer live with the abuser or plan to live separately within one month after receipt of assistance.

Benefits received by abuse victims that have filed self petitions for immigrant visas cannot be considered in public charge determinations.

Many of these policies, including the Domestic Violence Exclusion and benefits for battered immigrant women are in place due to the efforts of the Sargent Shriver National Center on Poverty Law. The Women’s Law and Policy Project at the Shriver National Center published the pamphlet “Public Benefits in Illinois for Victims and Survivors of Domestic Violence”, which is available on the Shriver Center’s web site (www.povertylaw.org).

Emergency Financial Assistance

Many victims of domestic violence cannot engage their safety plans because of financial and housing considerations and are in need of emergency financial assistance. A number of domestic violence victim service agencies responding to the Assessment survey indicated having some limited resources as follows:

Metropolitan Family Services-North Center Metropolitan Family Services Calumet Center	Financial assistance programs Uses the Family Economic Development Program for budgeting and financial reporting referrals.
Metropolitan Family Services Midway	Accesses agency’s Emergency Fund for Needy People (EFNP). Midway is an EFNP partner so domestic violence clients have priority access to these limited funds.
House of the Good Shepherd	Uses Homeless Prevention Funds. Clients are assisted in applying for funds to pay for utility or outstanding rent bills.
Howard Area Community Center	Program assists with rent, utilities, locks, and costs to obtain certain documents.
Salvation Army Family Services	Offers this type of assistance within its broad mission.
Family Rescue	Uses FEMA funds to assist clients with rent and utility assistance, and funds its client assistance line item from a number of public and private sources.

Heartland Human Care Services has developed and implemented the following services and programs that focus on asset building and workforce development.

Matched Savings Program	Provides financial literacy education with an opportunity to match participant savings up to \$25.00 per month (paid quarterly). Unlike traditional IDA programs, the emphasis on this privately funded matched savings program encourages behavioral change in smaller increments and creates managed
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savings planning and asset building. The ultimate goals and usage of the savings is similar to IDA's; however the program is 6-12 months rather than 5 years. The program uses a combination of Money Smart, All My Money at HHCS' own *Making Money Work* curricula in order to focus on financial education based on the level of the participant. HHCS also engages in financial literacy education programming with the immigrant and refugee population.

3 year grant from the Eleanor Foundation

To work with women who earn between \$10,000-\$30,000 per year on self-sufficiency and stability for areas of employment, asset building, housing, and childcare. This program began in early 2007.

Transitional Jobs

The TJ program is a rapid attachment to the workforce model where participants earn real wages for a time-limited period while receiving mentoring and case management and career coaching services. Participants who complete a 60 hour job readiness course are placed into a TJ slot working up to 30 hours each week for eight to twelve weeks. One day each week is reserved for Career Development and includes interviewing, financial literacy, career preparation, and enhancing education skills/level. Once the TJ phase is completed, participants transition into unsubsidized employment. At present, the TJ program is offered for residents of CHA. HHCS has also used the transitional jobs model when working with women learning Microsoft Computer Skills as well as with refugees learning culinary arts.

Workforce Development

HHCS incorporates workforce development preparation into supportive housing programs. Participants engage in workshops focused on developing soft skills are either referred to training programs or assisted in obtaining employment.

Domestic Violence as a Barrier to Work Program

From 2000 through early 2003 the City of Chicago Mayor's Office on Domestic Violence (MODV) received funding from the Illinois Criminal Justice Information Authority for a program that addressed the issue of domestic violence as a barrier to employment. Under this grant initiative, which was focused on incorporating domestic violence services in a nontraditional setting, MODV employed 5 full time Domestic Violence Specialists (Specialists). These 40-hour trained Specialists were assigned to selected Mayor's Office of Workforce Development (MOWD) funded welfare-to-work agencies located across Chicago.

Throughout this initiative, the five Specialists provided supportive services to hundreds of victims, including referral information, individual and group counseling, crisis intervention, safety planning, legal advocacy and linkages to follow-up services. The

Specialists also assisted agency welfare to work staff with identifying victims enrolled in their programs and helped to incorporate and implement domestic violence screening questions into standard intake procedures. MODV staff also provided training on issues related to domestic violence and assisted with formally integrating domestic violence topics into job readiness curriculum.

Through the integration of an onsite domestic violence intervention and prevention service component, this grant initiative helped to successfully build the capacity of welfare-to-work programs to address how domestic violence can serve as a barrier to work with their clients. Over time, the focus of this grant project expanded to address the intersection between domestic violence and homelessness, and the Domestic Violence Specialists began to provide onsite assistance to victims at nearby Chicago Department of Human Services (CDHS) field offices.

At both the welfare-to-work agencies and the CDHS field offices, the Domestic Violence Specialists found that many of the victims they served had never spoken with anyone about their domestic violence experiences and were often unaware of the existence of victim services. Over time, it became apparent that many victims seeking job readiness services at welfare-to-work sites or housing resources at CDHS had never reached out to a domestic violence services agency and probably would have never done so if not for the intervention by the Specialists.

In the fall of 2002, MODV determined that this project would be better placed in the Chicago Department of Human Services because of the direct service nature of the work. As a result, the grant and the grant-funded staff were formally transferred to CDHS in February 2003. MODV continues to provide support to this initiative and is kept informed of relevant policy, needs or trends in service provision (see current program description in Housing Assistance in the Practical Life Resources and Advocacy section).

Specialized Job Training, Placement and Retention Efforts

Without the long term economic self sufficiency or permanent housing resources necessary to separate from their abusers, many victims remain trapped in violent relationships. Seeking to address this need, the City of Chicago has funded job training and placement services for victims of domestic violence through the Mayor's Office on Work Force Development (MOWD). As one of the four departments joined by the MODV under the CDBG supported Family Violence Initiative, the Mayor's Office on Work Force Development funds delegate agencies which provide pre-employment training, job placement, job retention services, and concurrent domestic abuse counseling and related supportive services. The goal of this program is to improve client's employability and capacity for long-term job retention. Career Advancement Network, Inc, The Cara Program, Universal Family Connection, Inc., and Southwest Women Working Together (SWWT) are currently funded under this program in 2007.

Additionally, 14 agencies responding to the assessment survey indicated they offered in-house job training services. 12 of those agencies had staff dedicated to job training. 4

programs offered resume writing, interviewing skills, job coaching, goal setting and work ethic discussions. 3 were housed in larger agencies that offer job-training programs for the general population. (There may be other programs in larger agencies that did not note job training as an internal service.)

Neopolitan Lighthouse's Economic Development and Employment Project provides assistance to victims in their shelter program to help them become economically independent.

Life Span developed an Employment Service Project with a goal of preventing violence from disrupting the participant's completion of her education, job search, job placement and job retention. A Job Developer provides employment training, career counseling, job search, interviewing skills and job placement services. Participants are selected from Life Span's existing legal and counseling clients as well as through community sources.

Heartland Human Care has Workforce Development and Investment Programs which provide comprehensive employment services including assessment, pre-employment workshops, transitional jobs, job placement and job retention services.

Apna Ghar's innovative thrift store, the NeUsed closet, is the home of its Economic Empowerment Program. The agency uses a modest facility to help women (over 90% of whom have problems finding jobs due to their legal status) with job training. Women are trained in two areas. In the SEW (Sewing Empowers Women) project participants learn sewing skills by making indo-centric merchandise. Using ornamental ethnic outfits to create pillow cases, purses and aprons empowers participants by developing a skill set while earning income. The SEW project offers a 12-week training cycle, with 3-4 cycles a year, with 3-4 women in each cycle for 4 hours a week. Apna Ghar actively markets the merchandise so participants can benefit from the sales. Past participants have been offered contracts to sew cushions for a fabric store.

In Apna Ghar's Retail Merchandising training project, participants are trained in retail skills. During an 8 week training participants learn basic employment skills in inventory management, pricing, cash register operation and related sales associate skills. 5-6 women participate in this program at a time.

In both Apna Ghar programs participants receive a stipend during the training and a certificate when they complete the program. A case manager works closely with the clients to ensure that they are provided every available resource including guidance for resume writing, interview skills, job search, job placement or self-employment through the opening of a small business. Vouchers to obtain business wear from the NeUsed Closet are available for participants.

Several other domestic violence victim agencies indicated specific referral or partnership relationships to assist clients with becoming economically self-sufficient. Those include Between Friends and Rogers Park Community Council, Enterprising Kitchen and THRIVE; Healthcare Alternatives System and Chicago Commons; SHALVA and Jewish Vocational Services; Wellspring, Family Rescue and the CARA Program.

Workforce and Workplace Efforts

There has been significant work done regarding domestic violence in the workplace. A number of corporations, including the City of Chicago, have developed workplace domestic violence strategies and victim accommodations. Key corporate partners have also served as educators and leaders in the promulgation of effort among their peers including Kraft, Allstate, Blue Cross, and Northern Trust (see Business Community in the Caring Community section for more detail).

Beyond gaining and/or keeping employment there are questions of how victims obtain and sustain economic self-sufficiency. There is a significant need for resources designed to assist victims with the multi-faceted economic challenges they face. To address this problem, the Allstate Foundation launched the Domestic Violence Program in September 2005. The Chicago Mayor's Office on Domestic Violence is serving on the Allstate Foundation's national Advisory Board for this effort.

The Domestic Violence Program focuses on providing knowledge and skills, particularly those related to financial security and economic empowerment, to support victims of domestic violence. The Allstate Foundation has developed *Moving Ahead Through Money Management*, a curriculum that includes 5 workbooks developed on 1) Financial Abuse, Relationships and Diverse Perspectives, 2) Financial Fundamentals, 3) Building a Financial Base, 4) Creating Long-Term Financial Success, and 5) Financial Strategies for Immigrant and Refugee Women. There is an accompanying Advocate Training manual with resource CD's and pamphlets.

The Allstate Foundation has also established an Education and Job Training Direct Assistance Fund. This grant program provides resources for victims to help them access educational and professional development tools such as licensing fees, books and school supplies, job skill training, tuition and registration fees, employment tools such as uniforms, temporary child care, transportation assistance and computer access. Administered by the National Network to End Domestic Violence, these grants are disbursed \$1,000 per application with the limitation that the same victim may not apply for more than two grants in a calendar year. Between June and September 2006 the fund assisted 76 victims in 22 states. Illinois was the second highest state with 12 victims accessing \$11,600 representing 16% of the national total for that period.

POINTS FOR ENGAGEMENT – FINANCIAL ASSISTANCE, JOBS AND ECONOMIC SELF-SUFFICIENCY

1. Victim focus groups or other appropriate research needs to be conducted to determine why the TANF Domestic Violence Exclusion is underutilized in order to fashion solutions which might facilitate increased notification of this option to those in need or to address any impediments created by the system.
2. The State should consider renewed caseworker training in the area of domestic violence considerations on benefits as the caseworker serves as the gatekeeper of the information not readily known among victims seeking public benefits.
3. Undocumented victims do not access public services. Alternative economic solutions for these victims need to be identified and developed within the non profit sector.
4. Greater dissemination of materials related to public benefits as well as job training, job placement and retention services of all kinds should occur.
5. Evaluation of economic self sufficiency program efforts should take place in order to target limited support to programs that are effective.
6. Outcome measures for employment related programs need to be developed with the unique issues faced by domestic violence victims in mind.
7. The specific accommodations for leave from work for some employed domestic violence victims available under VESSA should enhance the understanding of the level of need in this area. Over the long term combining the tools of employer education, business peer examples and legislative mandates, victims would experience their work place as supportive of their efforts to address their safety negating the possibility of a negative impact on their employment.

SAFETY AND CRISIS INTERVENTION

PRACTICAL LIFE RESOURCES AND ADVOCACY

Housing Assistance

Chicago is experiencing a greater demand for subsidized and affordable permanent housing and current availability does not meet the general demand. Domestic violence victims who are moving to permanent housing at the conclusion of a 120 day shelter stay or those who are able to secure an apartment immediately after fleeing the abuse situation are in need of subsidized or affordable rental rates.

The possibility of homelessness is a barrier that often forces victims to remain in unsafe environments for themselves and their children. In 2003 in Chicago, 56% of women in a small sample in homeless shelters reported they had been victims of domestic violence and 22% stated that domestic violence was the immediate cause of their homelessness. (Center for Impact Research, *Pathways to and from Homelessness: Women and Children in Chicago Shelters* 3 (January 2004). Some victims resort to homeless shelters when no domestic violence shelter is available, while for others the immediate cause of homelessness may not be the domestic violence issue.

Agencies providing counseling for victims of domestic violence who responded to the Assessment survey indicated that homelessness is becoming a more prevalent reality for their clients. One agency pointed out that homelessness and domestic violence are so intertwined at this point it is almost impossible to separate them. Other providers noted that homeless women become battered by men with whom they hope to find permanent housing during the course of a relationship. Battered women may be forced into foreclosure or live without utilities because they haven't reached the point of being eligible for assistance and/or may have no notion of where to go to seek this type of assistance.

The Services to Victims of Domestic Violence Project, an initiative of the Chicago Department of Human Services (CDHS), funded by the Illinois Criminal Justice Information Authority (ICJIA) through VOCA works to address some of these barriers. The project employs 5 domestic violence advocates to work in selected CDHS Human Service Centers, CDHS funded emergency shelter response programs and transitional shelters. These advocates provide information, referral, and basic counseling regarding options, intake assistance in the development of the specific domestic violence service plan, safety planning and plan monitoring and adjustment with specific focus on housing and related issues, individual and group counseling and advocacy with third parties as necessary, and comprehensive case management and linkage facilitation for ancillary and/or follow up services. Since the program's inception in 2003, homeless clients have benefited from faster access to "hands on" domestic violence services. In 2005, this

program served 1,726 domestic violence victims and their dependants. MODV serves as a technical advisory to this program and the staff as they encounter service barriers. One unique aspect of the services offered by these advocates is their ability to address victims' experience of domestic violence in the context of the life challenges they face. Some women who find themselves in the homeless services network may have not acknowledged the role that a history of domestic violence has played in their current circumstance.

Rental subsidies are often a vital component of maintaining permanent housing for victims of domestic violence and their children. Patterned after the Chicago Low Income Housing Trust Fund, the Statewide Rental Housing Support Program is the largest state-run rent subsidy program in the nation. This Program generates approximately \$30 million annually to help 5,500 low-income working families. 30%, or approximately \$10 million, will be allocated to assist approximately 2,000 Chicagoans; 1,000 of these recipients currently live in homeless shelters.

General Housing Assistance Programs

There are a number of general housing assistance programs that provide support to victims of domestic violence.

CDHS Rental Assistance Program

This program subsidizes one month of rent for a family or single individual that has experienced a crisis. Rental assistance is given on a one-time basis. Domestic violence is included in the definition of crisis. Up to \$900 may be contributed to complete the rental payment.

Homeless Prevention Call Center

Several individual agencies throughout Chicago provide emergency financial assistance to homeless and low-income individuals. These agencies (Catholic Charities, Heartland Alliance, The Emergency Fund for Needy People and its delegate agencies) and the Chicago Department of Human Services have joined together to create the Homeless Prevention Call Center that is staffed and operated by Catholic Charities. Funds are available to assist someone who is at risk of homelessness or may already be homeless with rent, food, clothing, furniture, utilities and other financial needs.

Low Income Housing Trust Fund

The Low Income Housing Trust Fund is administered through the Department of Housing and was created to subsidize specific rental units. Landlords can apply for the subsidy on their own or individuals may approach a landlord and propose an application for subsidy. Program guidelines state that an individual's rent may not exceed 30% of their income. Rent is set at an initial amount that may increase over time. Once approved, the subsidy remains with the individual even if the individual decides to move.

To this effect, CDHS has utilized the LIHTF and its existing relationships with landlords to link domestic violence surviving families with permanent housing and advocacy.

Families First Housing Program

Families First Housing Program provides permanent housing opportunities for families who were previously homeless and have very limited income. The Chicago Department of Housing/Chicago Low-Income Housing Trust Fund and Chicago Department of Human Services administers the rental subsidy program. The goal of the program is to increase families' self-sufficiency by providing intense case management services. Families are identified through CDHS' case management program and from shelter outreach. After an assessment has been completed and the family meets the eligibility criteria (homeless and within income guidelines) they are referred to CDHS' Social Work Supervisor for consideration. The Families First program is one affordable housing program in which families that are comprised of a large number of children are placed in apartments or homes.

Supportive Housing Program

The Supportive Housing Program (SHP) is another effort administrated co-jointly by the Chicago Department of Housing/Low-Income Housing Trust Fund and Chicago Department of Human Services. Potential clients are referred through CDHS' Case Management Program. SHP provides housing subsidies for individuals and families with special needs. Either the individual or family must be homeless or at risk of becoming homeless and a family member must have a disability in order to be eligible for this program. CHDS provides intense case management as clients move toward stability and independence.

Crisis Assistance Program

The Crisis Assistance Program is administered through local IDHS offices and is available to families that are homeless because of domestic violence and other crisis situations. The program offers emergency and ongoing cash assistance to TANF eligible individuals as well as funding for rental assistance, household items, clothing and furniture.

CDHS Home to Stay Program

CDHS, in partnership with the Continuum of Care and the Salvation Army, have developed a program to assist with a different aspect of housing for homeless families: furniture. Homeless families (including those that reside in interim and second stage shelters) qualify for furniture vouchers to any Salvation Army thrift store in Chicago. Furniture options include dinette sets, sofas, beds and dressers.

Sustaining Permanent Housing

Domestic violence victims often face issues maintaining their housing. Private landlords turn victims out of their homes because of the presence of violence. Others refuse to rent to a victim of domestic violence because of a potential danger to other tenants and/or fear of damage to property should the abuser locate the victim. Many landlords have adopted policies such as “zero tolerance for crime” that penalize victims of domestic violence. These kinds of policies punish tenants when violence occurs in their homes, regardless of whether the tenant is the victim or the perpetrator of the violence. (ACLU Women’s Rights Project)

The Safe Homes Act provides a victim of domestic or sexual violence certain rights concerning rental property. A victim is able to terminate a lease because of domestic violence. If the landlord sues to recover rent, the tenant has an affirmative defense and is not liable for rent if: (1) the tenant can show that the reason for vacating the property is due to an imminent threat of domestic or sexual violence to self or a member of the household, and (2) the tenant gives written notice to the landlord before or within three days of leaving the property. Victims also have the right to have locks changed and must provide the landlord with written notice and evidence to support a claim of imminent danger. Within 48 hours, either the landlord must change the lock or give permission to change it; if the landlord fails to comply, the tenant may go ahead and change the lock without permission.

Federal law requires public housing authorities’ leases to state that criminal activity engaged in by the tenant’s guests or those under the tenant’s control is cause for eviction. Some public housing authorities improperly rely on these provisions to evict domestic violence victims.

Landlords and public housing authorities often only learn about domestic violence when victims seek the help of police or the courts. When victims know they may face eviction when a landlord finds out about the violence, they are less likely to seek assistance and more likely to submit to the abuse (ACLU Women’s Rights Project).

In 2005 there were approximately 1,780 domestic violence related incidents reported to police on CHA property and in 2004 there were 2,549 incidents. Under the 2005 VAWA reauthorization, certain provisions now require Public Housing Authorities to consider domestic violence issues as part of their admission and termination policies.

Provisions state that a victim of domestic violence cannot be denied program admission or assistance because of that violence. Provisions also state that Housing Authorities may not terminate assistance or leases on the basis of incidents of domestic violence. Criminal activity directly relating to domestic violence that is engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim of that violence. A victim can be evicted if it can be demonstrated that there is an actual and imminent threat to tenants or property management staff.

MODV and the Shriver National Center on Poverty Law are coordinating with CHA officials to discuss the revisions needed to permit CHA compliance with the new federal VAWA provisions.

Partnerships

Assessment survey responses revealed a number of domestic violence programs engaged in active partnerships to address housing issues. The Rogers Park Community Council program works alongside the Rogers Park Community Development Corporation so that their clients have access to other housing services all under one roof. RPCC has an in house housing advocate who focuses on tenant's rights. RPCDC offers first time homebuyer counseling courses. Apna Ghar and Between Friends partner with Housing Opportunities for Women, and Southwest Women Working Together has an internal housing program.

POINTS FOR ENGAGEMENT – HOUSING ASSISTANCE

1. Active partnerships and collaborations need to be established between developers, landlords and domestic violence service providers in order to facilitate the goal of providing affordable housing for victims and their children.
2. The combination of exclusive possession of the home remedy as part of a plenary order of protection and increased use of the Safe Homes Act could permit victims and their children to remain in their homes lessening the possibility of homelessness.
3. Opportunities for building familiarity among service providers about general housing and utility assistance programs should be established.

COURT SYSTEM

EFFECTIVE & APPROPRIATE RESPONSE

Criminal Court

In Chicago criminal cases involving domestic violence are heard at the Chicago Domestic Violence Court located at 555 West Harrison Street. This new court building houses four general misdemeanor courtrooms, a misdemeanor bond court and a felony preliminary hearing courtroom (Branch 64). The Cook County State's Attorney's Office's Domestic Violence Division handles cases throughout Cook County including those cases heard in these Chicago courtrooms. To be assigned to the Domestic Violence Division, an individual must have been an attorney for at least 1-2 years and must remain in the Division for a minimum of 18 months. Many stay for up to three years.

The Chicago domestic violence criminal courtrooms, as well as a screening department, are staffed by 17 Assistant State's Attorneys. Three are assigned to each working courtroom, two to the screening department and one to the bond court/preliminary hearing courtroom. In addition, there are 2 TAC (Target Abuser Call) attorneys who operate in all five courtrooms and follow cases from onset to final disposition. A Supervisor and 2 Deputy Supervisors oversee the Division.

Also part of the prosecution team, domestic violence victim witness service specialists are available on site at the courthouse. Victim witness specialists act as liaisons between Assistant State's Attorneys and domestic violence victims. Their main role is to support victims through the court process from the time an abuse incident occurs or an abuser has been arrested through the disposition of the case and any further court actions. Specialists help victims to understand exactly what the criminal court system can and cannot accomplish. They also explain the different ways to obtain an order of protection and how to enforce them.

Victim witness specialists receive training on the dynamics of domestic violence enabling them to provide crisis intervention, counseling or shelter referrals, safety planning information and any other services needed or requested. 16 victim witness specialists are currently available in several different areas of the Domestic Violence Courthouse. There is also 1 felony victim witness specialist who works at the felony trial division located at 2650 S. California Avenue.

Intake victim witness specialists are often the first contacts victims have after meeting with Assistant State's Attorneys. Intake specialists provide immediate crisis intervention, explain the intake process, prepare emergency orders of protection, photograph injuries, offer referral information and help victims get to courtrooms.

Bond court victim witness specialists make outreach calls to every victim whose abusive spouse/family or household member has been arrested for domestic violence. They offer

assistance right after an arrest occurs by explaining the bond court process, taking photos and escorting victims to courtrooms where cases are heard. They also introduce victims to the courtroom victim witness specialist who will be following their cases through to the disposition. They assist victims who are coming for felony preliminary hearings by preparing Plenary Order of Protections, taking necessary photos and providing additional assistance as needed.

Some cases may get continued numerous times so courtroom victim witness specialists develop close relationships with victims. Their main role is to ensure that victims fully understand what is happening in the courtroom and the limitations of Assistant State's Attorneys. They also prepare Interim/Plenary/Extension/Modification order of protection forms and provide ongoing crisis intervention counseling and referrals.

The felony victim witness specialist, located at the felony trial division at 26th & California, may follow cases for several months and sometimes even years. This specialist meets with victims after felony preliminary hearings, helps to prepare victim impact statements and explains how those statements can be used in court proceedings.

Specialized victim witnesses support specific populations. The role of the GLBT (gay/lesbian/bisexual/trans-gendered) specialist is to address specific concerns and issues that occur and to bridge any gaps between victims and Assistant State's Attorneys. A victim witness specialist assists Polish speaking domestic violence victims and provides language interpretation. The criminal sexual abuse victim witness specialist helps victims who have been sexually assaulted by either strangers or intimate partners. This specialist has been trained in both the dynamics of domestic abuse and sexual assault.

Just after a crime has occurred and an arrest has been made, 4 domestic violence/sexual assault felony review Assistant State's Attorneys are available to facilitate the felony review process. These assistants are specially trained to meet the needs, sensitivities and concerns of victims. Since victims may need support, shelter and/or counseling, the felony review assistant alerts a predetermined advocacy agency (presently Family Rescue and Heartland) to have someone reach out to a victim within 24 hours of a case being reviewed.

There currently are 3 trial assistants who handle many of the felony domestic violence cases. The 2nd and 3rd chairs carry a caseload of between 30-40 cases and handle all domestic related felonies except for murders (which are handled by the 1st chair that carries approximately 20-25 murder cases a year.) All cases are vertically prosecuted -- an assistant follows a case from just after a preliminary hearing through its completion in whatever courtroom it may be assigned at 26th & California Avenue.

Criminal Cases

Generally speaking, more than 80% of the criminal domestic violence cases in the court system are initiated through an arrest. If a defendant is charged with a misdemeanor domestic battery or violation of an order of protection, that defendant must appear in misdemeanor domestic violence bond court (Branch 64) to have bond set by a judge.

When a case is charged as a felony involving a domestic relationship, it goes to the felony preliminary hearing courtroom (Branch 64). This courtroom has been operational since October 2005 where, on average, 10-20 hearings are conducted per month. Victims are present, testify at the hearing and are able, if they choose, to petition the court for an order of protection. Orders of protection are prepared by the victim witness staff assigned to the courtroom and are easily obtained at the hearing stage by asking two additional questions. A 2-year plenary order of protection is then granted and follows the criminal case to 26th and California. Cases are referred to Branch 64 from central bond court where a felony case/defendant goes to have a bond set. The preliminary hearing usually takes place within 7-10 days of arrest.

A victim who comes to court seeking assistance where no arrest was made is interviewed by an Assistant State's Attorney in order to ensure that there is a domestic relationship and basis for a criminal charge. Through this interview screening process, a determination of whether the victim wants to proceed with a criminal charge or obtain a civil order of protection is made. Assistant State's Attorneys will also involve/refer to domestic violence advocates for the benefit of the victim. If charges are approved, the case is sent to a courtroom where emergency orders of protection are requested in conjunction with the filing of the criminal charges. The State's Attorney will either ask for a warrant or a summons to be issued (a warrant is sought in the majority of cases).

Screening Process

The screening process used in cases where no arrest was made has been streamlined with the initiation of the automated order of protection system. By taking data and transforming it into live documents such as charging forms, orders of protection, warrants and summons, the time that victims spend in the courthouse waiting for all these documents to be handwritten has been reduced. Additionally, documents can be automatically transmitted to courtrooms. Between 80-90% of the cases that are approved through screening utilize the automated order of protection system. (See Legal Protection Access to Emergency Orders of Protection section for greater detail on the screening process.)

Bond Court

Similar to the procedure used in central bond court at the main criminal court, a defendant appears in domestic violence bond court via a video screen with audio capabilities. This system increases security while reducing the time necessary to handle

bond cases. The state determines whether a civil order of protection exists and if it has been served. If the civil order needs to be served, the case is transferred to the appropriate criminal courtroom for service of the order of protection. This is then documented and the information shared via an affidavit with the civil courtrooms. Where appropriate, the state attempts to coordinate court appearances between criminal and civil courts. The State may even initiate an order of protection in conjunction with the criminal case and request the civil order of protection be terminated.

Target Abuser Call Program

The TAC (Target Abuser Call) Program is a multi-disciplinary team approach to targeting and prosecuting high-risk misdemeanor domestic violence cases. TAC promotes victim cooperation, victim safety and offender accountability. Specifically, the program works to develop additional evidence to enhance specialized prosecution, offer individualized support, advocacy and civil legal services to victims and proactively supervise offenders after a case is disposed. Since its inception in 1997, the TAC Program has become a national model in the fight against domestic violence.

Currently, the TAC model includes two prosecutors, four specially-trained State's Attorney's TAC investigators, two victim witness specialists, two Jane Addams Hull House Associate Domestic Violence Court Advocacy Program advocates, a Life Span civil attorney, a court social service department liaison and an administrative assistant.

- TAC prosecutors screen all criminal domestic violence cases, determine those deemed to be at higher risk, and personally handle those cases from inception through disposition.
- TAC investigators take advantage of the subpoena serving process to connect with victims immediately after the initiation of a case, assess their safety, distribute information and ease their apprehension about appearing in court.
- TAC victim specialists work directly with victims to answer questions, explain the legal process and provide court-based information and support. The victim specialist is an important liaison between the victim and the TAC prosecutor and works to increase the likelihood of a victim's ongoing cooperation.
- Hull House advocates provide crisis counseling, offer emotional support and work to identify victim service needs such as shelter and housing. Advocates attend court with victims and maintain follow-up contact once a case has been disposed.
- The Life Span civil attorney, experienced in family law, provides victims with information, support and representation in civil legal proceedings such as child custody and support.
- A social service liaison, working from the Chief Judge's Social Service Department, communicates with case managers working with TAC defendants sentenced to conditional discharge or supervision to help identify sentencing violations. This liaison also informs victims of sentencing updates so they can take appropriate steps to keep safe.
- An administrative assistant provides clerical support, helps coordinate and schedule victim services and maintains case information.

Cases are accepted into the TAC Program on the basis of a high-risk lethality assessment conducted by TAC prosecutors. Each case is evaluated and weighed with consideration given to both the victim and the defendant. Key factors include a history of repeat abuse by the offender and the particular circumstances of the presenting case. Factors considered include: 1) prior history of abuse evidenced by convictions, dismissals, arrests and unreported history; 2) injury to the victim; 3) use of a weapon and/or threats to use a weapon; and 4) domestic violence accompanied by threats to kill, to inflict bodily harm, to take the children or to harm the victim's family.

The TAC program provides an effective response to high-risk misdemeanor domestic violence cases through a targeted, multi-agency approach that works to engage victims early in the legal process. By offering "wrap-around" service through a cohesive set of professionals, TAC victims are provided with strong support and guidance through the legal system. This support increases victim cooperation and ultimately victim safety while promoting the vigorous prosecution of domestic violence offenders.

Training

In-house training for Assistant State's Attorneys takes place on a regular basis. Monthly training meetings are held to address specific training topics and other meetings are held as needed to address courtroom issues and trial techniques and preparation. Relationships between State's Attorneys and advocates have strengthened due to the on-site presence of both at the Domestic Violence Court.

Developments and Trends

The number of violations of orders of protection (VOOPS) arrests reported by the police is low relative to the number of orders granted. Close examination of this issue needs to take place in order to ensure that the police and the criminal justice system are not creating barriers resulting in possibly unintended consequences for victims experiencing violations of orders of protection.

The number of stalking charges is also extremely low. Behaviors which constitute stalking are proven high risk case factors. Many of the actions that represent stalking also constitute VOOP and may be overlooked as the indicators of high risk or lethality that they represent.

The number of cases entering into the criminal court is decreasing. This decrease may relate to the prior experiences of victims using the criminal court, the number of convictions and current sentencing. It is not clear when judges use incarceration or therapeutic approaches in sentencing. It would be worthwhile to review the standard responses and the case factors that lead to those sentencing and conviction responses. This is not an easy issue and presents one of the largest challenges faced by criminal domestic violence court today.

COURT SYSTEM

EFFECTIVE & APPROPRIATE RESPONSE

Civil Court

The Domestic Relations Division of the Circuit Court of Cook County hears matters concerning dissolution of marriage, legal separation, invalidity of marriage, civil orders of protection, child support, child custody and visitation, parentage, and enforcement and modification of previously entered judgments in these matters. The Domestic Relations Division is composed of a Presiding Judge who is located in the Richard J. Daley Center and 4 teams of 5 judges who hear pre-trial, contested and default cases, and post-decree motions, as well as 8 individual calendar judges who handle cases from pre-trial through trial. A separate team of judges determine parentage and establish, enforce, and modify child support orders. In addition, there is a separate calendar for independent orders of protection, a calendar for pre-trial conferences, and two calendars for expedited hearings. On average, 45 judges sit in the Domestic Relations Division.

A victim of domestic violence who is seeking to end or limit a legal relationship with a spouse or the parent of their children can appear before any Domestic Relations judge. Key issues for victims in domestic relations courtrooms generally involve orders of protection, child custody, visitation and support, and financial and property issues. Parentage issues can arise when a victim, particularly one receiving public benefits, has never been married to the children's parent and is seeking child support.

Independent civil orders of protection are heard at the two domestic relations division courtrooms in the Domestic Violence Court at 555 W. Harrison (see Safe and Accessible Court Building and Access to Emergency Orders of Protection in the Legal Protection section for more detail). Generally, victims appearing at these courtrooms should not have other domestic relations actions pending against their abusers. A victim with divorce or other pending domestic relations proceedings must seek an order of protection before the judge handling their divorce. If an independent order of protection is sought first and a dissolution proceeding is filed during the pendency of that case by either party, domestic violence civil court judges will generally continue the orders of protection and transfer cases to divorce judges for further ruling.

Visitation and Custody

A divorce (dissolution of marriage) can take a few months or a few years, depending on the issues, the judge, the parties and the lawyers. Disputes over child custody and visitation can be lengthy and expensive. Domestic violence abusers can and do get custody of their children; exposure to domestic violence is but one factor to be weighed by a judge when making custody determinations. Under the Illinois Marriage and Dissolution of Marriage Act (IMDMA), custody is determined according to what is in the best interest of a child. Factors to be considered in reaching custody decisions include the wishes of the child and the parents; the child's interaction and relationship with parents,

siblings and others; the child's adjustment to home, school and community; the mental and physical health of all concerned; physical violence or threats of violence; the occurrence of ongoing abuse as defined by the Illinois Domestic Violence Act (IDVA); and the willingness and ability of a parent to facilitate and encourage a close relationship with the other parent. The conduct of a parent which does not affect the child is not to be considered and the maximum involvement of both parents is presumed, in many cases, to be in the best interest of the child.

Under the IMDMA, non custodial parents have the right to "reasonable" visitation. Reasonable can be anything the parents agree to, but is generally every other weekend overnight and one night during the week. Vacations are generally shared. As children get older, their schedules impact visitation. If visitation is found to seriously endanger the child's physical, mental, moral, or emotional health, it may be limited but is almost never denied. Limitations might include such things as no overnight visits, no drinking or use of drugs and no unrelated members of the opposite sex present during visits, supervised visitation or exchanges. Unless the court has limited visitation, a victim of domestic violence must encourage the child to visit. If the victim discourages or influences a child to not want to visit, a judge may interpret that behavior as a failure to encourage a relationship with the other parent and custody could be lost. Reluctant children must visit; non-custodial parents can skip visits and not be held accountable.

Local court rules require that parents who are each seeking custody of their children must attend mediation which is provided by a mediation center connected with the court. In cases of serious violence, a victim may ask the judge to opt out of the mediation process. In cases where a victim would not be in danger by being in the same building with the abuser, the court will order mediators to assess whether mediation is appropriate. Mediators have been trained to recognize domestic violence and have implemented strategies to keep victims safe while conducting mediation (usually by keeping abuser and victim separate). The mediator may be the first authority figure that has told the abuser his conduct is wrong and will not be tolerated. The mediator may also refer the abuser to a state approved abusers' counseling program. Many times, mediators will assess a relationship and refer it back to the court as not appropriate for mediation because domestic violence exists. This provides a judge with important input from an independent expert.

Judges may appoint various "evaluators" to investigate cases, issue reports and testify at trials. Judges can require home studies of either or both parent's residences. The Department of Supportive Services, which is an agency of the court, performs this investigation and issues reports and recommendations. The judge can appoint a custody evaluator, often a mental health professional, who makes custody recommendations. For families whose income does not exceed \$50,000, the judge can appoint Forensic Clinical Services to evaluate the family without charge.

Judges can also appoint guardian ad litem (GALs) to represent children and their best interests only. The GAL often makes a recommendation as to custody.

Non-custodial parents must pay child support and supply health insurance. The amount of child support is governed by statute as 20% of net income for one child; 25% for two children; and 32% for three. Child support will be deducted from a paycheck by an employer and transferred to the custodial parent (unless the abuser is self-employed).

Once a final order has been entered, custody cannot be changed for 2 years unless a child's environment seriously endangers physical, mental, moral or emotional health. The standard of proof is higher than in a normal hearing if the custody order is less than 2 years old.

A victim who wants to relocate outside Illinois with a child must ask the court's permission with a request for removal. It can be difficult for a victim to obtain this permission. The victim must prove that the move is in the child's best interest. Factors that have convinced judges include better jobs or new spouses. Judges must be assured that a visiting parent will still be able to exercise visitation.

It is possible to seek custody under the IDVA (Illinois Domestic Violence Act) as a part of an order of protection that will remain in affect for the duration of that order (usually two years). Since the purpose of the IDVA is to protect victims of abuse, there is no intent to involve the abuser in the family and it can be argued that awarding physical care or temporary legal custody to the abuser would not be in the minor child's best interest. (Unlike the IMDMA, which clearly has the purpose of promoting amicable settlements of family disputes and securing the maximum involvement and cooperation of both parents regarding the children). A victim may seek physical care and possession of a child in an order of protection to protect the child from abuse, neglect or unwarranted separation from the primary caregiver. There is a rebuttable presumption that awarding physical care or temporary legal custody to an abuser would not be in the minor child's best interest. (The IMDMA does not contain this presumption.)

Visitation can also be addressed in an order of protection and the court can restrict visitation if the respondent has or is likely to abuse or endanger the child, use visitation to harass the petitioner, improperly conceal or detain the child or otherwise act contrary to the child's best interest. An order of protection can give a victim the ability to deny visits if the abuser is abusing substances or acting in a violent or abusive manner.

Generally, Chicago judges who enter orders which restrict visitation create measures for safe exchanges of children at visitation time. These restrictions may include exchanges at curb side (no contact between parties) or at public places like churches, restaurants or police stations. In some cases judges order the exchanges to occur at the Safe Haven Supervised Visitation and Exchange Centers (see Parental Protective Custody in Safety and Crisis Intervention section for more details). Judges also order supervised visitation in some domestic violence cases. Supervision can be provided by an agreed upon third party (family or friend), a professional or therapeutic supervisor or at a Safe Haven Supervised Visitation Center.

Victim Safety and Security

In the area of financial support, maintenance (alimony) is difficult to obtain under most circumstances. The best case for permanent maintenance is a long term marriage where the victim has never worked and the abuser has plenty of resources. Courts may give maintenance for a short time in order to allow a spouse to complete education or training. Maintenance can be withheld from an abuser's paycheck by an employer and sent directly to a victim.

For victims achieving safety through separation from their abusers, navigating these legal issues and standards is very difficult particularly when the parties share children in common. Domestic violence informed legal representation services remain very limited (see Legal Services in Legal Protection section for more detail). Judges indicate that pro se litigants appearing before them seeking relief to address their safety and the best interests of their children often lack the necessary information and/or skill to gain the remedies they so desperately require.

Some judges report that the level of danger alleged by domestic violence victims influence custody and visitation decisions. Allegations which lack independent proof such as a conviction or prior order of protection are sometimes viewed skeptically. Some judges report that allegations which lack criminal convictions warrant special consideration because there are many reasons why an abuser would not be convicted which are unrelated to the credibility of the allegation. Judges express concern over the varying degrees and frequency of abuse alleged in dissolution cases. The abuse can be ongoing, episodic or a single incident. The question of degree clearly factors into the judges' decisions related to orders for custody and visitation. Providing evidence regarding the effects of abuse could help judges understand why abusers are able to exercise such control over victims. Evidence which explains the power of emotional abuse can also explain why a small number of physical incidents are not dispositive of the dangerousness of an abuser's current behavior or a predictor of how safe the victim and her children will be in the future. The level of danger affects exchanges, communication, sole versus joint custody and access to the children.

POINTS FOR ENGAGEMENT – CRIMINAL AND CIVIL COURTS

1. Data indicates that the number of victims seeking relief from criminal domestic violence courts is decreasing. Examination of possible barriers that may contribute to this diminished number should occur. If overall use of the courts is truly lower than in prior years or if more victims are seeking relief in civil courts than criminally prosecuting their abusers, then a reevaluation of resource distribution should be completed. The evaluation would not be limited to court-related services and should include a close examination of distribution of the non-profit legal advocacy and legal service resources.
2. Screening processes at the domestic violence court need to be reviewed to determine if the services offered are adequate and supportive from the victim's perspective.

3. Methods/processes for seeking upgrade for potential felony cases should be accessible for advocates as well as those who work within the prosecution and law enforcement system.
4. Examination should be made to verify the number of criminal cases and the circumstances where the Assistant State's Attorney is not requesting or the judge is not granting orders of protection.
5. Stalking prosecutions and Violations of Order of Protection (VOOP) cases need to be evaluated to determine appropriate charging by prosecutors and law enforcement. Causes effecting low reporting of VOOPs should also be evaluated.
6. Judges with specific knowledge of or affinities for domestic violence cases should be assigned to the domestic violence courts. The judges should reflect the population and receive specialized and repeated training throughout their assignments.
7. The Court needs more interpreters for common languages spoken in the community such as Spanish, Polish, and Korean. Access to interpreters in less common languages must be improved. Court based language interpreters need to be trained and monitored.
8. Better written information needs to be developed for victims after they obtain an emergency order of protection. Information should explain the benefit and process for obtaining the plenary order, how service by publication works, enforcement of an order, supervised visitation procedures, and available resources to help them. Victims also need to be educated about possible stalking behaviors as a risk factor and how to report this behavior should it occur. One possible method would be to run a video in the screening area at the domestic violence court which explains the difference between criminal and civil court.
9. Uniform standards must be developed for custody evaluations. Custody evaluators must be trained so that they understand and are informed about domestic violence and its effect on the issues which comprise a custody recommendation.
10. Training and other incentives need to be developed to increase the pool of resources for domestic violence informed custody evaluators and attorneys for children.
11. Increased training for domestic violence victim services on issues of custody and visitation needs to occur to ensure that victims are provided with the most current information and reasonable strategies. Helping victims to understand the standards being applied so that they have reasonable expectations, is key to their emotional well being and to the well being of their children.
12. Judges and prosecutors should receive training that includes consideration and respect for a victim's individual circumstances and assessment of the level of danger posed by the abuser.

RESPONSE TO ABUSER

ABUSER SERVICES, SANCTIONS AND ACCOUNTABILITY

Arrest

As the data reported previously within this Assessment indicates arrest is a tool used to respond to domestic violence abusers. The route for many abuser service treatment responses is through arrest, criminal prosecution and conviction.

Services/Treatment

In 2005 the City of Chicago's Domestic Violence Help Line received calls from 263 (1.5%) people identifying themselves as the abusive partner and 159 third party callers on behalf of the abuser (1%).

Abuser services are often mandated by a court as part of an order of protection or a sentence upon criminal conviction. There are perpetrators who do seek services voluntarily however the vast majority of the abusers who are abuser services clients are mandated for services.

Circuit Court Social Service Department Abuser Service Programs

The Social Service Department of the Circuit Court's Domestic Violence Program provides specialized supervision and group intervention to persons found guilty of violent behavior against an intimate partner. Offenders ordered to the program are supervised by specially trained domestic violence staff. These sworn court services personnel provide probationary supervision and requisite abuser treatment to domestic violence offenders. By integrating the authority and sanctions of the court with state-of-the-art abuser treatment intervention in a court-based setting, the Department believes it can hold abusers accountable, attend to victim safety, maximize the impact of treatment and react swiftly and effectively if the intervention is not working.

The Domestic Violence Program has been awarded compliance status with the standards for abuser treatment as set forth in the Illinois Protocol for Domestic Abuse Batterers Programs. The inclusion of a specialized approach that focuses on ending violence and placing the safety and rights of victims at highest priority is required in order to receive compliance.

Additionally, the Social Service Department's Family Violence Program provides specialized supervision to offenders found guilty by the court of violent behavior against a family member and who have been placed on reporting supervision or sentenced to

reporting conditional discharge. Any charge is eligible for this program when the complaining witness is a family member as defined in the Illinois Domestic Violence Act, including when those charges involve child abuse, child endangerment, child neglect, incest, sibling abuse and elder abuse.

Primary goals of the Family Violence Program are to promote abuser accountability in the commission of violent acts and increase the safety of victims. Case officers develop individualized interventions requiring intensive reporting, and incorporating referrals to and collaboration with community agencies and service providers for such things as substance abuse or mental health treatment. Frequent arrest checks allow case officers to respond promptly to any subsequent offense. Case officers also contact victims for assessment and intervention through community-based resources.

Recognizing that violence is a learned behavior supported by societal influences and inequities in power, the Family Violence Program implements a cognitive-behavioral intervention model in the form of group intervention of 30 hours over 15 weeks. The group, co-facilitated by two Family Violence Program caseworkers, allows for the recognition of alternative behavioral responses to situations and the acquisition of skills that promote healthy/nonviolent interactions. Offenders are required to actively participate in groups and to complete weekly homework assignments designed to promote the integration of course materials.

Completing an abuser intervention program reduced the odds of being re-arrested for domestic violence by 63% according to a February 2005 study of 31 community and court-housed programs for convicted male abusers. (Bennett, Stoops, Call, & Flett, 2007) This study examined a sample of 899 offenders that came exclusively from the Circuit Court Social Service Department.

In fiscal year 2005 the Social Service Department received 3,081 domestic violence referrals.

Circuit Court Probation Department's Domestic Violence Intervention Program

The Adult Probation Department's Domestic Violence Intervention Program (DVIP) addresses the risks and issues associated with domestic violence offenders. Probationers are required to report with greater frequency, attend batterers' counseling, undergo drug testing and, if necessary, attend substance abuse treatment. The unit was developed in 1997 with technical assistance from the Cook County Social Service Department.

DVIP's supervision and treatment strategies are designed to ensure offender accountability and victim safety. The program is guided by principles outlined in the Illinois Protocol for Partner Abuse Intervention Programs. Examples of these principles include the following:

- abuse can never be condoned under any circumstances;
- violence is a learned behavior and alternatives to violence can be taught;

- violence is a choice and offenders are culpable for poor decisions and abusive conduct;
- offenders must be made aware of the emotional, social and economic costs of their behavior;
- social and cultural beliefs can support and therefore perpetuate abuse.

Probation officers in the DVIP are trained in domestic violence issues and work with reduced caseloads of about 60 probationers. Feedback from those who have evaluated or work with this program indicates that training is minimal and most officers seek reassignment or transfer shortly after assignment to these duties. At one point DVIP, in cooperation with the Social Service Department, offered batterer intervention services in house, but these services are no longer offered. DVIP has contracts with 5 community service agencies in order to access batterer intervention services for probationers: Avance, La Familia Unida, Universal Family Connections, West Side Domestic Abuse Program and Pro-Health Advocates. In addition it refers to other Batterer Intervention Program agencies it does not have contracts with. One DVIP victim advocate provides services for victims whose partners are probationers.

To participate in this program, probationers must be sentenced to a minimum of 12 months probation for an offense related to domestic violence. In addition to standard probation conditions, all DVIP probationers must:

- report with greater frequency than other probationers;
- complete a treatment readiness program;
- attend weekly group counseling for a minimum of 16 weeks;
- undergo a substance abuse assessment and if deemed appropriate, attend treatment; and
- submit to random drug testing.

In fiscal year 2005, the Adult Probation Department received 723 domestic violence referrals. Assessment feedback indicated that most of the abusers in this program violate probation and return to jail. Those abusers who are sentenced to probation are likely those with prior convictions or those with unrelated criminal background.

Community Based Abuser Services

15 agencies indicated on the Assessment survey that they provide abusers' services.

9 are Chicago agencies:

Albany Park Community Council
Avance
Healthcare Alternatives Systems
La Familia Unida

Polish American Association
Salvation Army Family Services
Today's Single Parent
Universal Family Connection
West Side Domestic Abuse Project.

7 are suburban agencies:

Center for South Suburbia
Elgin Community Crisis Center
Partners for Non-Violence

Sarah's Inn
South Suburban Family Shelter
Zabin and Associates, P.C. Pillars

The services provided by these agencies include both group and individual abuser's intervention services. Two Chicago agencies (Healthcare Alternatives System and La Familia Unida) provide only group service. Pillars and Zabin and Associates in the suburbs offer both group and individual. All the other suburban programs offer only group services.

Generally agencies reported that the abuser/client must acknowledge the use of abuse against an intimate partner and must acknowledge some willingness to examine beliefs and behavior with a goal of stopping the abusive behavior.

Most of the agencies indicated that they would accept voluntary as well as court mandated abusers as clients. La Familia Unida, Polish American Association and Universal Family Connections noted restricting services to court referred abusers. Although all the providers indicated no specific geographic restrictions, they tend to provide services to abusers residing in the area near their offices. Healthcare Alternatives Systems, La Familiar Unida, Avance, Salvation Army Family Services and West Side Domestic Abuse Project all offer services in Spanish and English. Polish American Association offers services in Polish. (Appendix M reflects all the abuser services included in the City of Chicago Domestic Violence Help Line database as of 2005.)

La Familia Unida noted that it offers a group for female abusers. Universal Family Connections also provides services to female abusers. West Side Domestic Abuse Project conducts a group for gay, lesbian and bisexual abusers.

Avance, Salvation Army Family Services, Universal Family Connections and the West Side Domestic Abuse Project offers services for minors who are abusers. It should be noted, however, that the survey results regarding this question seemed to indicate that minors were all 18 to 21 years old who were abusing their parent(s).

Although most of the providers reported a relationship with the courts, 5 city agencies (Health Care Alternative, La Familia Unida, Avance, Universal Family Connections and Westside Domestic Abuse Project) said they submit monthly or regular reports to the court regarding compliance and progress with abuser treatment.

Many of the agencies indicated that they conducted client assessments including gathering information regarding the history of their violence and their willingness to acknowledge the violence and enter into a contract which states program rules of participation. Screening for substance abuse and agreement to participate in treatment programs was also a reoccurring part of these agencies services description.

All 9 Chicago agencies employ staff to provide abuser intervention services including 15 full time and 36 part time employees. Suburban programs each have one full time employee with the exception of one agency which has two for a total of 7 full time employees and an additional 37 part time employees providing abuser intervention services in the suburbs. 3 Chicago agencies use a total of 5 volunteers who generally co-facilitate groups with paid employees. Sarah's Inn reflects the only use of volunteers among the six suburban agencies.

Chicago agencies estimated providing 929 hours of individual abuser services to 879 people and 15,565 hours of group abuser services to 1,103 people in 2005. Suburban agencies estimated providing 1,122 hours of individual abuser services to 308 people and 24,385 hours of group abuser services to 1,146 people.

Agencies completing the Assessment survey indicated an increased need for bilingual (Spanish, English) groups and services for offenders in same-sex relationships, those who are referred by DCFS and services for abusers who have been arrested for family violence rather than intimate partner violence (i.e. a teen hitting his mother). Several agencies noted that they are seeing more single parents. Providers stated that abusers come to them with an increasingly urgent constellation of needs including health care, employment, housing, mental health/substance abuse treatment and parenting education. Some providers expressed the need for a more collaborative approach for abuser services that would enable better referrals to agencies that offer a range of services.

Agencies expressed a need for better understanding and improved relationships with the Social Service Department of the Circuit Court of Cook County. Some expressed the sentiment that the Department should trust abuser treatment programs' recommendations about client's interventions more decisively.

All programs receiving referrals from the Social Service Department must complete monthly indicators of behavioral change by individuals in the program. Criteria are based on Program Completion Criteria developed by the Abuser Service Committee of the Cook County Family Violence Coordinating Council. The committee used the Discharge Criteria created by Gondolf (1995) as a guide in the development of these criteria which was adopted by the Social Service Department as a standard tool required by all programs). Staff rate program participants on participation, egalitarian attitudes, accepting responsibility, knowledge, skills, meeting program requirements and use of respectful language.

It was suggested that parenting should be a mandatory component of any abuse services so abusers gain a more profound understanding of the long-term effects exposure to abuse has on children. Numerous providers indicated that services be provided in a culturally competent manner. Although research has indicated that providing culturally competent services may not reduce violence, abusers who have a high level of cultural identification may remain in a program longer.

Community residents frequently tell MODV that methods for helping abusers stay on track after completing formal services are needed. Members of many neighborhoods across Chicago have expressed the idea that the informal sanctions and support of community for those who are addressing their use of violence should be more apparent and accessible. The first challenge is to get abusers ordered into interventions and their completion of programs. Currently, interventions offer very little in the way of case management, engagement, or motivational enhancements to keep offenders in the program. Sarah's Inn offers a unique service; a 3 month after care program for abusers who have completed a 26-week curriculum.

Government funding is very restricted for formal abuser intervention services. Of the city agencies providing abuser services, only 3 identified IDHS as a source of funding. One Chicago agency indicated use of CDBG funds but did not indicate receiving IDHS funds. Three suburban agencies indicated IDHS funds were used to support abuser services. There are no VOCA, VAWA or Attorney General funds currently attributed to abuser services. In fact, VOCA and VAWA funds restrict against funding abuser services. A number of programs indicated that there was a fee or a sliding fee scale for services.

Community Awareness and Sanctions

General public awareness of the nature and extent of domestic violence and its impact on the entire community has taken hold. As ownership of this issue extends beyond the criminal justice and social service networks to include community networks, there is less tolerance for abusers and more attention on creating initiatives to support persons who are accounting for and addressing their use of violence and abuse against an intimate partner on a voluntary or follow up to mandated treatment basis.

Teen Perpetrators

In 2004, the Illinois Teen Dating Violence and Sexual Assault Prevention Stakeholders group hosted a number of discussions regarding best practice models for addressing teen perpetrators. Stakeholders grappled with all of the difficult issues presented by potential models. Included in the discussion was a review of restorative justice models and possible application to this group of perpetrators. To date, no clear answers have been found (see Legal Advocacy section for more detail).

POINTS FOR ENGAGEMENT – ABUSER SERVICES/TREATMENT

1. Ongoing research and evaluation needs to be conducted on the efficacy of abuser interventions. This requires access to data and cooperation of the Probation Department. Analysis of arrest data from LEADS and Probation Department data would illustrate strengths, gaps and areas in need of improvement.
2. Building and embedding ongoing support for those who have successfully completed interventions is an important concern for community members. Community residents have repeatedly indicated a need for abusers who wish to seek services voluntarily or are working to remain non-violent after completing a mandated intervention. Lacking a full analysis of the successes and weaknesses of mandated programs, it is difficult to ensure that supportive services or earlier voluntary interventions will fully address the needs and issues of those who have been violent as well as the victims of that violence including children who have been exposed.

3. Faith leaders have expressed a need to develop some degree of competency in addressing the spiritual and/or counseling needs of abusers within their faith community. The informal sanction of community support for change among those who have used violence is a pivotal part of ensuring that abusers cease their abusive behaviors.
4. The cases in which abusers re-offend when sentenced to probation with a condition of treatment requires further examination in order to determine any key common factors which might need to be addressed in the treatment.
5. New models of intervention for teen perpetrators require better science, youth input and multidisciplinary discussion and review. Any pilots require outcome measures and fully funded evaluations.
6. Gender-responsive models for female perpetrators require further examination and evaluation.

RESPONSE TO ABUSER

SANCTIONS AND ACCOUNTABILITY

Fathering Issues

National attention is increasingly focused on the concept of “fathering after violence”. Fathers who have been abusive to their partners need help to strengthen their relationships with their children in a way that holds them accountable for their abusive behavior. Many mothers who have suffered abuse want their children to have safer and healthier relationships with their fathers and some men seem to be able to develop empathy towards their children more easily than towards their partners.

Research indicates that generally positive involvement by a father figure can be very beneficial to children’s development. Giving domestic violence abusers opportunities to be accountable for their violence in a manner that promotes their children’s healing may be an essential component to ending violence against women and children.

Fathers who use violence often have legal and illegal contact with their children. In some cases contact could be transformed into a positive and healing experience. It should be noted that any work in this arena must be continually informed and guided by the experiences of battered mothers and their children. Abusive men often undermine their partners’ parenting and use children as tools of control. Some offenders will view parenting education as a means to continue to control their partners and gain custody of their children. Fathers who have used violence need close observation to prevent further violence, abduction and to mitigate abuse tactics and unintended harm. Some men choose to change their abusive behavior and heal their relationships; others continue to choose violence.

As with domestic violence victim services, it is essential that “fathering after violence” services be developed in a cultural context. Service coordination with providers of domestic violence services is also essential in order to ensure that the safety of a victim and her children is not compromised. As much of this work would take place post separation/crisis period, longer term counseling and support services will need to be offered for victims and their children.

POINTS FOR ENGAGEMENT – FATHERING ISSUES

1. Further study and dialogue needs to take place to address the issues of abusers who are parents with the acknowledgement that most fathers will continue to have contact with their children. This dialogue requires the full participation of a multi-disciplinary work group.
2. Local providers will need to consider if and how a “fathering after violence” program might be integrated into the continuum of domestic violence services including supervised visitation and supervised exchange services.

FOLLOW-UP SERVICES

COUNSELING AND SYSTEM PROTOCOLS

Significant improvements in addressing the safety and emergency needs of victims including expanded and enhanced law enforcement and court system responses have occurred. There has been a resulting impact on the domestic violence homicide rate. There is a notable lack of follow up services that fully restore and address the needs of those directly impacted by domestic violence. There are a few notable follow up services. However the protocols for linkage to these services remain generally tied to an emergency incident.

Incident Driven Follow Up

Family Rescue's Domestic Violence Reduction Unit (DVRU) is housed at the 3rd District Police Station. A Site Coordinator, 2 legal advocates and 4 interns travel between the DVRU and the new Domestic Violence Courthouse. A third legal advocate does aggressive follow-up with victims referred by the Police Department. This is the only domestic violence agency with on-site offices in a police station. Staff conducts aggressive outreach follow up services to victims of domestic violence who ordinarily would not utilize the courts to address their issues. Cases are referred to the DVRU criminal unit in several ways. Officers responding to the 911 call for service may bring a victim into the Unit, may call the Unit from the scene for assistance, or complete specially designed Unit referral cards. The DVLO or the District Commander reviews all police reports and refer high risk cases or repeat households to the Unit. Victims who walk into the station are immediately referred to the Unit. Area 1 and 2 Detective Divisions refer cases and work closely with the DVRU.

Rogers Park Community Council's Victim Advocacy Support Program (VASP) also has a direct referral relationship with the Chicago Police Department and provides criminal court advocacy and crisis intervention counseling to victims of domestic violence in Chicago's 24th and 20th police districts. Every time an officer responds to a domestic violence situation a referral card is completed. Within 48 hours, VASP contacts the victim, provides information regarding the Illinois Domestic Violence Act (IDVA) and offers services and referrals. In a twelve month period ending June 30, 2005, 1,434 individuals were referred to VASP by the police. VASP was successful at making contact with 955 of the referred cases. The program assisted in obtaining 197 orders of protection and with replacing the locks of 12 homes.

With the passage of the new 2007 law requiring judges to conduct lethality assessments when determining bond in all cases involving certain violent offenses against family or household members including domestic battery, violations of orders of protection and stalking, there may be an opportunity to enhance follow up services on these high risk cases. Although Chicago has seen a dramatic decrease in domestic-related homicides since 1994, approximately 80% of the 2006 domestic homicides in Chicago reflect situations where there were no prior police reports. Fatality Review Teams around the

country have informed many jurisdictions regarding gaps or missed opportunities for follow up or outreach to victims who were killed. Chicago lacks such a multi-system review team. Measures essential to the success of such a team review, including issues of confidentiality of the review process, are not in place presently. Essential to the success of this effort in Chicago is local control of the findings.

POINTS FOR ENGAGEMENT – INCIDENT DRIVEN FOLLOW-UP

1. Best practice follow up models which account for community concerns and cultural considerations need to be developed. Care needs to be taken in the implementation of possible follow up models so as not to exacerbate the violence.
2. Models that rely solely on police referral for follow up outreach to victims at highest risk will not resolve the problem. Ways of reaching out to those victims who have not sought assistance must be created and unique community defined models need to be explored.
3. If local control, key participation and operational measures were established legislatively, a fatality review would be beneficial in helping to define the essential parameters and practices of follow up to victims who did not seek outside intervention or where outside intervention was not sufficient or inadequate.

TRAININGS IN ALL SYSTEMS

In-Service and Cross System Training

Training efforts have improved greatly and must continue to develop in order to ensure continued advancement in the overall response to domestic violence by all systems in Chicago.

Chicago Metropolitan Battered Women's Network Centralized Training Institute

The Centralized Training Institute (CTI) provides essential, state-of-the-art training for domestic violence advocates and allied professionals throughout Chicagoland. As its training and education program, the CTI plays a key role in fulfilling the long term mission and strategies of the Chicago Battered Women's Network. The CTI trains domestic violence service providers and allied professionals from across Chicagoland who, with support and educational services, provide services to tens of thousands of battered women and their children.

The CTI staff and expert speakers work toward increasing the knowledge and skills of participants so that they are better able to serve families experiencing domestic violence. The CTI has three parts:

- Domestic Violence 40-Hour Training (basic 40-hour training for new domestic violence workers)
- Advanced and Specialized Training (improves knowledge of domestic violence workers on vital issues)
- Allied Professional Training (customized domestic violence trainings for staff of organizations - including health care, legal system and substance abuse professionals, youth workers, police, social workers and therapists - that frequently encounter domestic violence survivors, their children, and perpetrators)

In FY 2005 CTI conducted 37 trainings for a total of 1,250 individuals (1,242 completed the trainings.) 2 trainings were offered in Spanish. A training manual designed and edited by CTI, which is the only one of its kind in the Midwest region, accompanies the Spanish Domestic Violence 40-Hour training.

The Illinois Certified Domestic Violence Professionals, Inc.

The Illinois Certified Domestic Violence Professionals, Inc. (ICDVP) was established to foster uniformity in domestic violence services throughout the State of Illinois and to create a recognized profession of Certified Domestic Violence Professional (CDVP) by setting standards and regulating the process of certification. To become certified one must complete a 40-hour domestic violence training through an ICDVP approved training site; complete 150 hours of direct service, or supervision of direct service, through an ICDVP approved supervision site; and pass the certification test that is offered twice a year, held both in Springfield and in the Chicago area. Certification is applicable for 2 years, at which time the applicant must renew the certification. The Certified Domestic

Violence Professional must complete 30 continuing education hours within the two-year period in order to renew certification. The ICDVP certification test is currently not mandated.

Other Domestic Violence Provider Training

13 Chicago domestic violence victims service agencies indicated in the Assessment survey being certified domestic violence training sites, 10 reported providing training to people outside their agencies. For example, Rainbow House Beverly Morgan Park's Domestic Violence Prevention and Education Program (DVEP) engages adult professionals and community members in educational programs tailored to the specific needs of the attendees. The Part of the Solution Program teaches community members how to prevent, recognize, and respond to domestic violence. Making a Difference and Effects on Children presentations are designed for health care, teaching, law enforcement and social service professionals who work with women and children. Rainbow House offers 40 hour training for domestic violence professionals and volunteers and provides information and resources at local health fairs.

The JCARES coalition (Jewish Community Abuse Resources, Education, and Solutions) offers training for community professionals and lay leaders serving Chicagoland's Jewish community. The JCARES Domestic Abuse Training and Networking Initiative was informed by both Jewish Women International's 2004 Needs Assessment on Domestic Abuse in the Chicagoland Jewish Community and a special Survey of Needs that was completed by staff of five major Chicagoland Jewish agencies (Jewish Children's Bureau, Jewish Family and Community Service, Jewish Vocational Service, Response Center, Council for Jewish Elderly). All input gathered confirmed that agency professionals were interested in professional development workshops to strengthen their skills so that they were able to most effectively respond to clients experiencing abuse. The survey also verified that staff would value the opportunity to network and dialogue with colleagues from different agencies.

The JCARES Training Initiative was designed to expand levels of skill, understanding, knowledge, sensitivity, comfort and confidence and first presented in 2006. The Training was initially presented in 2006 with support from a Jewish Federation of Metropolitan Chicago Priority Grant and the Fel-Pro Mecklenburger Supporting Fund. Additionally, JCARES presented a 2 hour pilot training for Chicagoland synagogues leadership. Based on the success of the 2006 training, input from training participants, and renewal of funding support, the Training and Networking Initiative was expanded and repeated in 2007.

Elder Abuse Criminal Justice Training Program

The City of Chicago Department on Aging, in partnership with the Chicago Police Department, Cook County State's Attorney's Office and Heartland Human Care Services recently received funding from the Office of Violence Against Women for an Elder Abuse Criminal Justice Training Program. Beginning in 2007 this project will educate law enforcement officers, prosecutors and judges on identifying, prosecuting and

punishing the crime of elder abuse. The Program seeks to improve agency coordination and criminal justice system response to elder abuse cases in Chicago.

The Program entails the development of a multidisciplinary team consisting of a law enforcement officer, prosecutor, domestic violence agency representative and aging network representative. This team will provide intensive training to Chicago Police Officers specializing in Senior Services and Domestic Violence. The remaining 13,500 sworn officers will receive training through bulletins, streaming videos and District roll calls. Assistant Cook County State's Attorneys who work with elder abuse cases will also receive relevant training. The Cook County Circuit Court will invite two judges to attend the National Judicial Institute on Elder Abuse to provide them with additional resources to help them adjudicate cases.

Deaf and Hearing Impaired Training

Chicago Hearing Society, a division of Anixter Center, has two staff fully funded by the federal Office on Violence Against Women, who train hearing providers solely on culturally appropriate accessibility for deaf/hard of hearing victims should they appear at their door. The training is conducted on site, using print and power point presentations and role plays.

Chicago Law Enforcement Training

The Chicago Police Department conducts a variety of training components on the topic of domestic violence. Pre-service training is offered to Captains, Watch Commanders, Lieutenants, Sergeants, Detectives, Field Training Officers, Office of Professional Standards and Internal Affairs Division and other in-service groups at the Education and Training Division. Partnered with the Education and Training Division, the Chicago Police Department (CPD) Domestic Violence Unit developed a computer-based comprehensive domestic violence training.

The CPD Domestic Violence Program also conducts on-going monthly specialized training with the Domestic Violence Liaison Officers and, when appropriate, the Elderly Senior Officers. Some topics addressed in this specialized training include stalking, parental child abduction, infant homicide reduction, immigration issues and evidence based prosecution.

The CPD developed Officer, Detective and Supervisor Responsibilities Cards which lists officer/supervisor responsibilities under the IDVA and the Department General Orders, the role of the Domestic Violence Liaison Office (DVLO), felony upgrades and effective case reporting. (See Immediate Police Response for more details.)

Other

It should be noted that there are training efforts related to the court system, child exposure issues, child visitation, business and faith communities and others highlighted throughout this Assessment report. MODV is a notable source for much of the free training noted in this report.

POINTS FOR ENGAGEMENT – IN-SERVICE AND CROSS SYSTEM TRAINING

1. Support needs to be maintained for the existing training programs with added opportunities for more advanced training and consultation services.
2. Free training for those within the community who want to get involved in addressing domestic violence that does not include establishing a confidential relationship with victims and their children needs to be readily accessible. Current sources of training tend to focus on those who are employed to provide direct services and require a greater time commitment than may be necessary for volunteer community residents.

PREVENTION AND EDUCATION

Public Awareness and Education Campaigns

MODV conducts extensive public awareness activities that are summarized in the Caring Community/Community Residents section of this Assessment report, and include advertising the City of Chicago Domestic Violence Help Line in newspapers, movie theaters, grocery stores, and radio and television stations.

35 Chicago agencies indicated in the Assessment survey that they conduct public awareness activities. 20 have dedicated staff providing community-based education and awareness activity. 8 of the suburban agencies conduct public awareness activities with 6 using dedicated staff.

Elder Abuse Public Awareness and Education Campaign in Ethnic Communities

The Chicago Department on Aging in partnership with the Coalition for Limited Speaking Elderly (CLESE) has received funding from the U.S. Department of Justice, Office for Victims of Crime, to launch an elder abuse public awareness and education campaign for non-English speaking communities. This program will enhance underserved persons' knowledge of and access to elder abuse victim services. The program will target Chicago's five largest immigrant populations and provide educational materials in Chinese, Korean, Polish, Russian and Spanish. The initiative will partner with key agencies in each community to distribute culturally sensitive material that enhances victim identification and access to community services. Public Service Announcements, newspaper articles and community events will also shed light on the crime of elder abuse.

Parenting Focused Prevention

The Chicago Department of Public Health funds prevention focused work as part of the CDBG Family Violence Initiative. Southeast Asia Center through CDBG Family Violence Initiative funding provides cross cultural parenting workshops and client services for immigrant and refugee parents, at risk teenagers and mothers housed in Apna Ghar's domestic violence shelter. The Southeast Asia Center works with parents and grandparents through preschool, school age and family learning center programs at social service agencies. Teenagers are in year-around work assistance programs. Workshops are designed to meet the specific needs of each group so that violence can be reduced and children and youth can experience successful lives. A coordinator spends 70% of his time on the program.

Albany Park Community Council conducts violence prevention through parent education services. Others funded to conduct similar programs under the CDBG Family Violence Initiative include Taproots, Inc; Chicago Youth Programs, Inc. at Children's Memorial Hospital; Heartland Human Care Services; St. Pius V. Parish; Asian Human Services; and South Side Help Center.

Domestic Violence Agency School Based Education

Of the 47 Chicago agencies responding to the Assessment survey questions related to Domestic Violence School Based Education, 23 provide school based education and prevention. 18 of those 23 agencies have staff dedicated to school based education and prevention. 7 suburban agencies offer school based education and prevention services and 5 have dedicated staff.

- Between Friends is a member of the Chicago Communities in Schools Network through its innovative R.E.A.C.H. (Relationship Education: A Choice for Hope) Teen Dating Violence Prevention Program. There are 4 full time educators and a full time manager who have delivered workshops and weekly groups to more than 50,000 middle and high school students since its inception in 1995. The Illinois Violence Prevention Authority funds R.E.A.C.H. to provide technical assistance and training to staff from other youth serving organizations.
- Metropolitan Family Services Midway provides school-based teen dating violence prevention programs to 2-3 local schools per year. These 10 session programs target 7th and 8th grade students. The agency also provides skill-building programs to younger students at local schools. These include anti-bullying programs, friendship groups, coping with loss groups, and conflict resolution. The program has one male and one female co-facilitator (.50 FTE per person) providing Teen Dating Violence Prevention. Additional staff is assigned to provide other school-based programs as needed and capacity allows.
- Metropolitan Family Services Calumet offers workshops and presentations about domestic violence and teen dating violence. Counselors also provide community education services.
- Jane Addams Hull House Association North staff provides prevention/education services to area schools through their Youth Project. The agency employs three full time staff who are dedicated to this Project.
- SHALVA conducts educational sessions at Jewish day and high schools. The outreach director and education specialist conduct programs on bullying/teasing, safe dating practices, and healthy relationships.
- Rainbow House Beverly Morgan Park's Domestic Violence Prevention and Education Program (DVEP) runs interactive workshops that teach youth how to develop supportive relationships, recognize the warning signs of dating violence and seek help if they are abused. Rainbow House's commitment to violence prevention programs for pre adolescent girls is unique. Healthy Relationships Take Time (HRTT) is a multi-session program for 4th, 5th, and 6th grade girls in the Chicago Public Schools (Other organizations offer similar programs, but they are targeted to students in the 7th grade or higher). No Excuse for Abuse is a presentation for adolescents offered in public and private schools and other locations as requested. Funded by the Illinois Department of Human Services, the Teen Educator meets once each week with teen mothers at Teen Parenting Services Central (TPS). The Teen Educator also meets regularly with male and female teen runaways at the Night Ministry to discuss issues related to domestic violence and healthy relationships.
- Wellspring hosts a mentoring program for male/female 6th-8th graders.

- Neopolitan Lighthouse collaborates with Chicago Communities in Schools to provide an anti-bullying curriculum for five elementary schools.
- Chicago Abused Women Coalition conducts trainings in elementary schools, high schools and after school programs.
- Heartland Human Care Services provides education for parents and youth at area schools on a quarterly basis. The services include basic information on the dynamics of domestic violence, remedies available to victims of violence, and tools for assisting a friend/family member who is experiencing domestic violence. Staff rotates these duties depending on current case loads, language needs, and availability.

Best Practices for School-Based Teen Dating Violence (TDV) Prevention Programming

The Teen Dating Violence (TDV) Evaluation Project was a collaboration between the Illinois Department of Human Services, participating teen dating violence prevention educators in Illinois, and University of Illinois Chicago (UIC). The goal of the project was to improve the effectiveness of TDV prevention programming in Illinois. The 3 primary objectives of this project were to:

- develop a common set of outcome measures that could be used to assess the effectiveness of TDV prevention programs,
- identify the best programs in the state for improving the attitudes, knowledge, and behavioral intentions of male and female students, urban, suburban, and rural students, and Caucasian, African American, and Hispanic students,
- identify the content and characteristics of prevention programs that are most associated with success.

Educators from 10 TDV prevention programs, including Between Friends, Jane Addams Hull House Association Domestic Violence Program-North, Metropolitan Family Services, and Family Rescue assisted in the development of the outcome measures for this project. The educators developed a list of potential outcomes of their interventions and developed questions that could be used to measure areas of targeted change.

During the 2002-2003 school year, 16 teen dating violence prevention agencies from across Illinois administered the questionnaires pre and post intervention to over 2,000 student participants. Prevention educators from Chicago who participated in the evaluation included Between Friends, Rainbow House, Jane Addams Hull House Association Domestic Violence Program-North, Metropolitan Family Services, Sarah's Inn, Family Rescue, and the Community Crisis Center. Three agencies submitted data from multiple programs, resulting in data from 19 different prevention programs. Together, these specific programs serve over 10,000 students each year. During the 2002-2003 school year, over 100 students confidentially disclosed abusive relationships to the prevention educators as a result of these prevention programs.

Review of Programs

Although all programs targeted teen dating violence, two of the programs also targeted sexual assault prevention. The average curricula spanned 6 sessions, while programs ranged from 1 to 14 sessions. The length of sessions ranged from 35 minutes to two hours, with an average length of 55 minutes. Most programs (94%) were designed for intact, mixed-gender classrooms, although one program was presented to males and females separately, and one was designed for females only. The grade-level most frequently targeted was high school (74%), followed by middle school (58%), and 5th & 6th grades (11%). The average audience size was 28 participants, with a range of 12 to 58 students. The large majority of programs were delivered to audiences ranging in size from 25 to 30. 10 of the programs provided programming to urban schools, 4 to suburban schools, and 4 to rural schools. One program provided programming to both suburban and rural schools.

Half of the presentations were provided by female educators, while the other half were provided by male-female educator teams. The average presenter was 27 years old and had 1.4 years of TDV prevention education experience.

The type of information conveyed in these programs was rated on a scale of 0 (did not cover this topic) to 3 (this topic was a primary focus of the program). Discussing healthy relationships was most common (average rating 2.68) followed closely by information about the warning signs of an abusive relationship (2.58), how to help a friend who is involved in an abusive relationship (2.37), local resources (2.32), gender roles (2.21), what to do if you are victimized (2.11), and myths and facts about TDV (2.05). Other topics that were covered frequently included respect/self-esteem (1.95), empathy (1.89), definitions related to TDV (1.68) and communication skills (1.68).

All of the programs included large group discussions and handouts. 84% included lectures, 74% videos, 68% role-plays, 63% small group discussions, and 47% included quizzes. Formats used less frequently included games (42%), anonymous question box (26%), homework (21%), artwork (16%) and drama (5%).

Data Analysis

Analysis of the data was performed to identify the content and characteristics of programs that are most associated with success. Below are some of the key findings that predict improvement on the outcome measures among student participants.

Characteristics of Prevention Programs Associated with Successful Outcomes

- More sessions are better than fewer
- Shorter sessions are better than longer sessions (especially for male students)
- A male/female team of prevention educators produces the overall best results for both male and female students

Content of Prevention Programs Associated with Successful Outcomes

- Addressing healthy relationship skills
- Discussing warning signs of an abusive relationships
- Presenting statistics related to TDV
- Discussing the role of alcohol and drugs in TDV (for female, but not male students)

Content of Prevention Programs Inversely Related to Successful Outcomes

- Discussing definitions related to TDV
- Discussing gender roles
- Discussing self-defense strategies (especially for males)
- Using the ‘real men’ contract (especially for females)

Format of Prevention Programs Associated with Success

- Small-group discussions
- Role-plays
- Drama (especially for high risk students)
- Homework assignments

Format of Prevention Programs Inversely Related to Success

- Videos
- Anonymous question box
- Games
- Artwork
- Quizzes

Illinois Violence Prevention Authority (IVPA) Youth-Led Mini Grant Program/Teen Dating Violence Programs

IVPA advocates for youth involvement in community violence prevention decision-making processes. The Illinois Violence Prevention Authority’s Youth-Led Mini-Grants Program offers an opportunity for youth around the state to identify needs and create projects to address and prevent youth violence. The program funds efforts that serve youth from pre-K through 12th grade in 7 different regions of the state. From conception and grant writing to implementation, youth take the lead in the development of these efforts. Youth between the ages of 10 and 21 who are involved in the program work in collaboration with schools or community agencies that provide services to youth. It is central to the program’s design that projects demonstrate equal, respectful and creative partnerships among youth and adult partners. In the past, funded groups have focused on issues such as bullying in schools, suicide, hate crimes, drug and alcohol abuse and teen dating violence. Some recent grantees include:

- Sister's In Unity, a program of Family Matters, is creating a multimedia performance piece that shows a day in a girl's life and the types of violence she experiences, a documentary about people who have been hurt by violence and a workshop that teaches violence prevention strategies and ways to cope with violence after it has happened.
- Another Chicago program involves youth from the New Birth Training Institute who are implementing the Generation Next Project, "Love Don't Hurt." This is a two day violence prevention event aimed at elementary and high school students in the Austin community. This program aims to eliminate violence before it occurs by teaching non-violent conflict resolution strategies.
- In Rogers Park, the Young Women's Action Team is creating a documentary about how young men can be allies in ending violence against women. To accompany this video, the team is creating a discussion guide and developing a workshop for young men and women to discuss issues of sexism and domestic violence. They also are documenting what they have learned and their findings so that others can better understand the causes of violence and help prevent violence in their own communities.
- Santa Maria Addolorata Youth create programs focused on domestic violence in the community. They hold retreats and workshops for teens and parents to focus on the S.P.I.C.E. of domestic abuse (Social, Physical, Intellectual, Cultural, and Emotional aspects).

Illinois Department of Human Services (IDHS)
Teen Domestic Violence/Sexual Assault Prevention Stakeholders Group

The IDHS Teen Stakeholder group worked for several years addressing teen related issues. The group researched and provided guidance regarding the processes by which prevention specialists are able to obtain access to educational institutions. They distributed a matrix of critical components of a comprehensive Teen Dating Violence program.

Additionally, the group revised the Teen Dating Violence policy produced for Chicago Public Schools (CPS) by the Mayor's Office on Domestic Violence so that other educational districts throughout the state could adapt it. School-based procedures were also developed to ensure full implementation of the recommended policy. Building upon prior efforts, this group researched and developed a briefing paper regarding teens who are victims of intimate partner violence and their ability to access orders of protection in civil and criminal court.

Chicago Public Schools (CPS)

In 1998, the Mayor's Office on Domestic Violence engaged in efforts, along with several key partners within CPS, to develop and gain approval for a CPS policy on domestic violence, orders of protection and teen dating violence issues. This policy went into effect in 1999. Following the adoption of the policy by the Board of Education, MODV conducted extensive training efforts with principals, school social workers and others (See Appendix N).

During 2007, MODV will again take leadership to advance a revised policy and accompanying school procedures. Opportunities to educate principals, administrators, nurses, social workers and counselors regarding changes and additions will be identified and implemented by MODV and partnering domestic violence agencies.

Many teen victims of dating violence experience serious barriers in school. Recently passed state legislation known as the Ensuring Success in School Act (ESSA) promotes successful school completion among children and youth who are parents, expectant parents or survivors of domestic or sexual violence by first, creating the ESSA Task Force to develop policies, procedures, and protocols to be implemented by school districts. The ESSA Task Force will afford a critical opportunity to collect data, narratives, and model policies and determine the policies, procedures and protocols to be implemented in Illinois elementary and secondary schools. The ESSA also requires bi-yearly in-service training for teachers and other school personnel on the needs of students who are expectant or parenting youth, or victims of domestic or sexual violence.

As ESSA becomes law, CPS policy and practice issues will need to be examined and revised as well.

Chicago Police Department Teen Dating Violence Prevention Project

The Nielsen Company has funded a one-year pilot project to support the Chicago Police Department in addressing dating violence in Chicago area high schools. In May 2007 over 80 Chicago Police Department personnel were trained on the dynamics of teen dating violence and how to plan prevention programming. In the fall, five selected Chicago high schools will be forming teen dating violence subcommittees whose main mission is to address teen dating violence prevention in their school through education and outreach. These teen dating violence subcommittees will be patterned after the adult district domestic violence subcommittees (see Caring Community section for more details). The teen subcommittee members will receive training on a variety of topics from domestic violence to event planning and will be responsible for coordinating several activities throughout the school year. In addition to the work being done at the five pilot high schools, District Domestic Violence Liaison Officers will conduct teen dating violence prevention workshops at local high schools and print materials will be made available citywide.

POINTS FOR ENGAGEMENT – PUBLIC AWARENESS AND EDUCATION CAMPAIGNS

1. Prevention activities need to work hand in hand with intervention services in order to address the need for increased capacity to respond to those who disclose as victims as a result of prevention efforts.
2. Earmarked funding should be established for school based domestic violence prevention work to support the best practice model evaluated as successful by the Teen Dating Violence Evaluation Project.
3. Routine public awareness and education campaigns that include promotion of the Domestic Violence Help Line should be funded to ensure consistent and repetitive public exposure.
4. Youth involvement in creating and executing prevention programming is vital to success.
5. Prevention activities targeted to men in order to ensure male involvement in the community response to domestic violence should be increased.
6. Chicago Public Schools need to update their domestic violence and teen dating violence policy and practice. Training with essential school personnel must follow in a timely fashion.
7. Chicago Public Schools will need to ensure full implementation of ESSA.

EVALUATION, ACCOUNTABILITY AND MONITORING

Chicago Mayor's Office on Domestic Violence

The City of Chicago Domestic Violence Help Line receives approximately 20,000 calls per year. VIRAs (call takers) collect information about each of those calls and enter information into an Access database. The Coordinator of Research and Evaluation at MODV is responsible for data analysis. The Coordinator converts all data from Access to SPSS data files. Prior to 2006, the Access data consisted of 7 tables with 65 raw variables. The Coordinator codes (creates values and labels of the data) these 65 raw variables into 111 analyzable variables. Each variable is examined separately and in combination with other variables for any inconsistencies in the data, looking for irregularities and patterns of inconsistencies. The Coordinator then identifies appropriate methods for repairing the data. Often, that involves working with the Help Line Director to identify solutions to ensure quality data entry which may include modifying the Access programming or specific VIRA training issues.

From the variety of issues that were identified from the coding and cleaning described above, the Coordinator and Help Line Director worked to develop a new database program that improves previous data collection and new elements that were not previously collected have been added. This new Access database consists of 9 tables of 113 raw variables. The program for coding these raw variables into analyzable variables has recently been written by the Coordinator.

Based on the needs of MODV and the domestic violence community, the Coordinator produces a variety of Help Line data reports and presentations. The *Chicago Zip Code Area Profiles: Victim Callers* report is based on the calls received by the Help Line over the previous year. This report details the characteristics of victim callers to the Help Line in every zip code area of Chicago. The report is available on the MODV website and is mailed to more than two hundred individuals and agencies each year in the spring. This report is well received by the community and has been extensively used in grant applications and service location decisions.

The Coordinator also produces an annual one-page summary (*Highlights*) of the total overall Help Line calls. This document is also widely distributed and is commonly used in presentations made by the Help Line Director as well as MODV. During 2005, a summer research intern, under the supervision of the Coordinator, wrote two additional reports on the topics of health care and suburban callers.

In 2003, the Coordinator, in collaboration with Loyola University Chicago's Center for Urban Research and Learning, secured a \$250,000 research grant from the National Institute of Justice to evaluate the City of Chicago Domestic Violence Help Line. The

findings are summarized in the Crisis Line section of this Assessment and the full report is available on the MODV website.

The Coordinator has also made presentations to a variety of college classes including criminology, media, women and culture, and gender classes. Presentations have been made to other research groups such as UIC's Violence Center.

Finally, the Coordinator provides advice and consultation on internal project evaluation and technological support for MODV. The Coordinator has developed training evaluation instruments, which are administered by MODV staff at meetings and analyzed by the Coordinator.

The Coordinator position within MODV is essential to the analysis of Help Line and other data which informs MODV and its partners of victim service needs and trends.

Chicago Police Department Domestic Violence Analyst

The Chicago Police Department has a grant-funded analyst assigned exclusively to domestic violence statistical preparation and analyses as well as program and policy review and development. This analyst prepares data for internal review as the Department continuously seeks methods to reduce all types of crime. External requests for domestic violence data are responded to as well. Publicly reported domestic violence data and a quarterly summary report that was first issued in the second quarter of 2004 are published in the CPD annual report and appear on the Department's website. Also available on the website are two special reports, one on domestic violence crimes among elderly victims and the other detailing domestic violence murders and child abuse murders. Continuous analyses of calls for service, crime, and arrest data are necessary for data integrity, to discover crime patterns, and to provide direction for initiatives including identifying households at risk and publicizing crime victimization patterns.

The position of a dedicated domestic violence analyst is important to achieving the mission of the Chicago Police Department. The position requires skill in recognizing data patterns that are not expected and to question the data until prudently certain that it is accurate. The analyst primarily works with numbers derived from categorical fields listed in standardized calls, crimes, and arrests reports as opposed to anecdotal information to which a social worker or academic researcher may have access. Because domestic violence victimization has many unique phenomena vis-à-vis other crimes such as robbery or criminal sexual assault, the ability to maximize the value of numerical information provided by police reports is a critical component of both how the police respond to domestic violence and to reducing domestic violence crimes.

InfoNet

The Illinois Criminal Justice Information Authority (ICJIA) designs, develops, and supports a web based data collection system for victim service providers known as

InfoNet. In an effort to encourage and efficiently coordinate data collection by domestic violence and sexual assault service providers, ICJIA worked closely with Illinois' Coalitions Against Domestic Violence and Sexual Assault to develop this automated data collection and reporting tool. The project has grown to include partnerships with the Children's Advocacy Centers of Illinois and the Illinois Department of Human Services. As of January 2007, 124 agencies use InfoNet as their primary data collection and reporting system from nearly 200 sites across Illinois.

The development of InfoNet has included the use of recent technologies. InfoNet is comprised of a central database maintained at ICJIA. Remote users access the database using a web browser. Data is transmitted between remote users and the database via a virtual private network that utilizes data encryption to securely transfer information.

Since Illinois implemented InfoNet more than nine years ago, the system has become recognized as a national model for the collection and maintenance of victim service data. Local service providers enter individual level data about clients served, services provided and clients' interactions with medical and court systems. The use of advanced technology for data collection and analysis has enhanced the quality of service provided to crime victims by giving service providers improved ability to manage caseloads, report to funders, identify trends, target limited resources, and support planning and program development. The standardization of data collection and reporting has improved the availability and quality of victim service data in Illinois, thereby improving the capacity for planning and decision making at statewide and regional levels. Finally, the project has demonstrated the effectiveness of collaboration particularly between state agencies. The implementation of a single data collection system for victim service providers has eliminated redundant data entry into multiple systems, thus enhancing agency efficiencies.

University Based Research Resources

The University of Illinois at Chicago's (UIC) Interdisciplinary Center for Research on Violence (ICRV) was organized in 2005 to better understand and address the problems that violence creates for individuals, families, and communities. This Center is an outgrowth of the ongoing program on violence against women research at UIC, which evaluated direct services to victims of domestic violence and sexual assault in Illinois, school based sexual assault and teen dating violence prevention programs in Illinois, Metropolitan Family Services STAR project and others. In 2000, *Evaluating Services for Survivors of Domestic Violence and Sexual Assault* (Sage Press, 2002) was published. The ICRV explores violence from an ecological perspective, focusing on systems responses and community factors relevant to the maintenance and prevention of violence. The ICRV is interdisciplinary and includes faculty from criminal justice, social work, psychology, public health, occupational therapy, African-American studies, gender studies and medicine.

The Loyola University Chicago Center on Urban Research and Learning (CURL) focuses on university-community collaborative research projects. CURL is guided by a mission that places strong emphasis on research that addresses community needs and involves the

community at all levels. Much of that research has focused on evaluation and policy research including work on domestic violence.

CURL worked with two domestic violence organization in its U.S. Department of Education funded Participatory Evaluation Research and Training project in 2001: Friends of Battered Women (now Between Friends) and Apna Ghar. The first project assisted Friends of Battered Women with conducting an internal evaluation of its violence prevention curriculum in Chicago area schools. The Apna Ghar project evaluated a job training program for Apna Ghar immigrant clients (this employment program was a joint project between Apna Ghar and The Enterprising Kitchen) and also examined the barriers faced by these clients as they negotiated between training, family work, and issues related to their immigration status and abuse. This led to a subsequent two year project (funded by the Sarah Lee Foundation) which Apna Ghar completed in 2005 that examined the issues of immigrant women and domestic violence. Staff from 50 organizations in the United States and Canada that work with South Asian victims of domestic violence were interviewed. Additionally, CURL has just completed (2006) a two year National Institute of Justice funded evaluation of the City of Chicago Domestic Violence Help Line in collaboration with the Mayor Office of Domestic Violence. CURL is currently in the process of developing three new projects on domestic violence with community partners.

The Domestic Violence and Sexual Assault Accountability Project of the Schiller DuCanto & Fleck Family Law Center at DePaul College of Law tracks the effectiveness of the legal system's (including law enforcement) response to battered women and victims of sexual assault in Cook County. The project monitors the system's response through data collection and analysis, and, in certain circumstances, conducts file review to obtain information about the number of battered and sexually assaulted individuals seeking help from the system, the response of the system, and the results for these individuals. Although the project periodically produces public reports, many of its efforts are privately shared with judges and other system officials. The project works collaboratively with MODV and its DVACC, sharing information and seeking technical assistance, where appropriate, so that information from the project can be immediately available and used in strategic planning and advocacy efforts.

POINTS FOR ENGAGEMENT – EVALUATION, ACCOUNTABILITY AND MONITORING

1. Research and evaluation efforts by MODV and CPD must receive continued support as those efforts are pivotal in informing ongoing discussions related to victim needs and domestic violence service issues.
2. The Info Net system would benefit from a timely review by its current users on possible enhancements.
3. Funding for research and evaluation conducted by universities and others needs to increase in order to inform both current and future development of the response to domestic violence.

POLICY, SYSTEM, SERVICE **COORDINATION AND LEGISLATIVE** **ADVOCACY**

Chicago Mayor's Office on Domestic Violence

The Mayor's Office on Domestic Violence (MODV) is a part of city government working out of the Office of the Mayor. MODV is charged with overseeing an intensive effort to build Chicago's capacity to more effectively respond and intervene in cases of domestic violence.

MODV formulates policies and programs, monitors the citywide delivery of services, and works with diverse communities to increase awareness. MODV engages community leaders, victim service agencies, health care providers, city agencies, and representatives from the criminal justice system to respond comprehensively and create solutions that are critical to preventing domestic violence in Chicago.

Chicago is developing an innovative organizational structure for the coordination of comprehensive domestic violence services between city departments, community service providers, prosecutors, and the police department. The Domestic Violence Advocacy Coordinating Council (DVACC) that was convened by Mayor Richard M. Daley in 1997 provides guidance for this effort. Because MODV uses the broadest definition of "community response", community outreach, engagement, and mobilization of community or neighborhood residents have become key parts of Chicago's development of this coordinated comprehensive community response.

The City of Chicago Domestic Violence Help Line is housed at MODV and is currently operated in collaboration with the Chicago Metropolitan Battered Women's Network. MODV is responsible for general oversight of the Help Line and for the dissemination of findings related to the data collected by the Help Line. MODV promotes the Domestic Violence Help Line and builds general awareness regarding domestic violence as a community concern through a series of public awareness campaign activities.

MODV's work is generally project based and varies over time. Many aspects of MODV's project based work are reflected throughout this Assessment. Some current and past projects include:

- Receiving a multi-year federal grant from the U.S. Office of Violence Against Women to enhance and expand supervised visitation and exchange services to victims of domestic violence in Chicago. As a national demonstration site, MODV partnered with Apna Ghar, Mujeres Latinas en Accion and the Branch Family Institute to implement the Safe Havens Supervised Visitation Center Program. MODV conducted both national and the local evaluations to identify best practice strategies in the delivery of supervised visitation and safe exchange

services to diverse populations. MODV hosted a day-long training for domestic relations judges on issues of custody and visitation in domestic violence cases and released an audit document related to accounting for culture in the delivery of child visitation services.

- Advocating for full service to victims at the dedicated domestic violence court building and facilitating the development of a pro bono project for the court.
- Engaging in efforts to enhance the service network for children who have been exposed to domestic violence including the development of best practice models and advocacy for earmarked funding.
- Promoting the approval of a revised Chicago Public School policy and school based procedures. Working with CPS to examine policy level and coordination issues for Chicago while implementing a teen dating violence school based campaign.
- Discussing Chicago Housing Authority policy regarding their response to residents who are victims of domestic violence.
- Examining the issues faced by both emergency and transitional shelter and housing services.
- Working with the Allstate Foundation on an economic self-sufficiency project for victims of domestic violence.
- Convening an interfaith leadership advisory committee for the purpose of identifying, developing and implementing a citywide spiritually based response to domestic violence.
- Implementing the recommendations of the Intersystem Assessment on Prostitution in Chicago, which examines the intersection of prostitution and sexual and domestic violence.
- Coordinating the CDBG Family Violence Initiative grant review process.
- Guiding discussion and effort to address the priorities for actions that are revealed in this Assessment report.

Chicago Metropolitan Battered Women's Network (CMBWN)

The Chicago Metropolitan Battered Women's Network (Network) is the only formal city coalition of domestic violence service providers and allied professionals in the country. The Network was founded in 1980 by a small group of women from agencies that provided services to domestic violence survivors for the initial purpose of exchanging information about local resources. Over the past two decades, the Network has grown into a coalition of more than 100 providers, including organizations, individuals and representatives from government affiliates serving domestic violence victims throughout Cook County.

The Network is a membership organization and members plan and participate in all activities. They also collaborate with other organizations to provide training and co-sponsor conferences and events several times each year. A diverse Board of Trustees made up of representatives from the domestic violence community and concerned members from the community-at-large governs the Network.

The Network speaks as the public voice of its member programs to promote and enhance reporting on the issue of domestic violence by local media and other national communications outlets.

The *Network News*, the membership newsletter, is distributed quarterly to over 300 individuals and organizations, including member organizations, allied groups and associated individuals. The website (www.info@batteredwomensnetwork.org) is a tool for real time communication with the domestic violence service community, Network members, funding organizations, the media, the public and victims of domestic violence.

The Network has successfully negotiated with the Chief Judge of the Circuit Court of Illinois to play a central role in helping to identify, communicate and coordinate the future role of domestic violence advocates at the centralized Domestic Violence Court. This involves an ongoing, multi-year commitment toward collaborative training with member court advocates and court personnel.

There are currently 168 members registered with the Network, a 13% increase in membership over the prior year. Quarterly membership meetings are opportunities to create policy and advocacy positions, vote on policy agendas and position papers created by committees, obtain information and training on key issues affecting domestic violence survivors and programs and inform the Network on what's happening in the field of domestic violence advocacy work locally and nationally so it is able to stay abreast of and respond to developing trends and patterns in service delivery and survivor needs.

The Network engages in advocacy efforts through 8 member committees. Committees meet 11 times per year and are comprised of Network members from 30 area domestic violence organizations and 15 allied professional organizations that have mutual concerns. Current committees include:

- Legal & Legislative Issues
- All Faiths Against Domestic Violence
- Domestic Violence and Sexual Assault
- Lesbian, Gay, Bisexual, Transgender Battering (LGBT)
- Immigrant Battered Women
- Women of Color
- Children and Teen Issues
- Executive Directors Roundtable

CMBWN DV Court Policy and Advocacy Project

The goal of the Domestic Violence Court Policy and Advocacy Project (DVCPAP) is to develop trainings and an on-going campaign to advocate for court policy and procedural changes that will improve the safety and protections offered to victims of domestic violence seeking justice in the new Centralized Domestic Violence Court (DVCPAP). The project has 3 components: 1) training court personnel; 2) developing recommendations for DV court policy and procedures that improve services and safety for victims, and 3) training for DV court advocates.

A significant accomplishment of this project was conducting a series of Domestic Violence 101 trainings for court clerk personnel. The purpose of the trainings was to improve

sensitivity to the plight of domestic violence victims and to increase awareness of domestic violence dynamics among court personnel. In May of 2007, CMBWN's Centralized Training Institute collaborated with staff from Family Rescue, Hull House, Legal Assistance Foundation and Sarah's Inn to implement the trainings. A total of 100 court clerks and their supervisors completed the training. CMBWN is currently working on the development of a standard training for court advocates. Completion of this effort and piloting of the training is scheduled for the spring of 2008.

In response to the safety needs of victims, CMBWN has developed an initiative around confiscating guns in domestic violence court cases. The project addresses the need for a collaborative process to develop procedural recommendations for gun confiscation in domestic violence cases. Currently, in Chicago there exists no specific policy and procedures for judges and police to execute gun confiscation in domestic violence court cases where orders of protection have been issued or are pending. Specifically, DVCPAP addresses the paramount need to develop steps to remove guns from the hands of dangerous abusers.

In 2006, a diverse and multidisciplinary group of court personnel came together to collaborate on the development of gun confiscation policy and procedural recommendations. The team consisting of DV Court judges, states attorneys, advocates and police attended the National Summit on Domestic Violence and Firearms in Los Angeles, CA. The Summit was an invitation only event, hosted by the U.S. Department of Justice, the National Council of Juvenile and Family Court Justices and the Battered Women's Justice Project. National experts at the Summit presented information on laws, legislation and model practices related to domestic violence and firearms. The team returned to Chicago motivated and equipped with valuable insight, information and access to national resources that will help advance the project activities and maximize the impact of this vital collaboration. The team will release its first report on this work in the fall of 2007.

Funds for DVCPAP have been provided by the Joyce Foundation, Chicago Foundation for Women and the Illinois Bar Foundation.

Illinois Coalition Against Domestic Violence (ICADV)

The Illinois Coalition Against Domestic Violence (ICADV) is a member organization whose board is comprised of the directors from 53 full-service domestic violence programs located throughout the state of Illinois including 21 from the Chicago metropolitan area. ICADV was founded in 1978 by 9 local domestic violence programs. ICADV is a statewide voice for battered women and their children that advocates on the local, state, and national levels for policies and practices that make domestic violence survivors safe and hold batterers accountable. The Coalition promotes policies to strengthen legal protections for survivors of domestic violence, meet the complex needs of battered women, and help underserved populations. ICADV advocates for funding of local programs to respond to the ever-increasing requests for services and safety.

ICADV provides grants of federal pass-through money to local full-service domestic violence victim services programs that provide safe shelter, 24 hour crisis hotlines, counseling, children's programs, advocacy to obtain orders of protection and other legal supports, access to community services, and planning for a safer future.

More than 800 domestic violence professionals participate in annual ICADV statewide trainings. This education helps improve the response victims receive from courts, police, health care workers, social service providers, teachers and other policy makers and professionals. The Coalition provides consultation and technical assistance to domestic violence programs and other professionals.

ICADV builds public awareness by offering a lending library of over 7,000 books, videos, and publications. The Coalition also creates and distributes statewide over 200,000 public education materials annually for domestic violence survivors, domestic violence programs, other professionals, and the general public.

Sargent Shriver National Center on Poverty Law (Shriver Center)

The Sargent Shriver National Center on Poverty Law (Shriver Center) champions economic opportunity through fair laws and policies so that people can move out of poverty permanently. The Shriver Center's Women's Law and Policy Project (WLPP) draws on the experiences of women and girls, including those who have had violence perpetrated against them, and brings those experiences to the forefront in the Shriver Center's analysis of poverty and development of solutions. From education to employment, housing to family law, health care and public benefits issues, WLPP understands how advocacy, public policy, and the law affect the opportunities of women and girls and their communities as a whole.

The WLPP has led or participated in numerous efforts on behalf of domestic violence survivors and their families to create new local, state and federal rights and opportunities where none exist and improve upon those that do. Efforts include the Family Violence Option (FVO) in the 1996 federal welfare reform law and subsequent attempts at the federal level to improve the law, the adoption of the FVO and other public benefits improvements in Illinois, the Violence Against Women Act of 2000 and 2005, the state's Victims' Economic Security and Safety Act (VESSA), Unemployment Insurance for survivors of domestic violence, the Gender Violence Act, the Safe Homes Act, the Ensuring Success in School Act (ESSA), and implementation of the VAWA 2005 housing provisions. The scopes of these laws are reflected in the Assessment with the exception of the Gender Violence Act which is state law that establishes gender motivated violence as a form of sex discrimination, and allows victims the option to recover damages from their perpetrators.

This law (codified at 740 ILCS 82) went into effect January 1, 2004,

- Protects victims of violence or physical aggression, including threats, on the basis of sex, gender, or sexuality.
- Includes domestic violence, sexual assault and gay-bashing victims.
- Provides for a civil action that may be brought against an individual, a group, a corporate entity, or an institution.
- Awards financial damages, an injunction, or other appropriate relief.

A civil action must be brought within 7 years after the right to bring the action first accrued, except if the victim was a minor at the time the cause of action accrued, the action must be commenced within 7 years after she reaches the age of 18. An action brought about a threat of an act of violence must be brought within 2 years of the threat or reaching age 18.

Additional Domestic Violence Task Forces

There are a number of other task forces including the First District's Family Violence Coordinating Council, the Cook County States Attorney's Task Force and the Illinois Department of Human Services Domestic Violence Advisory Council which also provide their respective membership with opportunities for networking, education and systemic reform discussion.

Service Agency Task Force, Council and Collaborative Participation

In response to a series of questions on the Assessment survey, Chicago domestic violence service agencies listed their memberships on a variety of task forces and councils whose goals are better coordination, communication and networking, systemic reform and policy advocacy. 28 reported participating on a domestic violence subcommittee in a police district, 21 on the IDHS DVAC; 15 on the Mayor's Domestic Violence Advocacy Coordinating Council; 15 on the Family Violence Coordinating Council chaired by the Judiciary; 26 are members of the Chicago Metropolitan Battered Women's Network; 16 are members of Illinois Council Against Domestic Violence; and 17 participate on the State's Attorney's Task Force.

Chicago Department on Aging Elder Abuse Task Force

The Chicago Department on Aging Elder Abuse Task Force was created to enhance the response to elder abuse in Chicago. The primary goal of the Task Force includes encouraging collaboration between agencies, advancing efforts in addressing the issue of elder abuse and examining the current systems to improve the delivery of services to vulnerable seniors. Task Force participants include professionals representing the State's Attorney Office, the Chicago Department on Aging contracted legal service providers, the Chicago Police Department's domestic violence and elder abuse service officers, Cook County Office of the Public Guardian, Office of the State Guardian, elder abuse provider agencies, the Illinois Department on Aging, and the Mayor's Office on Domestic Violence.

Domestic Violence & Mental Health Policy Initiative (DVMHPI)

DVMHPI is recognized by the Chicago community and nationally for its training, technical assistance and policy development in the area of building trauma-informed service systems for women and children exposed to domestic violence and other forms of

interpersonal violence and trauma. DVMHPI began in 1999 as an innovative project designed to address the unmet mental health needs of survivors and their children. Cross-sector collaboration was promoted and comprehensive training, symposia, and technical assistance to improve the capacity of local service systems to address the traumatic effects of abuse was provided. The work is framed by a common mission shared with the advocacy community—to end domestic violence by changing social conditions, beliefs and social actions that perpetuate violence against women and children.

The work of DVMPHI has grown to include today's broader agenda of:

- developing curricula and training materials to promote culturally-sensitive, empowerment based models;
- building service system capacity through training and cross-training efforts, technical assistance and consultation;
- developing innovative service models in partnership with survivors, advocates and providers to make services more accessible, individually tailored, and more effective;
- influencing public policy to better address the effects of domestic violence and other lifetime trauma and to prevent and eradicate violence against women and children.

In October 2005, DVMHPI established the National Center of Domestic Violence, Trauma and Mental Health with a multi-year grant from the Administration on Children, Youth & Families, U.S. Department of Health and Human Services. The overarching goal of this Center is to address the intersection of the social, political, economic, cultural, and psychological underpinnings of abuse/violence and to ultimately prevent abuse and violence across generations. The objectives of the Center are to facilitate dialogue, support the enhancement of system and program capacity, promote policy strategies that address the mental health impact of domestic violence and lifetime trauma and ensure that survivors living with mental illness have access to both domestic violence and trauma-informed services. The Center encourages collaboration between agencies concerned with these issues and strives to address issues in ways that do not jeopardize the safety, custody, or credibility of survivors, that honor survivor agency and autonomy and that maintain a social justice perspective. The Center's Resource Library consists of over 100 books and nearly 2,000 research articles related to domestic violence, trauma, culture, and mental health/psychiatric disabilities.

In November 2006, the Center hosted *Responding to the Mental Health Needs of Survivors and their Children: The Role and Implications of Trauma Theory for the Domestic Violence Movement*, a national symposium for state domestic violence coalitions that focused on how national organizations, statewide domestic violence coalitions and local programs can address the mental health and trauma needs of survivors of domestic violence and their children. The Center has also hosted post-symposium national teleconferences to provide opportunities to discuss issues raised at the symposium.

Illinois Child Trauma Coalition

The goal of the Illinois Child Trauma Coalition is to take a public health approach regarding the nature and impact of childhood trauma and to expedite the integration of information into public awareness and the array of system that serve children and families in Illinois. The Coalition provides a forum for leadership from multiple disciplines and service areas to coordinate and sustain the essential work. Membership includes clinical and public policy professionals. Critical components of the Coalition's effort include building capacity of public and private systems to develop and implement trauma informed and culturally sensitive practices, identifying public/private synergies and cross service area opportunities, advocating for the development of systems and programs designed to prevent childhood exposure to traumatic experiences and to provide services responsive to trauma, providing access and coordination for dissemination of research, training materials, practice experiences and policy development, promoting public awareness about the importance of prevention, early identification and treatment of childhood trauma, and developing and advocating public policy positions.

MODV's Intersystem Assessment Work Group on Prostitution

Recent Chicago research estimates that 16,000 women and girls are regularly engaged in Chicago's sex trade industry. The research illustrates that while prostitution is a crime, those who sell sex for money or other resources are also often victims of crimes including domestic violence, sexual assault, childhood sexual abuse and community violence. With this realization came awareness that Chicago lacked a comprehensive and multi-system response to address the complex realities of this problem. As a result, prostitution appears to be moving from one neighborhood to another, arrests and felony convictions are on the rise and recidivism rates remain high.

In response to this need, MODV partnered with key community groups, non-profit organizations, and government departments, including the Chicago Coalition for the Homeless/PART, the Chicago Police Department, the Chicago Law Department, Cook County Department of Corrections/Department of Women's Justice Services, Cook County State's Attorney, Stroger Hospital and DePaul University Law School to establish a multidisciplinary work group. Over two years, this work group conducted an Intersystem Assessment that documented Chicago's current response to prostitution. Focus groups with individuals involved in the sex trade industry were conducted and time was spent reviewing system policies and practices. Efforts led to the development of a report which outlines key findings and makes recommendations for enhanced response strategies across three priority areas including (1) cutting into the demand side of Chicago's sex trade industry, (2) expanding supportive services for individuals involved in prostitution, and (3) enhancing awareness training and accountability for systems involved in responding to the sex trade industry. In November 2006 MODV and the Intersystem Assessment Work Group released the *Intersystem Assessment of Prostitution in Chicago* report and began work on implementing many of the important recommendations identified. New members were added and prioritization of the implementation efforts is underway.

POINTS FOR ENGAGEMENT – POLICY, SYSTEM, SERVICE COORDINATION AND LEGISLATIVE ADVOCACY

1. Greater communication between policy and legislative advocacy efforts could enhance the effectiveness of these activities.
2. Policy and legislative work must be informed by the experiences of victims of domestic violence and their children. Domestic violence service providers serve as the voice of victims and their provider networks and coalitions are vital to all policy and legislative efforts. Additional opportunities need to be developed to ensure that the needs of those victims who may not seek domestic violence service are known and also addressed.
3. Domestic violence provider involvement in numerous task forces, coalitions and essential legislative advocacy efforts should be a funded activity. Similar to administrative costs these non-direct service activities are generally not easily fundable. In order to increase these systemic advocacy activities which address prevention and reform goals, it is essential that funding be made available to those best situated to do this work in an informed manner. Separating advocacy work from direct services entirely is not a strategy that can be supported.

Conclusion

This Assessment outlines the current response to domestic violence in Chicago, and opens the way to a fuller discussion and review of what changes, enhancements, and/or developments are required. As we continue our work it is important to ask: How do we come together and move our services, collaborations and public policy forward into the next decade of change in order to reduce and eventually end domestic violence in Chicago?

Today, Chicago's response to domestic violence results from three decades of work. Informed by the safety and justice vision and advocacy efforts of local battered women's advocates, the current response to domestic violence includes shelter, counseling, legal advocacy and legal service for victims and their children as well as improved laws and criminal justice reforms.

With these important life-saving services in place, extraordinary reforms and collaborations to improve the lives of victims and their children have contributed to today's enhanced response. The sheer size and scope of content in this *2007 Assessment of the Response to Domestic Violence in Chicago* "speaks volumes" regarding this monumental accomplishment.

Recognizing that no one system or response strategy works for all victims, collaboration and support from agencies, systems and individuals who embrace the challenge of addressing domestic violence as a social problem and community concern has become a vital part of the Chicago Response. Caring people who are prepared to help exist in many places. Men and women have begun to come together to build community level responses and to educate others to prevent violence.

To end conditions that breed violence and trap victims in abuse, issues of social and economic inequality must be addressed. Toward that end the Chicago Response reflects alliances with new partners on issues of housing, health, poverty and economic self-sufficiency.

Assessment response highlights include:

- Crisis services related to safety planning and emotional support are generally available to adult victims of domestic violence through a network of non-profit victim service agencies and government services (Appendix O).
- The City of Chicago Domestic Violence Help Line and other efforts have improved linkage and referral to this core victim service network.
- Need exceeds capacity for these core victim services.
- Notable improvements have been made to law enforcement and the criminal legal system response including the establishment of the new domestic violence courthouse.
- Community residents are engaged in addressing domestic violence as a community concern.

- Faith and business leaders are engaged and developing their respective roles in addressing domestic violence.
- Efforts are underway to address the needs of domestic violence victims in the areas of health care, public benefits, housing, employment, economic security, and parenting.
- Protections for immigrant victims have become available.
- Follow up, post crisis or post separation needs are being examined.
- Centers for supervised child visitation and safe exchange in cases involving domestic violence have been developed and enhanced.
- Consequences of children's exposure to domestic violence are becoming better known, recognized and acknowledged.
- Specialized issues impacting victims including mental health, substance abuse, and prostitution are being examined.
- In service and cross system training efforts have continued and expanded.
- Public awareness and education campaigns have been developed.
- Vital research and evaluation needs have been identified.
- Vital systemic advocacy efforts have resulted in many key reforms and in the identification of areas requiring future attention.

Over the past ten years, the MODV and other key partners have been informed in many formal and informal ways about changing service needs and trends in the occurrences of domestic violence in Chicago. This Assessment gave consideration to the needs expressed by victims who call the City of Chicago's Help Line seeking assistance as well as victim service providers' observations captured in the agency survey about the needs of victims. Reaffirmed in a shared mission to make changes in systems to improve our response and acknowledgement that there may be a need to change the way we provide services in some areas, Chicago is posed to take the next steps.

Next Steps

Points for Engagement related to each component part of the Chicago Response to domestic violence are enumerated within the Assessment and are repeated again in the conclusion. Additional cross cutting **Overarching Points for Engagement** are enumerated below. Taken as a whole, these points represent observations, challenges and recommendations that require study, research, discussion and implementation.

The methods for forward movement include creating opportunity for connection, building consensus and resourced collaborations among key stakeholders. With opportunity for strategic dialogue on the identified Points for Engagement, leaders from all groups will explore common goals, role clarification, and develop and affirm strategic action toward the vision of significantly reducing domestic violence in Chicago over the next ten years.

The immediate next steps include a series of roundtable events to allow for ongoing discussion and the development of action plans on key engagement points and overarching concepts. MODV and DVACC will organize this series of subject specific

roundtable events that will permit invited parties to target their participation in limited or multiple areas depending on interest. Participants will include domestic violence service providers, key government representatives, corporate and business representatives, media, private and corporate foundations, civil and criminal legal system representatives, research and policy institutions, healthcare/medical practitioners, faith-based organizations, men's advocacy groups, youth and children's service providers and advocacy groups and educators.

OVERARCHING POINTS FOR ENGAGEMENT

- Police call volume and reliance on the criminal justice system as a primary response is decreasing and/or stabilizing. It is not clear whether this illustrates a true decline in occurrences of domestic violence, a choice by victims to not engage this response, previous experience with these systems that did not bring the desired outcome, or something else. Examination of the rates of reporting incidents to the police and the use of the criminal courts and the civil courts in response to an incident needs to be evaluated to determine if there continues to be shifts in the patterns of victim access and to identify any system based barriers or challenges.
- Domestic violence is legally defined as violent or abusive behaviors within certain family and household relationships. The level and constellation of the domestic violence behavior, while illegal, may not constitute the dynamic of battering that traps, endangers and has a long-term impact on those involved. Services need to address this breadth of experiences without minimizing any domestic violence occurrences. Some service distinctions may need to emerge based on the range of the domestic violence and survivor experience. Triage models of services should develop based on the distinctions of need.
- Criteria for outreach to high-risk victims and a protocol, which dictates when and by whom, needs to be developed. A fatality review process should be considered to inform this issue.
- There is a pronounced need for low cost or no cost legal services in divorce and custody cases involving domestic violence. Family law issues such as custody, visitation and support are not addressed optimally due to this serious gap.
- A legal advocacy/legal services triage system needs to be developed to ensure the efficient distribution of limited existing resources and planned development for increased victim services.
- A domestic violence shelter/housing triage system needs to be developed to ensure the efficient distribution of limited existing resources and planned

development of models designed to address the emergency and long term priorities of victims.

- Services need to be tailored to the communities where victims are living. Victims should not be forced to separate from their community in order to access services. Isolating victims from their support without substituting those informal supports for such things as childcare and transportation hinders rather than facilitates victims' help seeking. Victims should be able to stay connected to important sources of support in their community (faith, work, school, friends and family) as much as possible.
- Addressing the issues identified in this Assessment requires breaking down the segregation of these services and funding streams. A holistic approach is necessary without losing a dear understanding of the dynamics of domestic violence and specialized needs of these victims and their children.
- Most victims never access "official" services or systems and therefore the capacity of informal assistance within communities has to be recognized and supported. Attention must be placed on regaining consumer input and community accountability toward addressing the service, police, funding, and other trends identified in this Assessment. Methods to sustain and further organize community involvement must be further developed.
- Post crisis support and/or post separation services for victims are extremely limited and require development to fully address the aftermath of the violence beyond the crisis. Safety planning, option based supportive counseling and emotional support needs to be shored up over a longer period of "recovery" from the abuse. Services that focus on post separation issues in domestic violence cases must include services for children who have been exposed to domestic violence.
- Services for children who have been exposed to violence as well as parenting services which assist in the realignment/repair of parent/child relationships is important and requires thoughtful development. Keeping services for children coupled with those offered to the non-violent parent is essential to ensure the fullest opportunity for utilization.
- Different response models for teen victims and perpetrators need to be identified.
- Many of the tangible services that are needed such as housing, transportation, child care, economic self-sufficiency and/or education are not readily available to victims of domestic violence. Assistance in obtaining these tangible items is extremely limited from all sources.
- Victims have many complex needs beyond that which can be addressed fully by most of the domestic violence victim service agencies such as mental health and substance abuse treatment issues. Funding should be identified and earmarked for the development of key enhancements.

- Some immigrants are not accessing services in part because of fear and misinformation. Research regarding methods of outreach needs to be developed.
- Enhanced training, supervision and/or consultation for domestic violence direct service providers and administrative staff should be established for ongoing skill development.
- Domestic violence case consultation services would be beneficial for those professionals and agencies whose primary mission is not domestic violence-focused as those agencies are serving victims who do not access services from a traditional domestic violence program.
- Ongoing, consistent educational and public awareness efforts require institutional support and resources that include the promotion of the Help Line as a referral/linkage clearinghouse. Domestic violence educational information should be readily available and easy to access.
- Collaboration to achieve a comprehensive network of services gives victims and their children a better chance of achieving safety and long-term security. Active participation of domestic violence informed persons within other issue-based collaborations such as housing, employment and economic advocacy and reforms is essential. There should be earmarked support for the staffing and time spent in planning and executing collaborative responses.
- Issues such as confidentiality, philosophical differences and competition for funding between domestic violence, substance abuse and mental health providers and others needs to be addressed collaboratively.
- Balancing victims' requirements for confidentiality with their need for good case management, assistance and advocacy requires review. Rather than assuming all cases require the highest, absolute degree of confidentiality these issues need to be fully discussed with each individual based on some risk assessment as part of the development of a useful service plan.
- More extensive and appropriate evaluation of programs and data collection processes is required to inform further development of and efficient allocation of resources.
- Existing funding streams for domestic violence direct services must be maintained and increased. Core domestic violence victim services have a limited capacity and are generally always at or near service capacity levels. Need exceeds capacity to serve in all demographic and geographic areas and service types. More victims lack services of any kind than currently receive them. These trends highlight a demand that requires an ongoing commitment for the continuation of these limited core direct services.

- The movement away from funding direct services for domestic violence victims by private foundations should be examined in order to avoid negative and unintended consequences for victims and their children.
- New or reprioritized funding streams need to be established to address the complex issues involved in establishing a true, multi-faceted coordinated community response to domestic violence.
- Collaborative discussion and planning needs to occur among key government funding sources to ensure efficient and effective use of limited existing funding available for domestic violence. The identification of opportunity for new funding addressing areas of need not currently supported by targeted domestic violence funding streams also needs to be discussed.
- Thoughtful consideration should be given to current government and private foundation funding guidelines and parameters to ensure that any recommended shifts are evaluated in light of the impact on safety and support of victims and their children.
- Funding for advocacy and policy work should be balanced with the funding requirements of direct service provision.
- Funding for housing, economic and employment programs should be targeted for domestic violence informed services.

POINTS FOR ENGAGEMENT

POINTS FOR ENGAGEMENT– FIRST/IMMEDIATE RESPONSE CPD

1. The high volume of domestic-related calls continues to be a challenge for the Chicago Police Department particularly in high volume districts where there are often competing priority-one calls.
2. CPD has made great strides in data collection and is considered to be a leader in introducing technology to police work. When the automated case report system goes online, the Department will finally have access to a great deal of information previously unavailable. Two challenges that CPD will face: 1) working with Department members to ensure that the system is properly implemented and, 2) keeping up with changing needs for data about specific types of crime such as domestic violence.
3. Chicago has seen a dramatic decrease in domestic-related homicides since 1994 when the Department first implemented an improved approach to domestic violence incidents. Currently, approximately 80% of the domestic homicides in Chicago were situations where there had never been a call to the police. This would indicate that appropriate and aggressive police response is a key factor in

- improving victim safety and reducing homicides. Clearly, however, police response alone will not resolve the problem. The community and CPD need to find ways of reaching out to those victims who have not sought assistance.
4. Although a new law requires judges to assess lethality factors in determining bond, the law does not mandate a role for police officers in this process. The Chicago Police Department recognizes that officers can play an important role in obtaining needed information so that it is available to prosecutors in a timely manner. Doing this will require a major training effort on the part of the Domestic Violence Unit as well as changes to the automated case reporting system that is still in development.

POINTS FOR ENGAGEMENT – CRISIS LINES

1. The Illinois Department of Human Services continues to require 24-hour crisis lines as a condition of funding of comprehensive domestic violence programs (with the exception of those agencies funded as specialized services.) If this requirement was optional without loss of current level funding, programs might be able to retool 24 hour hotline services funds to increase capacity for counseling or other services.
2. The expansion of the Chicago Domestic Violence Help Line into a statewide resource would be a strategic and innovative action to build on the Help Line's inherent strengths and further fulfill the vision of its mission.
3. The City of Chicago Help Line lacks consistent publicity promoting Help Line awareness to victims and the concerned public.
4. The Help Line is limited to referrals to existing domestic violence agencies. While some ancillary service referrals are reflected in the database, there are needs for housing, jobs, and financial assistance and post separation services not currently addressed by the existing database of referrals.
5. A possible collaboration between the Rape Crisis Hotline and the City of Chicago Domestic Violence Help Line should be examined.
6. The promotion of the Help Line as a resource for trafficked victims and women engaged in the sex trade should be considered.

POINTS FOR ENGAGEMENT - COMMUNITY RESIDENTS/CHICAGO ALTERNATIVE POLICING STRATEGIES

1. Neighborhood residents' personal time and capacities need to be respected, supported and well utilized in order to sustain interest and involvement over time. Without specific non-police staff support, the valuable and unique Chicago resources of creative police/community problem solving and community driven activities will be diminished.
2. Recruitment for Domestic Violence Subcommittee membership needs to be an ongoing priority to ensure participation of all sectors of the community.
3. Although participation of domestic violence service agencies is occurring, limited resource capacity inhibits participation on subcommittees where domestic violence advocacy expertise is essential.

4. Subcommittee distribution and awareness activities rely heavily on the resources provided by MODV through its grant-supported material production. Institutionalized support for this ongoing need must be identified.

POINTS FOR ENGAGEMENT – FAITH COMMUNITY

1. There is a lack of opportunities for free training geared to different levels of faith institution response.
2. Support is needed for ongoing technical assistance for faith institutions that want to develop a domestic violence response that incorporates issues such as confidentiality, mandatory reporting, safety issues for victims and their children, safety for the faith community, and responding to offenders.
3. Response models for congregations of all sizes and faiths need to be further developed.
4. Creating accountability within faith communities around the misuse of religion as a tool for further abuse remains vital.

POINTS FOR ENGAGEMENT – BUSINESS COMMUNITY

1. With the enactment of the Victim Economic Security and Safety Act (VESSA), Illinois could gain greater understanding of local workplace costs and ways to better utilize and coordinate services to minimize costs while meeting the needs of abuse victims and their children. Greater awareness and understanding of the impact of domestic violence in the workplace and on the workforce can only improve efforts to create safety for victims.
2. Increased training and awareness for employers regarding the benefits permitted under VESSA coupled with ongoing encouragement for all employers to improve or enhance their own tailored responses should occur. Exploration of potential partnerships with Human Resource organizations as well as other business associations such as the Chamber of Commerce should be pursued.
3. Dissemination of materials to victims related to unemployment benefits as well as other employee benefits needs to increase.
4. Other unique business responses similar to Cut It Out need to be identified, developed and implemented.

POINTS FOR ENGAGEMENT – SAFE AND ACCESSIBLE COURT BUILDING AND ACCESS TO EMERGENCY ORDERS OF PROTECTION

1. Research should be conducted by an external source to determine if the State's Attorney's screening process has impacted the decreased number of cases resulting in criminal prosecutions. MODV should consider convening a work group to examine research findings. Work Group members should include researchers, advocates, State's Attorneys, judges, attorneys, court personnel and others who have a specific role in addressing this issue.
2. Focus groups with victims who have used the court should be conducted to determine if their needs were met. Educational materials could be developed to help create reasonable expectations about the court experience. Other issues

- should be addressed through systemic reforms or additional supportive services. After receiving an emergency order of protection, victims need a clear, written explanation on how to get and the need for a plenary order, how service by publication works, how to enforce the order, information regarding associated issues (i.e. supervised visitation) and other resources.
3. Examination of the attribution of civil and criminal court resources needs to occur. The distribution of legal advocacy and civil legal services should also be reviewed.
 4. Increasing the amount of time the Domestic Violence Court Liaison Officer is available at court and the possibility of assigning a detective to the court would further improve case coordination. Opening up these avenues of communication to legal advocates should be considered.

POINTS FOR ENGAGEMENT – LEGAL ADVOCACY

1. The original 1997 Assessment indicated that the need for legal advocacy far exceeds the capacity of agencies providing this service. Despite the gains made, there are still many victims who do not have the benefit of a legal advocate. A conservative estimate indicates that no more than 15% of victims receive advocacy services at the Chicago Domestic Violence Court (some victims may have received a level of legal advocacy which included information about their legal options but did not go to court). In the civil order of protection courtrooms specifically, advocates estimated that 90% of victims are appearing *pro se* without benefit of legal representation or legal advocacy services.
2. With the exception of bilingual and cultural specialization and some particular sensitivity to legal advocacy for LGBT victims, the 37 agencies providing legal advocacy all reported offering similar services. There should be a review of the legal advocacy needs not met by the prevailing service model.
3. Legal advocacy programs housed at the courthouse are providing advice and guidance to advocates who come to the building with their clients from community-based centers. Without formal acknowledgement of this role there is a triage of expertise being established among the legal advocates employed by domestic violence service agencies. Further specialization of these services and the efficacy of court site locations should be explored.
4. Legal advocacy services in felony cases should be monitored to determine ongoing system advocacy issues and training needs. As volume increases, so will the need for advocates to respond to these cases.
5. Due to the absence of experienced attorneys, civil legal advocates are providing advocacy in some civil legal matters that are complex enough to require legal representation by an attorney.
6. Current case screening practices at the domestic violence court need review to examine factors that contribute to erroneous charging based on abuser allegations. Court personnel and police need better training so they are able to address the increase in arrests of victims and/or victims as respondents on orders of protection. Legal advocacy as a part of a defense strategy requires additional advocate training, expertise and relationship building with the Public Defenders Office.

7. Resolving the issues of minors who require orders of protection and the ability/authority for legal advocates to provide services is necessary. Police response protocol regarding domestic violence incidents involving two minors requires examination.
8. Court administrators should begin to keep track of orders of protection involving minors as petitioners and/or respondents.
9. Legal advocates coming to court from community-based agencies are getting minimal initial training followed by hands on job experience and networking as their method for increased expertise. Consideration should be given to the creation of minimal qualifications for those who provide legal advocacy services beyond the 40-hour training presently required to establish client confidentiality under the IDVA.
10. The absence of protocols that account for the level of complexity and/or dangerousness of cases often result in more serious cases going without advocates. When victims call the City of Chicago Domestic Violence Help Line and seek the assistance of a legal advocate there are no established differentials among the agencies providing advocacy services. With proper triage methods in place, certain identified victims could proceed *pro se* or without benefit of “on site” legal advocacy services if they were provided some minimal advice and information. Others with more complex needs could be linked to those with the greatest expertise.
11. Not every courtroom at the Chicago Domestic Violence Court has an advocate present and not all advocates assigned to a courtroom are always available. When an advocate takes a few victims’ cases she is absent from the courtroom and unavailable to assist in any matters arising in the courtroom itself. Assignment issues are exacerbated by the overall capacity required to meet the huge unmet needs of victims appearing at the court building every day. One possible solution would be to have an advocate that remains in each court to ensure appropriate linkages.
12. Advocates and court data indicate that the number of victims coming to the Domestic Violence Court is decreasing and a determination needs to be made regarding the cause of this. Similar to the decreasing numbers of calls for police assistance, decreasing court appearances could be based on a real reduction in domestic violence incidents; victims choices about seeking criminal charges and/or orders of protection as not significant or useful options for their circumstances; prior victim experience that included finding the criminal justice or civil court unresponsive to their needs, victims perception of not being well treated. Whatever the cause for the shift, advocacy services at civil court should be expanded with increased training about screening, risk assessment and custody and visitation issues.

POINTS FOR ENGAGEMENT – LEGAL SERVICES

1. Involvement in the court system is often not the domestic violence victim’s choice but it is (often) the only way to obtain crucial legal relief. Victims who obtain an attorney through one of the specialized programs are truly fortunate. Although counseling, shelter and other support services are important for many victims,

- these services are voluntary or utilized as a matter of choice. When a victim seeks to end a legal relationship with the abuser, some type of civil legal proceeding is required. The victim is at highest risk of serious violence or homicide at the time of separation, but ironically, essential legal services are not readily available to her and her children at that point.
2. Need significantly exceeds service capacity. Civil legal services are needed for victims seeking orders of protection. Resources are even less available for those victims seeking domestic violence informed legal services for divorce, paternity, custody and visitation or support issues. Many victims of domestic violence are appearing before judges without benefit of a lawyer or any domestic violence services at all, leaving them at risk for coerced or uninformed personal decision-making. The risk is heightened when victims seek to end a relationship or limit the abuser's contact with them or their children yet victims walk into courtrooms every day alone.
 3. Immigrant victims of domestic violence should have the ability to access VAWA remedies and require assistance to do so. Capacity to provide these services must be increased.
 4. Informed legal representation for domestic violence victims involved in child abuse proceedings is greatly lacking leaving them extremely vulnerable to coerced actions or loss of custody.
 5. Victims who are respondents to orders of protection or are defendants in criminal cases need to have strengthened relationships with defense attorneys and more service capacity in both criminal and civil court. Screening processes must be reviewed since the numbers of abusers gaining emergency orders of protection are increasing. While screening processes certainly cannot block individuals from seeking orders, there may be ways to enhance the process itself to address this issue.
 6. Attention should be given to increase training and linkage to vital services to meet the unique needs of elder abuse victims seeking orders of protection against their adult children or other family members. Consideration should be given to the possibility of placing an elder abuse advocate in the domestic violence court.
 7. Careful consideration and planning needs to take place in order to respond to the serious lack of legal service capacity. The efficacy of locating attorneys in domestic violence programs where experienced legal supervision may be lacking requires study. The efficacy of building pro bono services through law firms to meet legal services needs also requires full consideration.

POINTS FOR ENGAGEMENT – EMERGENCY SHELTER

1. The evident lack of shelter bed capacity remains a challenge. One of the key issues facing the City and others seeking to address shelter and housing needs for victims of domestic violence is the lack of clear answers to the questions: “How many victims who do not have the resources to obtain alternate permanent housing request emergency domestic violence shelter because leaving their abuser would mean they are homeless?” “How many victims are requesting domestic violence refuge because they require undisclosed safe temporary housing which offers “wrap around” services of counseling, advocacy, and children’s services?”

“How many victims seeking emergency domestic violence shelter require substance abuse or mental health services as part of their survival planning?” Determining the answers to these questions through research and exploration of other survey and service models will ensure the stability of domestic violence shelter models that address specific protection or service needs.

2. There are clear individual thresholds or points of readiness for change for victims of domestic violence. Services must address thresholds so that victims are supported through their decision-making processes.
3. The challenge for the domestic violence service community is to clearly articulate the need for safe refuge through its own lens and the lens of those it serves, rather than through the lens of the city, state, or federal government.
4. As different kinds of shelter models are examined both the needs of victims of violent abusers who may pursue them and victims who have left and simply need a place to stay as they transition, need to be taken into account. Shelter/housing/a place to stay that is sensitive to domestic violence and its impact and risks is important to all victims.
5. Inadequate funding to attract and maintain the level of staff needed to meet the complexity of the service needs among DV victims in shelter is a significant challenge.

POINTS FOR ENGAGEMENT - NON-EMERGENCY HOUSING PROGRAMS

1. Transitional housing programs report that public entitlements such as TANF and Food Stamps are difficult for clients to obtain. The housing market has become increasingly challenging to navigate with less safe and affordable housing available.
2. Alternative models may develop for transitional and permanent housing. The Plan to End Homelessness is also redefining those models, which will have a direct impact on this form of service as well. The models call for scattered site rather than program-based forms of transitional shelter service effectively eliminating models similar to that formerly provided successfully by Family Rescue. Close examination of the model of transitional shelter and housing models for victims of domestic violence must take priority.

POINTS FOR ENGAGEMENT – PUBLIC AND PRIVATE SECTOR HOUSING

1. Although the Safe Homes Act is a significant step in establishing the housing rights of victims of sexual and domestic violence, there are still areas for improvement. The primary goals for the 2007 Illinois legislative session include extending the lock change option to victims with oral or month-to-month leases, offering lock changes when the perpetrator is a leaseholder, and ensuring that resources are available to cover moving and relocation expenses.
2. VAWA provisions create funding opportunities for those public housing authorities that designate a preference for eligibility for victims. The CHA at this point is not making that commitment. Under the Plan for Transformation, previous CHA residents will be offered newly established public housing units. It is anticipated that many former residents will remain in the interim housing that

has been secured which may provide a true opportunity for CHA to execute this preference based on availability. Because the CHA has historically had an admissions preference for victims of domestic violence it is hoped that it will reconsider this decision.

3. As domestic violence programs will be faced with increasing requirements to assist victims in obtaining permanent housing, new alliances and collaboration need to be established between those working on domestic violence issues and those working on affordable housing issues.

POINTS FOR ENGAGEMENT – STATE PROTECTIVE CUSTODY

1. It remains difficult to determine how many victims receiving services from domestic violence service providers in the city are involved with DCFS. No domestic violence programs are under contract with DCFS. When a DCFS client service plan requires a mother to receive domestic violence services, she must locate and begin receiving services on her own as an illustration of compliance. DCFS involved families receive no greater priority than other victims in need of domestic violence services. However, a victim's failure to receive services could result in the loss or continued loss of custody of her children (state protective custody). There is still a need to monitor DCFS' compliance with its own domestic violence related policy.
2. The consequences of children's exposure to domestic violence are becoming better known, recognized and acknowledged but service capacity and expertise has not developed. Children who come to the attention of DCFS where exposure to domestic violence has occurred as well as those exposed who do not come to the attention of DCFS have insufficient service resources.

POINTS FOR ENGAGEMENT – PARENTAL PROTECTIVE CUSTODY

1. Essential funding is not earmarked for supervised child visitation and exchange services and sustaining them beyond the federal demonstration grant is proving difficult. Education regarding how critical these services are within the continuum of domestic violence services must become a focus.
2. The lessons learned by Chicago's federal supervised child visitation and safe exchange demonstration site experience must be taken into account as additional services are developed. Best practice guidance can be offered by the Chicago visitation centers and MODV.

POINTS FOR ENGAGEMENT – SAFE AND ACCESSIBLE HEALTHCARE SERVICES

1. The percentage of victim callers, who are seeking shelter and are referred by a healthcare provider to the Domestic Violence Help Line, indicates that the Help Line is most often used by healthcare sources as a means of assisting abused patients in crisis. Many hospitals may be searching for a safe place to send abused patients once they are discharged. Some providers may be unaware of the

- Help Line's function to link victims to various domestic violence services (including counseling and legal advocacy) in addition to finding shelter space.
2. Targeted outreach and awareness efforts by the Help Line and other direct service providers to healthcare providers should occur in order to increase identification and linkage.
 3. There is a lack of current data on screening rates and disclosures of domestic violence in any health care setting. Updated research is necessary to accurately measure the advances or lack of advances made by Chicago healthcare providers in identifying patients who are victims/survivors of abuse. The research might include healthcare screening rates measured by chart reviews and surveys of both patients and healthcare workers.

POINTS FOR ENGAGEMENT – SUPPORT COUNSELING FOR VICTIMS

1. Maintaining the capacity of domestic violence agencies so that they are able to offer both traditional as well as dually focused counseling requires close examination and planning. Examples of dual focus include substance abuse/domestic violence and mental health/domestic violence.
2. Victims seek service from many areas other than domestic violence agencies. Incorporation of domestic violence expertise within a wide arena of social services will ensure that victims are not hindered in their pursuit of services.
3. Advocacy for appropriate adjustment and realignment of domestic violence and other funding sources to ensure proper balance between crisis and supportive counseling, longer term trauma based recovery services, and services which address dual issues of domestic violence and mental health and/or substance abuse must be a priority focus.
4. Incorporating domestic violence expertise within mental health centers and psychiatric hospitals to ensure quality services to victims of domestic violence is an essential part of supportive counseling. Funding shifts and priorities need to be monitored and guided.
5. Issues such as confidentiality, philosophical differences, power differentials and competition for funding between domestic violence, substance abuse and mental health providers needs to be addressed collaboratively.

POINTS FOR ENGAGEMENT – SUPPORT COUNSELING FOR CHILDREN

1. Having services for children exposed to domestic violence separate from adult victim/caregiver services presents a distinct or practical barrier for accessing assistance.
2. Efforts to inform victims about services for children at a point of crisis response by police or medical providers have had limited impact as victims may not be at the most receptive point for absorbing the information.
3. Since most victims calling the City of Chicago Help Line had an average of 2 children nearly half of who were under the age of 5, child counseling resources are woefully inadequate in terms of the capacity to meet the need.
4. Targeted, earmarked funding streams for these services need to be established if service capacity is to grow. In addition to increasing supportive services for

- children exposed to domestic violence, there needs to be an infusion of domestic violence-informed mental health and developmental assessment and therapeutic services for those who require these interventions.
5. Opportunities to work with domestic violence abusers about parenting after cessation of the violence need to be developed.
 6. As those who work with children become more aware and skilled at identifying children who have been exposed to violence, the need for direct service responses will expand. Without an increased capacity to serve these identified children, referring professionals will become frustrated and may discontinue heightened attention toward identification.
 7. DCFS needs to work with the domestic violence service community in a more deliberate way to shore up where, when and how DCFS involved families are linked to domestic violence services.
 8. Further investigation is needed to determine best practice standards for delivering services to children who have been exposed to domestic violence. This investigation needs to examine triage of need and service models.
 9. Services for children under the age of 6 are extremely limited and these children often have less exposure to others outside of the home (i.e. at school).
 10. Children and parenting services must account for cultural differences.
 11. Homeless Youth Services funded by CYS should identify youth who have become homeless or runaways as a result of domestic violence. This requires a comprehensive response and effective linkage agreements with those agencies that facilitate and coordinate services for homeless youth.
 12. Child and Adolescent Counseling Services provided through CYS should offer counseling and training to identify, support and help children cope with domestic violence in these supportive settings.
 13. Policy level discussions must include those working directly with children exposed to domestic violence.

POINTS FOR ENGAGEMENT POINTS FOR ENGAGEMENT – FINANCIAL ASSISTANCE, JOBS AND ECONOMIC SELF-SUFFICIENCY

1. Victim focus groups or other appropriate research needs to be conducted to determine why the TANF Domestic Violence Exclusion is underutilized in order to fashion solutions which might facilitate increased notification of this option to those in need or to address any impediments created by the system.
2. The State should consider renewed caseworker training in the area of domestic violence considerations on benefits as the caseworker serves as the gatekeeper of the information not readily known among victims seeking public benefits.
3. Undocumented victims do not access public services. Alternative economic solutions for these victims need to be identified and developed within the non-profit sector.
4. Greater dissemination of materials related to public benefits as well as job training, job placement and retention services of all kinds should occur.
5. Evaluation of economic self-sufficiency program efforts should take place in order to target limited support to programs that are effective.

6. Outcome measures for employment related programs need to be developed with the unique issues faced by domestic violence victims in mind.
7. The specific accommodations for leave from work for some employed domestic violence victims available under VESSA should enhance the understanding of the level of need in this area. Over the long term combining the tools of employer education, business peer examples and legislative mandates, victims would experience their work place as supportive of their efforts to address their safety negating the possibility of a negative impact on their employment.

POINTS FOR ENGAGEMENT – HOUSING ASSISTANCE

1. Active partnerships and collaborations need to be established between developers and domestic violence service providers in order to facilitate the goal of providing affordable housing for victims and their children.
2. The combination of exclusive possession of the home remedy as part of a plenary order of protection and increased use of the Safe Homes Act could permit victims and their children to remain in their homes lessening the possibility of homelessness.
3. Opportunities for building familiarity between service providers about general housing and utility assistance programs should be established.

POINTS FOR ENGAGEMENT – CRIMINAL AND CIVIL COURTS

1. Data indicates that the number of victims seeking relief from domestic violence courts is decreasing. Examination of possible barriers that may contribute to this diminished number should occur. If overall use of the courts is truly lower than in prior years or if more victims are seeking relief in civil courts than criminally prosecuting their abusers, then a reevaluation of resource distribution should be completed. The evaluation would not be limited to court-related services and should include a close examination of distribution of the non-profit legal advocacy and legal service resources.
2. Screening processes at the domestic violence court need to be reviewed to determine if the services offered are adequate and supportive from the victim's perspective.
3. Methods/processes for seeking upgrade for potential felony cases should be accessible for advocates as well as those who work within the prosecution and law enforcement system.
4. Examination should be made to verify the number of criminal cases and the circumstances where the Assistant State's Attorney is not requesting or the judge is not granting orders of protection.
5. Stalking prosecutions and Violations of Order of Protection (VOOP) cases need to be evaluated to determine appropriate charging by prosecutors and law enforcement. Causes effecting low reporting of VOOPs should also be evaluated.
6. Judges with specific knowledge of or affinities for domestic violence cases should be assigned to the domestic violence courts. The judges should reflect the

- population and receive specialized and repeated training throughout their assignments.
7. The Court needs more interpreters for common languages spoken in the community such as Spanish, Polish, and Korean. Access to interpreters in less common languages must be improved. Court based language interpreters need to be trained and monitored.
 8. Better written information needs to be developed for victims after they obtain an emergency order of protection. Information should explain the benefit and process for obtaining the plenary order, how service by publication works, enforcement of an order, supervised visitation procedures, and available resources to help them. Victims also need to be educated about possible stalking behaviors as a risk factor and how to report this behavior should it occur. One possible method would be to run a video in the screening area at the domestic violence court that explains the difference between criminal and civil court.
 9. Uniform standards must be developed for custody evaluations. Custody evaluators must be trained so that they understand and are informed about domestic violence and its effect on the issues that comprise a custody recommendation.
 10. Training and other incentives need to be developed to increase the pool of resources for domestic violence informed custody evaluators and attorneys for children.
 11. Increased training for domestic violence victim services on issues of custody and visitation needs to occur to ensure that victims are provided with the most current information and reasonable strategies. Helping victims to understand the standards being applied so that they have reasonable expectations is key to their emotional well being and to the well being of their children.
 12. Judges and prosecutors should receive training that includes consideration and respect for a victim's individual circumstances and assessment of the level of danger posed by the abuser.

POINTS FOR ENGAGEMENT – ABUSER SERVICES/TREATMENT

1. Ongoing research and evaluation needs to be conducted on the efficacy of abuser interventions. This requires access to data and cooperation of the Probation Department. Analysis of arrest data from LEADS and Probation Department data would illustrate strengths, gaps and areas in need of improvement.
2. Building and embedding ongoing support for those who have successfully completed interventions is an important concern for community members. Community residents have repeatedly indicated a need for abusers who wish to seek services voluntarily or are working to remain non-violent after completing a mandated intervention. Lacking a full analysis of the successes and weaknesses of mandated programs, it is difficult to ensure that supportive services or earlier voluntary interventions will fully address the needs and issues of those who have been violent as well as the victims of that violence including children who have been exposed.
3. Faith leaders have expressed a need to develop some degree of competency in addressing the spiritual and/or counseling needs of abusers within their faith

community. The informal sanction of community support for change among those who have used violence is a pivotal part of ensuring that abusers cease their abusive behaviors.

4. The cases in which abusers re-offend when sentenced to probation with a condition of treatment requires further examination in order to determine any key common factors which might need to be addressed in the treatment.
5. New models of intervention for teen perpetrators require better science, youth input and multidisciplinary discussion and review. Any pilots require outcome measures and fully funded evaluations.
6. Gender-responsive models for female perpetrators require further examination and evaluation.

POINTS FOR ENGAGEMENT – FATHERING ISSUES

1. Further study and dialogue needs to take place to address the issues of abusers who are parents with the acknowledgement that most fathers will continue to have contact with their children. This dialogue requires the full participation of a multi-disciplinary work group.
2. Local providers will need to consider if and how a “fathering after violence” program might be integrated into the continuum of domestic violence services including supervised visitation and supervised exchange services.

POINTS FOR ENGAGEMENT – INCIDENT DRIVEN FOLLOW-UP

1. Best practice follow up models which account for community concerns and cultural considerations need to be developed. Care needs to be taken in the implementation of possible follow up models so as not to exacerbate the violence.
2. Models that rely solely on police referral for follow up outreach to victims at highest risk will not resolve the problem alone. Ways of reaching out to those victims who have not sought assistance must be created and unique community defined models need to be explored.
3. If local control, key participation and operational measures were established legislatively, a fatality review would be beneficial in helping to define the essential parameters and practices of follow up to victims who did not seek outside intervention or where outside intervention was not sufficient or inadequate.

POINTS FOR ENGAGEMENT – IN-SERVICE AND CROSS SYSTEM TRAINING

1. Support needs to be maintained for the existing training programs with added opportunities for more advanced training and consultation services.
2. Free training for those within the community who want to get involved in addressing domestic violence that does not include establishing a confidential relationship with victims and their children needs to be readily accessible. Current sources of training tend to focus on those who are employed to provide

direct services and require a greater time commitment than may be necessary for volunteer community residents.

POINTS FOR ENGAGEMENT – PUBLIC AWARENESS AND EDUCATION CAMPAIGNS

1. Prevention activities need to work hand in hand with intervention services in order to address the need for increased capacity to respond to those who disclose as victims as a result of prevention efforts.
2. Earmarked funding should be established for school based domestic violence prevention work to support the best practice model evaluated as successful by the Teen Dating Violence Evaluation Project.
3. Routine public awareness and education campaigns that include promotion of the Domestic Violence Help Line should be funded to ensure consistent and repetitive public exposure.
4. Youth involvement in creating and executing prevention programming is vital to success.
5. Prevention activities targeted to men in order to ensure male involvement in the community response to domestic violence should be increased.
6. Chicago Public Schools need to update their domestic violence and teen dating violence policy and practice. Training with essential school personnel must follow in a timely fashion.
7. Chicago Public Schools will need to ensure full implementation of ESSA.

POINTS FOR ENGAGEMENT – EVALUATION, ACCOUNTABILITY AND MONITORING

1. Research and evaluation efforts by MODV and CPD must receive continued support as those efforts are pivotal in informing ongoing discussions related to victim needs and domestic violence service issues.
2. The Info Net system would benefit from a timely review by its current users on possible enhancements.
3. Funding for research and evaluation conducted by universities and others needs to increase in order to inform both current and future development of the response to domestic violence.

POINTS FOR ENGAGEMENT – POLICY, SYSTEM, SERVICE COORDINATION AND LEGISLATIVE ADVOCACY

1. Greater communication between policy and legislative advocacy efforts could enhance the effectiveness of these activities.
2. The experiences of victims of domestic violence and their children must inform policy and legislative work. Domestic violence service providers serve as the voice of victims and their provider networks and coalitions are vital to all policy and legislative efforts. Additional opportunities need to be developed to ensure that the needs of those victims who may not seek domestic violence service are known and also addressed.

3. Domestic violence provider involvement in numerous task forces, coalitions and essential legislative advocacy efforts should be a funded activity. Similar to administrative costs these non-direct service activities are generally not easily fundable. In order to increase these systemic advocacy activities that address prevention and reform goals, it is essential that funding be made available to those best situated to do this work in an informed manner. Separating advocacy work from direct services entirely is not a strategy that can be supported.

In closing, MODV pledges its support and efforts toward achieving progress on Chicago's Response to domestic violence. The many committed individuals and organizations engaged in this response have made tremendous progress in addressing this serious issue. Their commitment remains strong and vital to continued progress. Real progress in addressing the "points" identified within this Assessment, is what it will take to reduce domestic violence while improving our response in Chicago. Courage is the essential element. Courageous victims reach out every day for assistance. Courageous advocates respond and continue to advocate for change. Courageous stakeholders trail blaze within their spheres of influence. Courageous government leaders have taken a stand on these important issues. The already achieved accomplishments in Chicago reflect a commitment to partnership and respectful collaboration. MODV is confident that, as in the past, continued collaboration will achieve the positive outcomes necessary to fully address domestic violence as a community concern in Chicago.

Appendix A

Assessment Survey Tool – Chicago
Mayor’s Office on Domestic
Violence

Update Survey

Assessment of the Current Response to Domestic Violence in Chicago

Instructions:

- Step 1: Open and save this document with the name of your agency onto your computer.
Step 2: Complete the agency information on this first page. Write text into gray space provided or use mouse to click on appropriate Yes or No response
Step 3: Choose from Category 1-7 for specific services offered by your agency and complete.
Step 4: Scan the agency list under each of the 7 categories of service for corrections.
Step 5: Complete Category 8, 9 and 10
Step 6: Save document
Step 7: Email the document as an attachment to: leslielandis@cityofchicago.org

Agency Name

Agency Administrative Address:

Agency Contact Person Name (for follow up questions on this survey)

Phone Number:

Email:

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CATEGORY 1 CRISIS LINES/HOTLINES

The following agencies report having a crisis line/hotline to the State Info Net:

<i>Apna Ghar</i>	<i>Between Friends</i>	<i>CAWC</i>
<i>Crisis Center for South Suburbia</i>	<i>Family Rescue</i>	<i>Hull House – Uptown Center</i>
<i>Life Span</i>	<i>Mujeres Latinas en Accion</i>	<i>Neopolitan Lighthouse</i>
<i>Pillars</i>	<i>Pro Bono Advocates</i>	<i>Rainbow House</i>
<i>Sarah's Inn</i>	<i>South Suburban Family Shelter</i>	<i>SWWT</i>
<i>Wellspring</i>	<i>YWCA of Evanston</i>	

*If your Agency appears on the list but no longer provides hotline service, check here

** If your Agency provides hotline service but does not appear on the list, check here

1.1) Is your agency hotline 24 hours/seven days a week? Yes No

a) If No, what are the hours of hotline service coverage?

1.2) Is your hotline staffed by (select only one):

Volunteers only

Paid Staff Only

Both Volunteers and Paid Staff

a) Please describe any other hotline staffing arrangement (answering service etc.)

1.3) Do you keep track of the referral source for hotline calls? Yes No

a) If yes, list the top 3 referral sources (Police, other DV providers, self-referral, City's Help Line)

- 1.
- 2.
- 3.

1.4) Are hotline calls a major source for your agency's client intake appointments? Yes No

1.5) Please estimate the *number* of hotline calls received by your agency in 2005

a) Does that number include hotline calls from people who are not agency clients? Yes No

1.6) Please describe any unique features, specializations, or other important details about the hotline service your agency offers (language availability, etc.)

1.7) Any comments or feedback on crisis lines/hotlines generally? Or, any additional information that you think should be covered in the assessment about crisis lines/hotlines?

CATEGORY 2 DOMESTIC VIOLENCE SHELTER/HOUSING

Note:

In this category, there are four separate types of Shelter/Housing Models, complete the section appropriate to your agency's services.

All shelter/housing models should complete the final Section 5: Miscellaneous Shelter Questions.

Type of Shelter/Housing Models	Page
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Section B: Safe House Models	5
Section C: Second Stage Housing Models	6
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Section E: Miscellaneous Shelter Questions <i>ALL</i> shelter/housing models	8

Section A
Residential Emergency Shelter

The following agencies are listed as providing **residential emergency shelter** in the City's Help Line database:

City Shelters:

<i>Apna Ghar</i>	<i>CAWC-Greenhouse</i>	<i>Family Rescue</i>
<i>House of Good Shepherd</i>	<i>Neopolitan Lighthouse Shelter</i>	<i>Rainbow House</i>
<i>Safe Harbor/Puerto Seguro Casa Ruth Shelter</i>	<i>SWWT/DVERN</i>	

Suburban Shelters:

<i>Community Crisis Center (Kane)</i>	<i>Constance Morris House (Cook)</i>	<i>Crisis Center for S. Suburbia (Cook)</i>
<i>Evanston Shelter (Cook)</i>	<i>Family Shelter Services (DuPage)</i>	<i>Groundwork (Joliet)</i>
<i>Hamdard Center (DuPage)</i>	<i>Safe Place (Lake)</i>	<i>Wings (Cook)</i>

*If your agency is listed but does not provide residential emergency shelter, please check

**If your agency provides residential shelter service but does not appear on this list, please check

2.A1) Please briefly summarize your agency's emergency shelter model including the eligibility criteria

2.A2) Please describe your shelter's eligibility requirements for *male children* over the age of 12

2.A3) Can you shelter adult males? Yes Please describe process
No Comments

2.A4) Is the shelter accessible to those with physical disabilities? Yes No

a.) If yes, what are the limits to accessibility and the agency's capacity?

2.A5) What is the capacity of your emergency residential shelter?

a.) total number of adult beds?

b.) total number of cribs? Comments?

2.A6) What is the *maximum* length of stay (number of days)?

2.A7) What is the *average* length of stay (number of days)?

2.A8) Estimate the number of adults sheltered in 2005

2.A9) Estimate the number of children sheltered in 2005

2.A10) Please describe any unique features, specializations, or other important details about the shelter service provided by your agency

2.A11) Have you observed changes in the needs of victims (including the victim's lifetime experiences, service needs etc.) at shelter over the past few years? Yes No

If yes, please describe changes

Section B
Safe House Models

The following agencies are listed as providing **Safe House Models** within the City's Help Line database:

Evanston Shelter
SWWT

Korean American Women in Need
Wings

Neopolitan Lighthouse

* If your agency is listed but does not provide a Safe House Model, please check

** If your agency provides a Safe House Model but does not appear on this list, please check

2.B1) Please briefly summarize your agency's Safe House Model including the eligibility criteria

2.B2) Please describe your Safe House's eligibility requirements for *male children* over age 12

2.B3) Can you shelter adult males in the Safe House Models? Yes Please describe process
No Comments

2.B4) Are the Safe Houses accessible to those with physical disabilities? Yes No

a) What are the limits to that accessibility and the agency's capacity?

2.B5) What is the capacity of your Safe House Model:

a) for adults? (number of adults capacity)

b) for children? (number of children capacity) Comments:

2.B6) What is the *maximum* length of stay (number of days)?

2.B7) What is the *average* length of stay (number of days)?

2.B8) Estimate the total number of adults receiving Safe House shelter in 2005

2.B9) Estimate the total number of children receiving Safe House shelter in 2005

2.B10) Please describe any unique features, specializations, or other important details about the Safe House Model provided by your agency

2.B11) Have you observed changes in the needs of victims (including the victim's lifetime experiences, services needs etc.) in the Safe House Models over the past few years? Yes No

If yes, please describe changes

Section C
Second Stage Housing Models

The following agencies are listed as providing second stage housing models within the City's Help Line database:

Bobbie Wright CCMHC

Elgin Community Crisis Center

SWWT Courage Home

*If your agency is listed but does not provide Second Stage Housing, please check

**If your Agency provides a Second Stage Housing model but does not appear on this list, please check

2.C1) Please briefly summarize your agency's Second Stage Housing model including the eligibility criteria

2.C2) Please describe the Second Stage Housing Models eligibility requirements for *male children* over age 12

2.C3) Can you shelter adult males? Yes Please describe process
No Comments

2.C4) Is the Second Stage Housing accessible to those with physical disabilities? Yes No

a) What are the limits to that accessibility and the housing capacity?

2.C5) What is the capacity of your Second Stage Housing program:

a) for adults? (number of adults capacity)

b) for children? (number of children capacity) Comments:

2.C6) What is the *maximum* length of stay (number of days)?

What is the *average* length of stay (number of days)?

2.C7) Estimate the total number of *families* served in 2005 in Second Stage Housing

a) Of those families, how many were adults , how many were children

2.C8) Please describe any unique features, specializations, or other important details about the Second Stage Housing provided by your agency

2.C9) Have you observed changes in the needs of victims (including the victim's lifetime experiences, service needs etc.) at Second Stage Housing over the past few years? Yes No

If yes, please describe changes

Section D
Transitional Housing Models

The following agencies are listed as providing **Transitional Housing Models** within the City's Help Line database:

<i>Casa Central</i>	<i>Evanston shelter</i>	<i>Family Rescue</i>
<i>Korean American Women in Need</i>	<i>Matthew House</i>	<i>Sarah's Inn</i>
<i>South Suburban Family Shelter</i>	<i>SWWT</i>	<i>United Human Services Center</i>
<i>Wings</i>		

* If your agency is listed but does not provide a Transitional Housing model, please check

**If your agency provides a Transitional Housing model but does not appear on this list, please check

2.D1) Please briefly summarize your agency's Transitional Housing model including the eligibility criteria

2.D2) Please describe your Transitional Housing Model's eligibility requirements for *male children* over age 12

2.D3) Can you shelter adult males? Yes Please describe process
No Comments

2.D4) Is the Transitional Housing accessible to those with physical disabilities Yes No

a) What are the limits to that accessibility and the capacity

2.D5) What is the capacity of your transitional housing program:

a) for adults? (number of adults capacity)

b) for children? (number of children capacity) Comments:

2.D6) What is the *maximum* length of stay (number of days)?

What is the *average* length of stay (number of days)?

2.D7) Please estimate the total number of *families* served in 2005 in Transitional Housing

a) Of those families, how many were adults , how many were children

2.D8) Please describe any unique features, specializations, or other important details about the Transitional Housing provided by your agency

2.D9) Have you observed changes in the needs of victims (including the victim's lifetime experiences, services needs etc.) in Transitional Housing over the past few years? Yes No

If yes, please describe changes

Section E
Miscellaneous Shelter Questions
Applicable To All Shelter/Housing Providers

2.E1) Please indicate if your agency is receiving any shelter funding from :

a) City of Chicago Homeless Service funds Yes No

b) Continuum of Care funds Yes Under which definition of shelter did your shelter fit in the Continuum conversion process?

No Do you plan to seek Continuum funding in the future?

2.E2) Estimate the number of victims who came into your shelter/housing models immediately upon release from a medical facility in 2005

2.E3) How are victims transported to your shelter services?

2.E4) If you have total “turn away” rates for 2005 please provide that number:

Residential Emergency Shelter

Safe House Models

Second Stage Housing Models

Transitional Housing Models

2.E5) Any comments or feedback on shelter/housing models generally? Or, any additional information that you think should be covered in the assessment about shelter/housing models?

**CATEGORY 3
LEGAL ADVOCACY**

(not legal services by an attorney)

The following agencies are listed as providing legal advocacy within the City’s Help Line database within Cook County courts:

Civil and criminal legal advocacy

<i>Apna Ghar</i>	<i>Between Friends</i>	<i>CAWC</i>
<i>Chicago Hearing Society</i>	<i>Center of Halsted</i>	<i>Centro Romero</i>
<i>Constance Morris House</i>	<i>Family Rescue</i>	<i>HAS - BASTA</i>
<i>Heartland Alliance</i>	<i>Howard Area Community Center</i>	<i>Hull House Uptown</i>
<i>Korean American Community Services</i>	<i>Life Span</i>	<i>Metropolitan Family Services</i>
<i>Mujeres Latinas en Accion</i>	<i>Neopolitan</i>	<i>Polish American Association</i>
<i>Rainbow House</i>	<i>Rogers Park Community Council</i>	<i>Sarah’s Inn</i>
<i>South Asian Family Services</i>	<i>South East Asian Service Center</i>	<i>South Suburban Family Shelter</i>
<i>SWWT</i>	<i>St. Pius V HOPE Program</i>	<i>Wellspring</i>
<i>YWCA Uptown/Korean Center</i>		

Criminal legal advocacy only:

<i>Arab American Family Services</i>	<i>Crisis Center for South Suburbia</i>	<i>Englewood Cares</i>
<i>House of Good Shepherd</i>	<i>Parkway Hull House Center</i>	
<i>Chicago Police Department—Domestic Violence Advocacy Program</i>		

Civil legal advocacy only:

<i>Comprehensive Korean Self-Help Center</i>	<i>Evanston Shelter</i>	<i>KANWIN</i>	<i>Shalva</i>
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*If your agency is listed but does not provide legal advocacy, please check

**If your agency is listed under the wrong category, please check the appropriate service category:

Civil Advocacy Only Criminal Advocacy Only Both Civil and Criminal Advocacy

***If your Agency provides legal advocacy but does not appear on this list, please check

a) What type of legal advocacy does your agency provide?

Civil Advocacy Only Criminal Advocacy Only Both Civil and Criminal Advocacy

3.1) Please describe the eligibility criteria for criminal and/or civil legal advocacy service provided by your agency

3.2) Please describe your service area. Is the legal advocacy limited to certain courts or geographic sites (City and/or suburban criminal courts, divorce court, order of protection civil call, juvenile court, elder abuse court)

3.3) Who provides the legal advocacy at your agency?

a) Volunteers? Yes No Number of Volunteers

b) Paid legal advocacy staff? Yes No Number FT Number PT

3.4) Estimate the total hours of advocacy provided in 2005

a) Estimate the number of people receiving those service hours

b) Of those hours, approximately what % was spent in:

- Third Party advocacy (court, law enforcement personnel, etc.)

Up to, but not more than 25% 50% 75% 100%

- Informing victims of their legal options and guiding them to resources

Up to, but not more than 25% 50% 75% 100%

3.5) Does your agency provide legal advocacy in felony DV cases? Yes No

a) Estimate the number of felony DV cases in 2005 receiving advocacy at you agency

3.6) Does your agency provide legal advocacy in juvenile court/ child abuse cases? Yes No

a) Estimate the number of juvenile cases in 2005 receiving advocacy at your agency

3.7) Does your agency provide legal advocacy to DV victims who are minors? Yes No

a) Estimate the number of DV victims who are minors in 2005 who received advocacy at your agency

3.8) Please describe any unique features, specializations, or other important details about the Legal Advocacy provided by your agency

3.9) Have you observed changes in the needs of victims (including the victim's lifetime experiences, service needs etc.) from Legal Advocacy over the past few years? Yes No

If yes, please describe changes

3.10) Does your agency receive:

a) City funding from CDBG to provide legal advocacy services Yes No

b) VOCA funding from the State to provide legal advocacy services Yes No

c) IDHS funding to provide legal advocacy services Yes No

d) Attorney General funding to provide these services Yes No

3.11) Any comments or feedback on legal advocacy generally? Or, any additional information that you think should be covered in the assessment about legal advocacy?

CATEGORY 4
LEGAL SERVICES
(provided by an attorney)

The following agencies are listed as providing legal services within the City's Help Line database within Cook County courts:

<i>Cabrini Green Legal Aid Clinic</i>	<i>CAWC</i>
<i>Center for Disability and Elder Law Project</i>	<i>Chicago Legal Clinic</i>
<i>Chicago Volunteer Legal Services</i>	<i>Domestic Violence Legal Clinic/PBA</i>
<i>Legal Assistance Foundation</i>	<i>Life Span</i>
<i>Metro/Legal Aid Bureau</i>	<i>South Asian Family Services</i>
<i>South Suburban Family Shelter</i>	

* If your agency is listed but does not provide legal service, please check

** If your agency provides legal service but does not appear on this list, please check

4.1) Please describe the eligibility criteria for legal representation services provided by your agency .

4.2) Please describe your service area. Are the legal services limited to certain courts or geographic sites (City and/or suburban criminal courts, domestic relations court, independent order of protection civil call, juvenile court/DCFS proceedings)

4.3) Who provides the legal services at your agency?

a) Pro Bono lawyers Yes No

b) Paid lawyers on staff Yes No Number FT Number PT

4.4) Please estimate the total hours of legal services provided in 2005

a) Estimate the number of people receiving those service hours

4.5) Estimate the percent of your agency's DV legal cases in 2005 in which the victim also received counseling, legal advocacy, shelter or other supportive services from your agency or other DV agencies?

4.6) Estimate the percent of your agency's DV legal cases in 2005 in which the victim sought divorce, custody or visitation?

4.7) Does your agency provide legal services in juvenile court/ child abuse cases? Yes No

a) Estimate the number of juvenile cases in 2005 receiving legal service from your agency

4.8) Does your agency provide legal services to DV victims who are minors? Yes No

a) Estimate the number of DV victims who are minors in 2005 who received legal services from your agency

4.9) Does your agency seek VAWA relief on behalf of immigrant victims? Yes No

a) Estimate the number of immigrant victims in 2005 who received VAWA related legal services from your agency

4.10) Please describe any unique features, specializations, or other important details about the Legal Services provided by your agency

4.11) Have you observed changes in the needs of victims (including the victim's lifetime experiences, service needs etc.) from legal services over the past few years? Yes No

If yes, please describe changes

4.12) Does your agency receive :

a) City funding from CDBG to provide legal services Yes No

b) VOCA funding from the State to provide legal services Yes No

c) VAWA funding to provide legal services Yes No

d) Attorney General funding to provide these services Yes No

e) Legal Service Corporation funding for these services Yes No

f) IDHS funding for these services Yes No

4.13) Any comments or feedback on legal services generally? Or, any additional information that you think should be covered in the assessment about legal services?

CATEGORY 5 SUPPORT COUNSELING FOR VICTIMS

The following agencies are listed as providing counseling services within the City's Help Line database within Cook County:

Individual and group counseling:

<i>Alivio Medical Center</i>	<i>Apna Ghar</i>	<i>Between Friends</i>
<i>Bobbie E. Wright CCMHC</i>	<i>CAWC</i>	<i>Center for New Horizons</i>
<i>Center on Halsted</i>	<i>Centro Romero</i>	<i>Chicago Hearing Society</i>
<i>Children's Advocacy Clinic</i>	<i>Comprehensive Korean Self-help Center</i>	<i>Constance Morris Shelter</i>
<i>Counseling Center of Lakeview</i>	<i>Crisis Center for South Suburbia</i>	<i>Evanston Shelter</i>
<i>Family Rescue</i>	<i>Healthcare Alternative Systems BASTA</i>	<i>Heartland Alliance</i>
<i>House of Good Shepherd</i>	<i>Howard Area community Center</i>	<i>Howard Brown Health Ctr.</i>
<i>Hull House Uptown</i>	<i>Hull House LeClair Hearst</i>	<i>KANWIN</i>
<i>Komed Health Center</i>	<i>Korean American Community Services</i>	<i>Latino counseling Services</i>
<i>Life Span</i>	<i>Matthew House</i>	<i>Metropolitan Family Services</i>
<i>Mujeres Latinas en Accion</i>	<i>Near North Health Service Corporation</i>	<i>Neopolitan</i>
<i>New Hope</i>	<i>Partners for Non-Violence</i>	<i>Polish American Association</i>
<i>Rainbow House</i>	<i>Rogers Park Community Council</i>	<i>Samaritan Community Center</i>
<i>Sarah's Inn</i>	<i>Shalva</i>	<i>South Asian Family Service</i>
<i>South Suburban Family Shelter</i>	<i>SWWT</i>	<i>United Human Services Center</i>
<i>Universal Family Connection</i>	<i>Wellspring</i>	<i>Wings</i>
<i>Women with Disabilities Center</i>	<i>YWCA Uptown-Korean Center</i>	

Group counseling only:

<i>Casa Central</i>	<i>Centro San Bonifacio</i>	<i>Pillars</i>
<i>Proyecto Girasol</i>	<i>Salvation Army</i>	

*If your agency is listed but does not provide counseling services, please check

**If your agency provides counseling services but does not appear on this list, please check

a) Does your agency provide: (*choose one*)

Individual Only Group Only Both Individual & Group Counseling

5.1) Please describe the eligibility criteria for both individual and group counseling services provided by your agency

5.2) Please describe your service area. Are the counseling services limited to particular populations or geographic areas?

5.3) Who provides the counseling services at your agency?

a) Volunteer counselors? Yes No Number of Volunteers

b) Paid counselor staff? Yes No Number Full time Number Part time

5.4) Estimate the total hours of individual counseling provided in 2005

a) Estimate the number of people receiving those service hours

5.5) Estimate the total hours of group counseling provided in 2005

a) Estimate the number of people receiving those service hours

5.6) Does your agency provide counseling services to DV victims who are minors (not children exposed to domestic violence)? Yes No

a) Estimate the number of minor victims in 2005 who received counseling services from your agency

5.7) Please describe any unique features, specializations, or other important details about the Counseling Services provided by your agency (substance abuse, trauma informed, immigrant populations, language capacities)

5.8) Have you observed changes in the needs of victims (including the victim's lifetime experiences, service needs etc.) in counseling services over the past few years? Yes No

If yes, please describe changes

5.9) Does your agency receive:

a) City funding from CDBG to provide counseling services Yes No

b) VOCA funding from the State to provide counseling services Yes No

c) VAWA funding to provide counseling services Yes No

d) Attorney General funding to provide counseling services Yes No

e) IDHS funding for counseling services Yes No

5.10) Any comments or feedback on counseling generally? Or, any additional information that you think should be covered in the assessment about counseling services?

CATEGORY 6
SUPPORT COUNSELING FOR
CHILDREN EXPOSED TO DOMESTIC VIOLENCE

The following agencies are listed as providing **children's counseling services** within the City's Help Line database within Cook County:

Children's counseling:

<i>Apna Ghar</i>	<i>Branch Family Institute</i>	<i>Between Friends</i>
<i>CAWC</i>	<i>Children's Advocacy Clinic</i>	<i>Constance Morris Shelter</i>
<i>Crisis Center for South Suburbia</i>	<i>Englewood Cares</i>	<i>Evanston Shelter</i>
<i>Family Focus</i>	<i>Family Rescue</i>	<i>Heartland Alliance</i>
<i>House of Good Shepherd</i>	<i>Howard Area community Center</i>	<i>KANWIN</i>
<i>Korean American Community Services</i>	<i>Life Span</i>	<i>Metropolitan Family Services</i>
<i>Mujeres Latinas en Accion</i>	<i>Neopolitan</i>	<i>Rainbow House</i>
<i>Salvation Army</i>	<i>Sarah's Inn</i>	<i>SWWT</i>
<i>United Human Services Center</i>	<i>Wings</i>	

*If your agency is listed but does not provide children's counseling services, please check

**If your agency provides children's counseling but does not appear on this list, please check

6.1) Please describe the eligibility criteria for children's services/counseling provided by your agency

a) Does the child's parent have to be an open client with your agency? Yes No

6.2) Please describe your service area. Are the counseling services limited to particular populations, ages, or geographic areas?

6.3) Who provides children's counseling services at your agency?

a) Volunteer counselors Yes No Number of Volunteers

b) Paid children's counselors Yes No Number FT Number PT

6.4) Estimate the total hours of individual children's counseling provided in 2005

a) Estimate the number of children receiving those service hours

6.5) Please estimate the total hours of group children's counseling provided in 2005

a) Estimate the number of children receiving those service hours

6.6) Does your agency work with the parent and child together in counseling? Yes No

6.7) Does your agency provide counseling services to children who are DCFS involved?

Yes No If yes, estimate the number children receiving those services in 2005

6.8) Please describe any unique features, specializations, or other important details about the Children's Counseling Services provided by your agency (substance abuse, trauma informed, DCFS involved, immigrant populations, language capacities)

6.9) Have you observed changes in the needs of victims (including the victim's lifetime experiences, services needs etc.) in children's counseling services over the past few years? Yes No

If yes, please describe changes

6.10) Does your agency receive:

- a) City funding from CDBG to provide children's counseling services Yes No
- b) VOCA funding from the State to provide children's counseling services Yes No
- c) VAWA funding to provide counseling children's services Yes No
- d) Attorney General funding to provide children's counseling services Yes No
- e) IDHS funding for children's counseling services Yes No

6.11) Any comments or feedback on counseling for children exposed to violence generally? Or, any additional information that you think should be covered in the assessment about counseling for children exposed to violence?

CATEGORY 7 ABUSER SERVICES

The following agencies are listed as providing **abuser services** within the City's Help Line database within Cook County:

<i>Albany Park Community Center</i>		<i>Associates in Human Development Counseling</i>
<i>Avance Domestic Abuse Intervention Program</i>		<i>Center for the Prevention of Family Violence</i>
<i>Counseling Center of Illinois</i>	<i>Crisis Center of South Suburbia</i>	<i>Dr. Dugo and Associates</i>
<i>Healthcare Alternative Systems</i>	<i>La Familia Unida</i>	<i>Partners for Non-Violence</i>
<i>Pillars Community Services</i>	<i>Polish American Association</i>	<i>Pro-Health Advocates</i>
<i>Resurrection Behavioral Health</i>	<i>Salvation Army</i>	<i>Sarah's Inn</i>
<i>South Suburban Family Shelter</i>	<i>Today's Single Parent</i>	<i>Universal Family Connection</i>
<i>Westside Domestic Abuse Project</i>	<i>Zabin & Associates</i>	

*If your agency is listed but does not provide abuser services, please check

**If your agency provides abuser but does not appear on this list, please check

7.1) Are the abuser services offered at your agency:

Individual Only Group Only Both Individual & Group Counseling

7.2) Please describe the eligibility criteria for abuser's services provided by your agency

a) Does your agency only accept court referred abusers? Yes No

7.3) Please describe your service area. Are the abuser services limited to particular populations, or geographic areas?

7.4) Who provides the abuser services at your agency?

a) Volunteer counselors? Yes No Number of Volunteers

b) Paid counselor staff? Yes No Number FT Number PT

7.5) Estimate the total hours in 2005 provided in

a) Individual counseling Estimated number of people receiving

b) Group counseling Estimated number of people receiving

7.6) Does your agency provide counseling services to DV abusers who are minors (not children exposed to domestic violence, that is covered elsewhere)? Yes No

a) Estimate the number of DV abusers who are minors in 2005 who received counseling services from your agency

7.7) Please describe any unique features, specializations, or other important details about the Abuser Services provided by your agency (substance abuse, trauma informed, immigrant, DCFS involved language capacities)

7.8) Does your agency have a specific referral relationship with the courts? Yes No

a) If yes, which courts

7.9) What, if any, reporting relationship do you have with the courts regarding your agency's abuser services (including reporting violations)? Please describe relationship

7.10) Have you observed changes in the service needs of abusers in your counseling programs over the past few years? Yes No

If yes, please describe changes

7.11) Does your agency receive:

a) City funding from CDBG to provide abuser services Yes No

b) VOCA funding from the State to provide abuser services Yes No

c) VAWA funding to provide abuser services Yes No

d) Attorney General funding to provide abuser services Yes No

e) IDHS funding for abuser services Yes No

7.12) Any comments or feedback on abuser services generally? Or, any additional information that you think should be covered in the assessment about abuser services?

CATEGORY 8
OTHER AGENCY SERVICES

8.1) Does your agency offer (in house) job-training services? Yes No

If yes: a) Please describe service

b) Does your agency have staff dedicated to job training Yes No

Comments:

8.2) Does your agency provide a school-based education and prevention service? Yes No

If yes: a) Please describe service

b) Does your agency have staff dedicated those activities? Yes No

Comments:

8.3) Does your agency conduct public awareness campaigns? Yes No

If yes: a) Please describe (include themes, focus, methods, print, media etc.)

b) Does your agency have staff dedicated to public awareness Yes No

Comments:

CATEGORY 9

DIRECT SERVICE PARTNERSHIPS

The domestic violence service provision community has developed a variety of partnerships with non-dv specific agencies in the community. For each of the following questions, indicate whether or not your agency has formed a partnership to respond to domestic violence. Where your agency has formed a direct service partnership, please identify the agency partner and describe the activities of the partnership.

9.1) Does your agency have a direct service partnership with:

	YES	NO	Partner	Describe
Police Department (City or suburb, district, area)?	<input type="checkbox"/>	<input type="checkbox"/>		
Financial assistance program?	<input type="checkbox"/>	<input type="checkbox"/>		
Housing assistance program?	<input type="checkbox"/>	<input type="checkbox"/>		
Job training and Job Placement programs?	<input type="checkbox"/>	<input type="checkbox"/>		
Religious organization or congregation?	<input type="checkbox"/>	<input type="checkbox"/>		
Medical institution or Medical provider?	<input type="checkbox"/>	<input type="checkbox"/>		
Public Assistance or Benefits office?	<input type="checkbox"/>	<input type="checkbox"/>		
Another entity not reflected above?	<input type="checkbox"/>	<input type="checkbox"/>		

CATEGORY 10
MISCELLANEOUS AGENCY INFORMATION

10.1) Does your agency utilize Info Net? Yes No

If no, please describe the method used by your agency to collect service delivery data

10.2) Does your agency have staff dedicated to fund development? Yes No Comments

10.3) Which task forces and collective advocacy groups does your agency participate in?

- Police district CAPS domestic violence subcommittees
- IDHS – DVAC
- Chicago’s DVACC
- Chicago Cook County Family Violence Coordinating Council
- Suburban Cook County Family Violence Coordinating Council
- CMBWN
- ICADV
- States Attorney’s Task Force
- Others ----Please list

10.4) Does your agency have staff members who are state certified DV professionals? Yes No

If yes, how many are certified?

10.5) Is you agency a DV certified training site? Yes No

If yes, do you offer training to people outside your agency? Yes No

Comment

Thank You!

Appendix B

Elements of a Comprehensive Community Response to Domestic Violence – Illinois Family Violence Coordinating Council

Appendix B
1997 Elements of a Comprehensive Community Response to Domestic Violence”
formulated by the Illinois Family Violence Coordinating Council (IFVCC)

- 1. Safety for victims at the scene and in the immediate short term**
 - a. 911 response---First responder police assistance
 - b. Crisis lines
 - c. Caring community
 - d. Emergency orders of protection
 - e. Emergency shelter
 - f. Protective custody of children
 - g. Safe environments for services such as medical, legal, public assistance services
- 2. Crisis Intervention Services**
 - a. Hot lines
 - b. Legal advocacy
 - c. Legal Services
 - d. Support counseling for victims
 - e. Support counseling for children and youth
 - f. Medical care
 - g. Financial and housing assistance
- 3. Justice system response**
 - a. Effective police response
 - b. Appropriate prosecutor, judicial and probation services
 - c. Coordinated information flow between courts
 - d. Victim advocates in all court systems.
 - e. Enforced OPS that prohibit abuse and restrict access to victims and children
- 4. Response to Abuser**
 - a. Justice system accountability thru sanctions and sentencing
 - b. Arrest
 - c. Treatment
 - d. Public message of abuser accountability
- 5. Follow Up Services**
 - a. Counseling and system protocols
 - b. Special services for child witnesses
 - c. Post crisis abuser treatment
 - d. Information and data tracking
 - e. Job training, housing, health care, and child care
- 6. Training in all systems**
 - a. In Service, cross system training
 - b. Professional training
- 7. Coordination, monitoring and evaluation**
 - a. Data collection and reporting
 - b. Court watch
 - c. Case management/tracking/linkage
 - d. Accountability systems
 - e. Fatality review teams
- 8. Active cross sector support**
 - a. Public policies
 - b. Adequate resources
 - c. Community leadership

Appendix C

Major Sources of Funding – Illinois
Department of Human Services’
Domestic Violence Advisory
Council Strategic Resources
Management Task Force

An Overview of Domestic Violence Funding and Costs in the State of Illinois

Illinois Department of Human Services
Domestic Violence Advisory Council
Strategic Resources Management Taskforce

July 2006

Yearly Funding Available to Domestic Violence Service Providers in Illinois

Amount (approximate)	Funds Distributor	Source of Funds	Access to Funds	Covered Services and Costs	Excluded Expenses
STATE					
20,000,000	IDHS	Appropriated by the IL General Assembly	Annual contracts with approved continuation plan from a closed pool of applicants (RFPs every few years- last was in 2000)	Very broad – 24- hour hotlines, crises intervention, all advocacy and counseling, legal, case management, interpretation services, peer support services, training, shelters, transportation, prevention, public education, and local administrative costs	Perpetrator Services But can be used to serve victims even if the legal system misidentifies them as perpetrators.
1,773,000	Attorney General	State crime fines	Annual contract with open enrollment	Mostly legal advocacy Some shelter and education	Prevention Admin costs, crime victims funds
21,773,000	State Total				
FEDERAL					
4,500,000	IDHS	4.5 mil Fed Gov through formula grants to states	Annual contracts with approved continuation plan from a closed pool of applicants (RFPs every few years- last was in 2000)	Very broad – 24- hour hotlines, crises intervention, all advocacy and counseling, legal, case management, interpretation services, peer support services, training, shelters, transportation, prevention, public education, and local administrative costs (not DHS admin costs)	Perpetrator Services But can be used to serve victims even if the legal system misidentifies them as perpetrators.
5,200,000	VOCA	Fed Gov formula grants funneled through ICJIA and	Continuation of annual contracts to a pool that opens only when new	Direct <u>Advocacy</u> Services mostly legal advocacy (around 75%); some	Administrative costs limited public education prevention

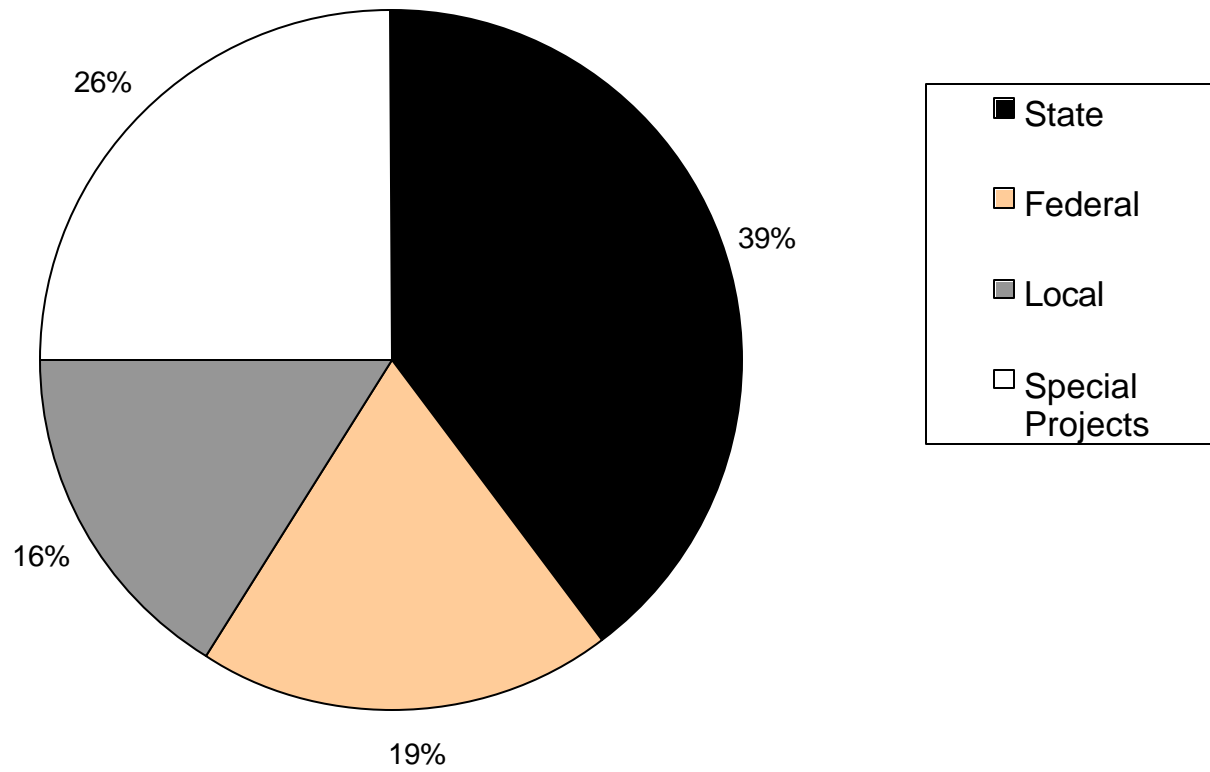
Amount (approximate)	Funds Distributor	Source of Funds	Access to Funds	Covered Services and Costs	Excluded Expenses
		ICADV	funds are available.	contingent on collaborations with other criminal justice agencies; some medical & some child advocacy 10 hours per month for public education interpretation only for deaf and hard of hearing	interpretation Does not fund shelters, hotlines, etc
800,000	VAWA	Fed Gov through formula grants funneled through ICADV	Continuation of annual contracts to a pool that opens only when new funds are available.	90% of funds used for any advocacy to under-served populations: mostly Latinas, rural and substance users. Remainder to Protocol Projects	Direct shelter costs excluded and like most federal money – administrative costs excluded too This amount does not include the public health VAWA funding through the CDC
10,500,000	Federal Total				
LOCAL					
7,215,000	Local governments	Includes mostly federal funds funneled through local government (HUD, CDBG) Small local special grants	Access to funds varies greatly.	Services funded vary greatly.	Exclusions vary greatly
1,602,000	United Way	United Way	Applications that cover different amounts of time depending on site agreement (usually one or two years)	Depends on agreement-varies by site	Depends on agreement-varies by site
8,817,000	Local Total				

Amount (approximate)	Funds Distributor	Source of Funds	Access to Funds	Covered Services and Costs	Excluded Expenses
SPECIAL PROJECTS*					
1,580,000	IVPA	Appropriation funds and license plates fees	Minimal number of sites funded	Teen dating violence and sexual assault prevention projects Safe from the start Training medical community on DV	All direct services- shelter, training, etc Family Violence Coordinating Councils also funded through IVPA but not included in this amount
13,211,000	Fundraising/ Other	Depends on site- Special events, corporations and foundations, individual donations, direct solicitations, fraternal, religious and professional organizations, private sources, planned giving, commercial opportunities and earned income			
14,790,000	Special Projects Total				
OVERALL TOTAL: \$55,810,000					

NOTE: This chart represents the approximate amount of funding available for domestic violence service providers in Illinois on an annual basis. Funding varies annually by service provider. However, it should be noted that not every program that provides domestic violence services receives funding exclusively from the sources listed. Other funding sources such as faith-based organization and other government entities, for example, are not represented in this table.

*Though all funding varies annually, the special projects category represents funding that may vary in more significant amounts. For example, providers cannot forecast fundraising amounts annually because of the many one-time funds such as private grants.

Yearly Funding Available to Domestic Violence Service Providers in Illinois



Appendix D Domestic Incident Notice (DIN)

Domestic Incident Notice

Chicago Police Department

Police Report R.D.# _____

The City of Chicago has a free confidential multilingual 24-hour Help Line that can help you get assistance.

(1-877-TO END DV)

1-877-863-6338 or TTY 1-877-863-6339

If you have been abused or need information about a domestic situation, there are programs that offer shelter, counseling and legal advocacy. The Help Line can answer your questions concerning domestic violence services and link you to available programs.

Sources of Assistance for Elderly Persons

If you are elderly (60 years & older) you can also get help by calling the following:

Illinois Department on Aging Elder Abuse and Neglect Hotline:

Monday - Friday 8:30 a.m. - 5:00 p.m.

After Hours, Weekends and Holidays

Chicago Department on Aging

1-800-252-8966 (Voice and TTY)

1-800-279-0400

(312) 814-2914

Sources of Assistance for Children

If you suspect a child is being abused or neglected, please call the IDCFS Hotline

1-800-25-ABUSE

RIGHTS OF DOMESTIC ABUSE VICTIMS

The Illinois Domestic Violence Act (IDVA) provides strong legal help for victims who are abused by family or household members. The IDVA defines family or household members as people:

1. related by blood, marriage or prior marriage
2. who share or used to share a common dwelling (e.g., roommates)
3. who have or say they have a child together
4. who share or say they share a blood relationship through a child
5. of the opposite sex or of the same sex who date or used to date one another
6. with disabilities and their personal assistants or caregivers

If you are a domestic abuse victim, you have the right to:

1. have a police report made for any bona fide crime reported to the police
2. have an officer go with you to your home for a reasonable period of time to remove necessary personal belongings
3. be taken to a hospital or a nearby place of safety. If you want, any children or adult dependents in your care can go with you

Filing Criminal Charges

If the officer makes an arrest, you will be told of the court location and date. When you report a crime, but an arrest is not made, you should go to Domestic Violence Court as soon as possible to seek criminal charges. Bring a copy of the police report number and any other information (such as pictures) to the Domestic Violence Court at 555 W. Harrison, 1st floor, Monday through Friday, 8:30am - 1:30 pm. Once there, you will talk to an assistant state's attorney about your case. You can also get an order of protection.

ORDERS OF PROTECTION

An order of protection is a court order from a judge ordering the abuser to do or to stop doing certain acts. **You can get an order of protection even if you are living with your abuser.** In addition to other remedies, an order of protection can:

1. order your abuser to stop abusing, stalking, neglecting or exploiting you
2. give you the right to stay in the home and prevent the abuser from staying there
3. order your abuser to stay away from you at school, work or other places
4. order your abuser not to come home while under the influence of drugs or alcohol
5. order your abuser to surrender any firearm

IF YOU ALREADY HAVE AN ORDER OF PROTECTION AND YOUR ABUSER VIOLATES THE ORDER, YOU SHOULD IMMEDIATELY CALL THE POLICE.

How to Get an Order of Protection

You can get an order of protection in either civil or criminal court. Both may be enforced by arrest. If you cannot get an order because of age, health or disability, someone else can go to court and get an order for you.

Criminal Court - at 555 West Harrison, 1st floor, Mon - Fri 8:30 am - 1:30 pm. You must be willing to seek criminal charges against your abuser in order to receive an order in criminal court. **If your abuser has already been arrested, do NOT wait until the trial date to seek an order of protection, report to Domestic Violence court as soon as possible after the crime.**

Civil Court - at 555 West Harrison, 1st floor, Mon - Fri 8:30 am - 3:00 pm. **If you do not want criminal charges filed against your abuser, you can only get an order of protection in civil court.** Orders of protection can also be issued with a divorce or other civil proceeding, generally with the assistance of a lawyer.

Bail Bond Provisions

Unless the judge rules otherwise, an abuser charged with a crime against a family or household member will be ordered to NOT contact or speak with the victim and NOT enter or stay at the victim's home (even if the abuser lives there) for 72 hours after posting bond. If the abuser violates the "72 hour rule," you should call the police immediately.

Remember: If you are in IMMEDIATE DANGER call 911.

REPORTING OFFICER'S NAME (PRINT)

STAR NO.

STAR NO.

REPORTING OFFICER'S NAME (PRINT)

**Notificación de Incidente Domestico
Departamento de Policia de Chicago**

Reporte de Policia R.D.#

Servicios de Asistencia para Victimas de Abuso Domestico

La Ciudad de Chicago tiene numeros de telefonos gratuitos, confidenciales, multilinguales, que puede ayudar le a obtener ayuda 24 horas del dia.

1-877-TO END DV

1-877-863-6338 o TTY 1-877-863-6339

Si Usted ha sido victima de abuso o necesita informacion cerca de una situacion domestica, hay programas que ofrecen el refugio, consejos y consulta legal. La Linea de ley ayuda es compuesta por abogados domesticos de violencia que pueden contestar su preguntas acerca de los servicios domesticos de la violencia y a programas disponibles

Servicios de Asistencia para Los Ancianos

Si Usted es una persona anciana, (60 años o mayor), existen otros servicios para usted incluyendo:

Illinois Department on Aging Elder Abuse and Neglect Hotline:

Monday - Friday 8:30 a.m. - 5:00 p.m.

After Hours, Weekends and Holidays

Chicago Department on Aging

English 1-800-252-8966 (Voice and TTY)

English 1-800-279-0400

English (312) 814-2914

Servicios de Asistencia para Victimas Menores de Edad

Si Usted sospecha que un niño es victima de abuso o abandono,

por favor llame a la linea especial de DCFS 1-800-25-ABUSE(22873)

Derechos de Victimas de Crimenes Domesticos

El Acto Sobre La Violencia Domestica de Illinois (en ingles IDVA) ofrece remedios legales para victimas que son abusadas por la familia or miembros de casa. El IDVA define la familia o miembros de casa como gente que:

1. están relacionadas por sangre o por matrimonio presente o previo
2. comparten o antes compartian una vivienda comun
3. tienen o supuestamente tienen un hijo en comun
4. comparten o supuestamente comparten una relación de sangre a traves de un hijo
5. son del sexo opuesto o del mismo sexo y han tenido una relación de noviazgo o de compromiso matrimonial
6. tienen incapacidades y sus asistentes personales o persona de quido

Si Usted es victima de crimen domestico, usted tiene derecho a:

1. hacer un reporte policial para cualquier crimen legitimo
2. que un oficial le acompañe a su residencia por un periodo de tiempo razonable para recoger sus articulos personales
3. que se le provee transportación accesible a una facilidad medica o a un lugar cercano de seguridad y si usted lo pide, cualquier dependiente (como niños) en su cuidado tambien pueden ser transportados o dependiente de un adulto.

NOMBRE DEL OFICIAL SOMETIENDO INFORME (EN LETRA DE MOLDE)

NUMERO DE ESTRELLA

NOMBRE DEL OFICIAL SOMETIENDO INFORME (EN LETRA DE MOLDE)

NUMERO DE ESTRELLA

Presentando Cargos Criminales

Para casos criminales, si no se ha hecho un arresto, y usted desea obtener cargos criminales en contra de su abusador, usted debe presentarse a la Corte de Violencia Domestica cuando antes posible despues del incidente. Traiga una copia del numero de reporte de la policia y otra información relevante (como retratos) a la Corte de Violencia Domestica en el 555 W. Harrison, Primera Planta, Lunes a Viernes, 8:30am - 1:30pm. Allí usted tratará su caso con un asistente fiscal del estado y puede pedir una orden de protección.

Ordenes de Protección

Una orden de protección es una orden de la corte por un juez obligando al abusador ha hacer ciertos actos. **Usted puede obtener una orden de la protección aunque usted viva con su abusador.** Los remedios disponibles para usted por medio de una orden de protección incluyen, pero no están limitados a:

1. prohibir que su abusador abuse, abandone, explote, descuido o persiguir para causar daño a usted
2. darle posesión exclusiva de su casa a usted
3. ordenando a su abusador a mantenerse retirado de usted en la escuela, trabajo o otro local específico
4. prohibiendo a su abusador de entrar a su casa mientras esté bajo la influencia de drogas o alcohol
5. prohibiendo a su abusador de tener armas de fuego

Obteniendo Ordenes de Protección

Usted puede obtener una orden de protección en una corte civil o criminal, y ambas tienen remedios que pueden ser enforzados por medio de arresto. Si usted no puede obtener una orden por razones de edad, salud o incapacidad, otra persona puede solicitar para usted **Corte Criminal** - ordenes se pueden obtener en el 555 W. Harrison, Primera Planta, Lunes-Viernes 8:30am -1:30pm. Se requiere que usted obtenga cargos criminales en contra de su abusador para recibir una orden de la corte criminal. **Si su abusador ya ha sido arrestado, no espere hasta la fecha de juicio para obtener una orden de protección, presentese a la corte criminal cuanto antes posible despues del incidente.**

Corte Civil - ordenes se pueden obtener en el 555 W. Harrison, Primera Planta, Lunes-Viernes 8:30am -3:00pm. Tambien se pueden hacer con un divorcio otro procedimiento civil, generalmente con la asistencia de un abogado. **Si usted no desea obtener cargos criminales usted solamente puede obtener una orden de protección en corte civil. Si usted ya tiene una orden de protección, y su abusador viola la orden de la corte, usted debe informar a la policia inmediatamente.**

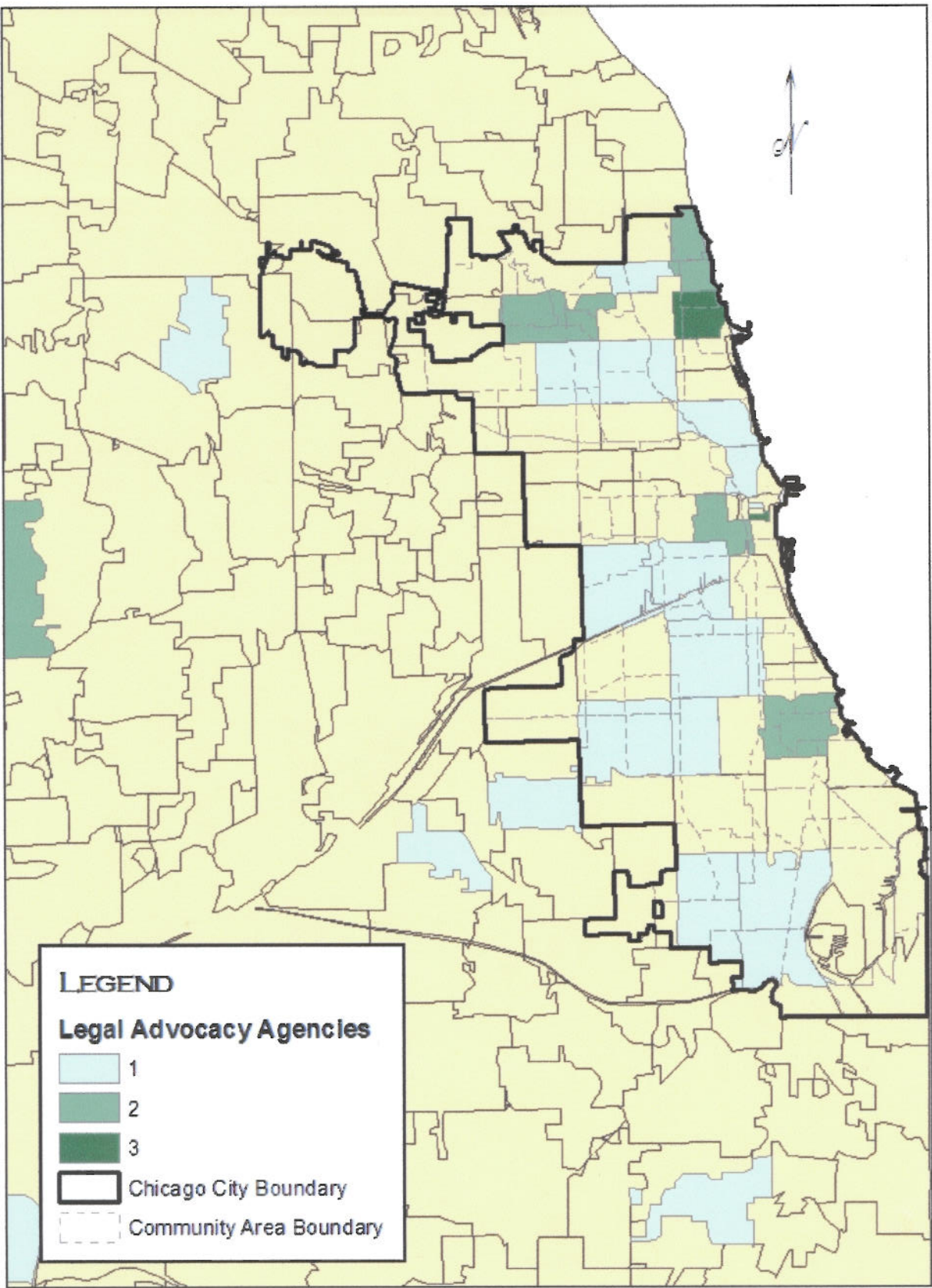
Reglamentos Sobre Fianzas

Al menos que el juez ordene lo contrario, cuando una persona acusada de un crimen es un miembro de la familia o del hogar, este/esta recibirá ordenes de NO tener contacto o hablar con la victima y NO entrar o quedarse en la residencia de la victima (aun si la comparte con el ofensor) por lo menos 72 horas despues de ser soltado de arresto. Si el ofensor viola la "regla de 72 horas," usted debe llamar la policia inmediatamente.

RECORDAR: QUE SI USTED ESTA EN PELIGRO LLAME A 911 IMEDIATAMENTE.

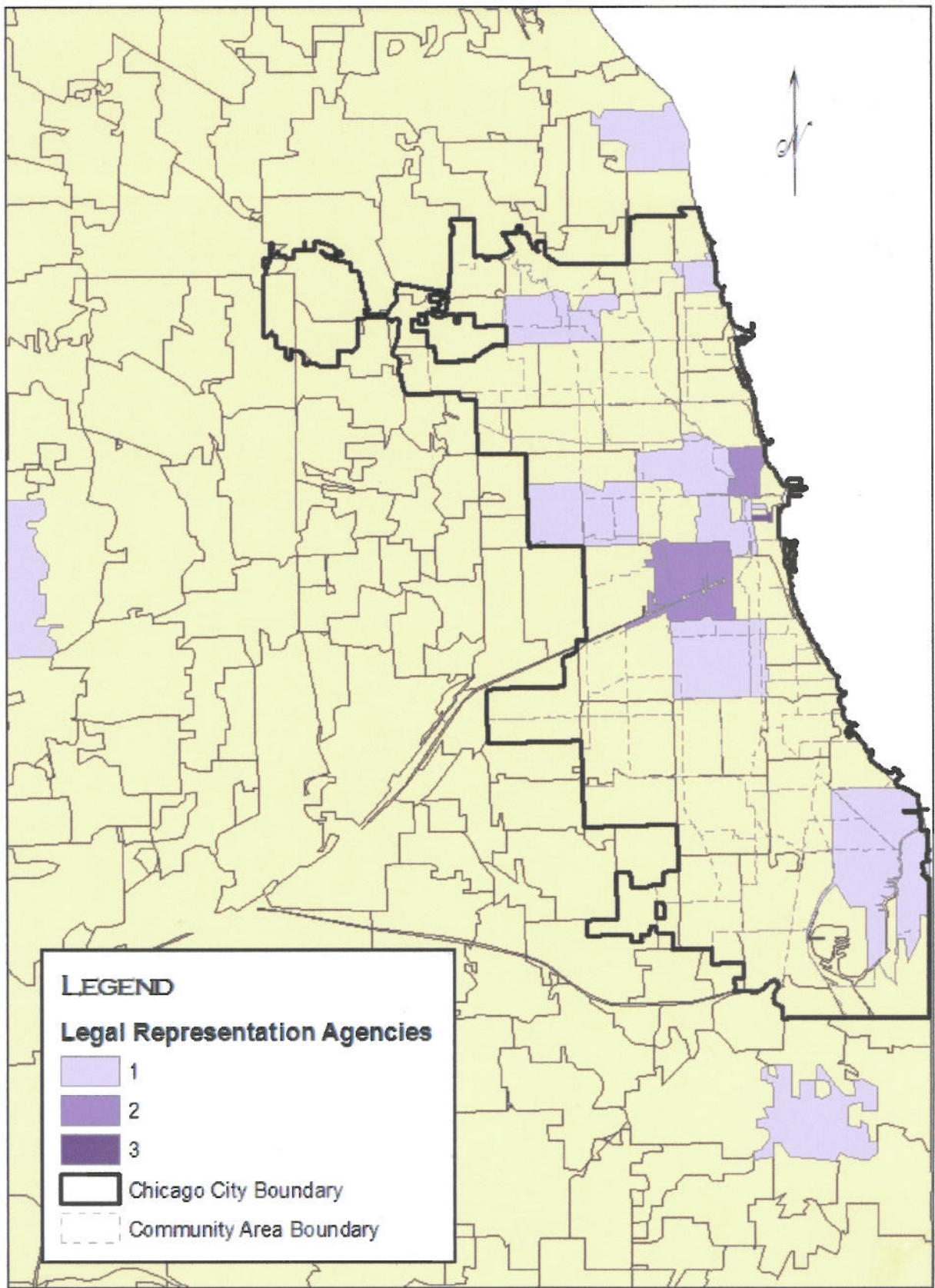
Appendix E

Map – Legal Advocacy Programs
in Domestic Violence Help Line
Database



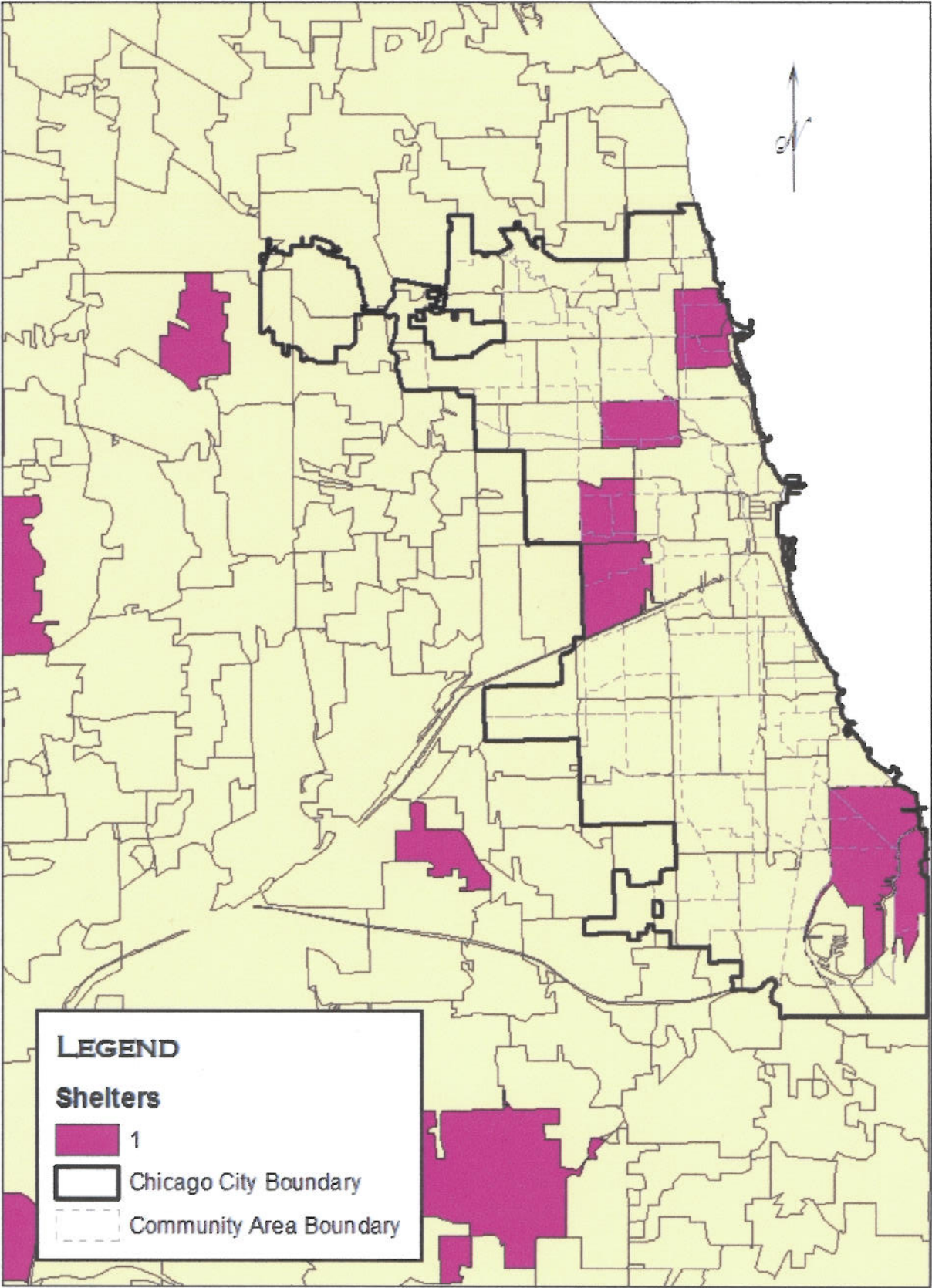
Appendix F

Map – Legal Service Providers in
Domestic Violence Help Line
Database



Appendix G

Map – Emergency Shelters in
Domestic Violence Help Line
Database



Appendix H

Continuum of Care Housing
Program Models



Fiscal Year 2007 Program Models

Interim Housing Program of stabilization and assessment, focusing on re-housing all persons, regardless of disability or background as quickly as possible in appropriate permanent housing.					
Program Type	Program Description	Essential Program Elements	Time Frame	Population	Desired /Expected Outcomes
Interim Housing	Short-term housing program that rapidly re-houses persons who are homeless into appropriate permanent housing.	<ul style="list-style-type: none"> • Housing assessment • Provision of or formalized partnership to housing referrals and placement services • Linkage to community supports and/or wraparound system of services • Access to crisis intervention • Safety assessment particularly for youth • Public benefits screening and acquisition • Provision of or linkage to psychosocial assessment • Linkage to mental health services as appropriate • Provision of or linkage to physical health assessment • Linkage to medical services as needed • Provision of or linkage to substance abuse assessment • Linkage to treatment services as appropriate • Linkage to employment assessment and job training programs as appropriate • Provision of or linkage to child focused assessment • Assistance in accessing housing relocation resources/supports (security deposits, utilities) • 24-hour basic services (showers, beds, meals, laundry, hygiene products) • Free of charge (no fees or rent) <p>In addition, for programs serving youth under 18 years of age:</p> <ul style="list-style-type: none"> • Facility license by DCFS <p>In addition, for interim housing specialized for domestic violence:</p> <ul style="list-style-type: none"> • Access to crisis intervention • Crisis and domestic violence counseling • Safety planning and assessment • Safe, undisclosed location for both services and housing • Legal advocacy for Orders of Protection 	120-day goal.	All consumers.	<p>Outcome: Clients will secure appropriate permanent housing.</p> <p>Indicator: 50% of adult clients are placed in permanent housing.</p> <p>70% of clients remain housed at the six-month follow-up.</p> <p>For domestic violence interim housing programs: 50% of clients remain housed at the six month follow-up.</p> <p>75% of youth are placed in permanent housing (includes family and/or community reunification, long-term housing, and residential programs).</p> <p>Outcome: Clients are connected to needed services and/or resources.</p> <p>Indicators: 85% of clients are assessed for benefits eligibility. 65% of youth are enrolled in benefits programs.</p> <p>Outcome: Clients are assisted to safety from domestic violence.</p> <p>Indicators: 80% of clients learn safety planning 80% of clients learn about the cycle of violence</p>



Fiscal Year 2007 Program Models

Permanent Housing					
Housing where individuals may remain with no program imposed time limits. Housing may include various combinations of subsidy resources and services.					
Program Type	Program Description	Essential Program Elements	Time Frame	Population	Desired /Expected Outcomes
Project-Based, Age Appropriate Stable Housing for Youth	Shared living or clustered apartments with on-site supportive services.	<p>The following services or characteristics should be located on-site, as part of the program:</p> <ul style="list-style-type: none"> • Age-appropriate intake assessment, including child focused assessment for resident's children (if appropriate) • Age-appropriate individualized service plan • Mental health crisis intervention • Substance abuse services • Education and vocational assistance • Independent living skills training • On-site, 24 hour supervision and Facility license by appropriate DCFS (when serving youth under 18 years of age) <p>The provision of site-based intensive community-based case management services which are required to include the provision of, directly or through linkage agreements:</p> <ul style="list-style-type: none"> • Intensive parenting training (if appropriate) • Primary health care • Substance abuse services 	Through 21 years of age	Youth ages 16-21	<p>Outcome: Youth remain in stable housing.</p> <p>Indicator: 50% of clients remain appropriately housed for at least 12 months.</p> <p>50% will demonstrate increased income levels.</p> <p>75% will demonstrate increase independent living skill levels.</p>
Permanent Housing with Short-Term Support (PHwSS) Rolling Stock Permanent Housing	Housing and service model that provides a short-term housing subsidy (up to 2 years) with wrap-around supportive services. Units may be scattered-site or project-based. At end of program subsidy term, client assumes lease. Housing subsidy transitions to new client.	<ul style="list-style-type: none"> • Client assessment of housing and services needs • Provision of rent subsidies • Provision of or linkage to agency-based Permanent housing property management • Provision of or linkage to intensive community-based case management services scaling down over time as household becomes more independent. • Provision of or linkage to child focused assessment • Housing placement • Assistance in accessing housing relocation resources/supports (security deposits, utilities) 	Up to 2 years of housing subsidy and intensive case management. 6 months of follow-up services provided. No time limit on housing unit.	All consumers. Persons who are able to live independently in scattered-site or project-based apartment models with supportive services.	<p>Outcome: Clients remain in permanent housing.</p> <p>Indicator: 75% of clients assume the apartment lease (or maintain other independent, stable housing) within 2 years.</p> <p>75% of clients increase their incomes through entitlements, employment, education or training within 2 years.</p>



Fiscal Year 2007 Program Models

Program Type	Program Description	Essential Program Elements	Time Frame	Population	Desired /Expected Outcomes
Permanent Housing with Long Term Support	Housing and services model that provides a long-term housing subsidy with wrap-around supportive services. Units may be scattered site or project based.	<ul style="list-style-type: none"> • Client assessment of housing and services • Provision of rent subsidies • Provision of or linkage to agency-based Permanent housing property management • Provision of or linkage to intensive community-based case management services scaling down over time as household becomes more independent. • Benefits acquisition • Assistance in accessing housing relocation resources/supports (security deposits, utilities, etc) • Provision of or linkage to child focused assessment 24-hour on call services/on-site supervision if appropriate 	No time limit on housing unit.	All consumers. Eligibility may be determined by subsidy provided.	<p>Outcome: Clients remain in permanent housing.</p> <p>Indicator: 85% of clients remain permanently housed for 12 months. 65% of clients will remain permanently housed for 24 months.</p> <p>30% of clients increase their incomes through entitlements, employment, education, or training within the first year.</p>
Project-Based Permanent Supportive Housing	Permanent apartments with on-site supportive services for persons who are formerly homeless and have a disability.	<ul style="list-style-type: none"> • Provision of permanent rent subsidies • Client assessment of housing and services • Permanent housing property management • Case management offered on-site • Assistance in accessing housing relocation resources/supports (security deposits, utilities, furnishings, etc) • Benefits acquisition (follow-up on assistance initiated in interim housing) • Direct provision of or linkage to range of needed services including medical care, mental health care, substance abuse treatment, employment training/placement, legal assistance, parenting support, etc. • Provision of or linkage to child focused assessment • 24-hour on call services or on-site supervision if appropriate <p>Community-building activities</p>	No time limits	All consumers. Eligibility may be determined by subsidy provided.	<p>Outcome: Clients will remain in permanent housing.</p> <p>Indicator: 85% of clients will remain permanently housed for 12 months. 65% of clients will remain permanently housed for 24 months.</p> <p>85% of those without a reliable source of income at program entry will increase their income within the first year through acquisition of benefits, employment, or a combination of both.</p> <p>70% of those with serious mental illness and/or substance users will avoid inpatient treatment.</p> <p>75% of clients will avoid incarceration annually.</p>



Fiscal Year 2007 Program Models

Program Type	Program Description	Essential Program Elements	Time Frame	Population	Desired /Expected Outcomes
Scattered-Site Permanent Supportive Housing	Permanent apartments dispersed within the community for people who are formerly homeless and have a disability. Provision of supportive services is on-site or in easily accessible community locations.	<ul style="list-style-type: none"> • Provision of permanent rent subsidies • Client assessment of housing and services • Provision of or linkage to agency-based Permanent housing property management • Case management offered on-site at housing unit or at community-based location (must be available at housing unit if clinically indicated/as needed) • Assistance in accessing housing relocation resources/supports (security deposits, utilities, furnishings, etc) • Benefits acquisition (follow-up on assistance initiated in interim housing) • Direct provision of or linkage to range of needed services including medical care, mental health care, substance abuse treatment, employment training/placement, legal assistance, parenting support, etc. • Provision of or linkage to child focused assessment • 24-hour on call services or on-site supervision if appropriate Community-building activities	No time limits	All consumers. Eligibility may be determined by subsidy provided.	<p>Outcome: Clients will remain in permanent housing.</p> <p>Indicator: 85% of clients will remain permanently housed for 12 months. 65% of clients will remain permanently housed for 24 months.</p> <p>85% of those without a reliable source of income at program entry will increase their income within the first year through acquisition of benefits, employment, or a combination of both.</p> <p>70% of those with serious mental illness and/or substance users will avoid inpatient treatment.</p> <p>75% of clients will avoid incarceration annually.</p>



Fiscal Year 2007 Program Models

Program Type	Program Description	Essential Program Elements	Time Frame	Population	Desired /Expected Outcomes
HOPWA Long-Term Rental Assistance	Housing and services model that provides a long-term housing subsidy with wrap-around supportive services to persons living with HIV/AIDS.	<ul style="list-style-type: none"> • Client assessment of housing and services needs • Provision of permanent rent subsidies • Provision of or linkage to agency-based Permanent housing property management • Provision of or linkage to intensive community-based case management services • Provision of or linkage to child focused assessment • Housing placement • Assistance in accessing housing relocation resources/supports (security deposits, utilities) 	No time limit.	Persons living with HIV/AIDS.	<p>Outcome: Clients remain in permanent housing.</p> <p>Indicator: 85% of clients remain permanently housed for 12 months. 65% of clients remain permanently housed for 24 months.</p>
Harm Reduction Permanent Housing	Voluntary supportive living environment based on the principles of consumer choice. Recognizes that consumers can be at different stages of recovery, and that the choices they make will not adversely affect their housing status or treatment options.	<ul style="list-style-type: none"> • No requirement for sobriety or substance treatment. • Provision of permanent rent subsidies • Client assessment of housing and services • Provision of or linkage to agency-based Permanent housing property management • Public benefits screening and acquisition • Service enriched environment with case management and clinical services offered on site • 24 hour on-site supervision 	No time limit	Consumers with chronic substance abuse or dual diagnosis	<p>Outcome: Clients will remain in permanent housing.</p> <p>Indicators: 85% of clients will remain permanently housed for 12 months.</p> <p>85% of those without a reliable source of income at program entry will increase their income within the first year through acquisition of benefits, employment, or a combination of both.</p> <p>70% of clients will avoid inpatient treatment. 75% of clients will avoid incarceration annually.</p>
Abstinence-Based Permanent Housing	Housing that provides a structured, sober environment for individuals recovering from addiction to alcohol and/or other drugs. These programs emphasize recovery and treatment within a structured, therapeutic setting. Residents are encouraged to integrate with the community and to access community resources, including self-help groups and employment.	<ul style="list-style-type: none"> • Sobriety requirement • Provision of permanent rent subsidies • DASA licensed as appropriate or as required • Client assessment of housing and services • Provision of or linkage to agency-based Permanent housing property management • Public benefits screening and acquisition • Service enriched environment with case management and clinical services offered on site • Linkage to treatment centers, both residential and outpatient • Medical, psychological assessment and referrals to services • Linkage to community supports and/or wrap-around system of services 	No time limit	Consumers in substance abuse recovery. May be enrolled in residential or outpatient treatment.	<p>Outcome: Clients will remain in permanent housing.</p> <p>Indicators: 85% of clients will remain permanently housed for 12 months.</p> <p>85% of those without a reliable source of income at program entry will increase their income within the first year through acquisition of benefits, employment, or a combination of both.</p> <p>70% of clients will avoid inpatient treatment. 75% of clients will avoid incarceration annually.</p>



Fiscal Year 2007 Program Models

Program Type	Program Description	Essential Program Elements	Time Frame	Population	Desired /Expected Outcomes
Safe Haven	Safe Havens are open stay, no demand, and service enriched housing programs for persons with serious mental illness or dual disorders (MI/SA), who are hard to engage in services. Designated to be safe, non-intrusive, living environments in which skilled staff works gradually over time to engage persons in housing and needed services. No requirement for clients to participate in services.	<ul style="list-style-type: none"> • Provision of permanent rent subsidies • Engagement/relationship building • Crisis intervention • Provision of basic needs services • 24 hour care availability • Client assessment of housing and service needs • Benefits screening and acquisition • Maintenance and management of income and benefits • Linkage to mental health and substance abuse treatment and other services Desired /Expected by client • Housing placement if Desired /Expected by client • Assistance in accessing housing relocation resources/supports (security deposits, utilities, furnishings, etc) 	No time limits	Hard to engage persons with serious mental illness or dual disorders (MI/SA) who are not currently engaged in housing or systems of care.	<p>Outcome: Clients will remain in permanent housing.</p> <p>Indicators:</p> <p>100% of clients will have their basic needs for shelter, food, and safety met.</p> <p>95% of clients without reliable sources of income at entry will increase their income through acquisition of benefits or employment.</p> <p>90% of all participants will avoid incarceration.</p> <p>80% of clients access permanent housing at program departure.</p> <p>80% of clients will be successfully engaged in mental health and/or substance abuse treatment and other services Desired /Expected by client</p>



Fiscal Year 2007 Program Models

System Resource Components

System-wide resources necessary to facilitate a cohesive homeless system.

Components work in tandem with program models to provide comprehensive services that assist consumers in accessing the homeless service system.

Affordable Housing	Housing where the occupant is paying no more than thirty percent (30%) of gross income for gross housing costs, including utility costs.
Chicago 311 Information and Referral	City of Chicago information and services hotline. Citizens can dial 311 from any phone and request various City services including shelter and transportation to shelter. Citizens can also obtain general information about services and events in and around Chicago. Citizens are also linked the Prevention Call Center, Domestic Violence Helpline, and Housing Resource Database as appropriate.
Citywide coordinated and collaborative systems	Provides coordinated networks for housing location, housing retention, employment services, wrap-around services, discharge planning, community-based case management, etc.
Community Voice Mail	Provides 24 hour voice mail service for phone-less, homeless, and / or low-income individuals enabling them to connect with employers, housing , service providers, and family This tool is operated by Inspiration Corporation in collaboration with more than 50 homeless services providers.
Discharge Planning	Coordinated agreements and planning with mainstream agencies to avoid discharge into homelessness. Includes system advocacy, coordination, and cooperation of mainstream agencies.
Domestic Violence Helpline	Operated by the Chicago Metropolitan Battered Women's Network, this city-wide referral helpline is a toll-free phone number exclusively devoted to domestic violence calls. The Helpline operates 24 hours a day, seven days a week, and is staffed by certified domestic violence trained counselors. The helpline accepts inquiries from police officers, hospitals, prosecutors and victims of domestic violence.
Homeless Management Information System (HMIS)	Computerized data collection system for Chicago designed to capture client-level information on characteristics and service needs of households experiencing homelessness.
Homeless Prevention Call Center	Single access point to resources to assist people in danger of becoming homeless. Based on needs assessment, households receive appropriate information and referral and/or linkage to prevention resources. This may include one-time financial assistance, rent support, or legal services.
Housing Resources Database	Housing clearinghouse designed to improve access to available permanent, affordable housing units region-wide. Provides real-time, internet accessible information to homeless service providers and especially to housing locators.
Mainstream Resources	Services made available to the general population. Includes a wide array of resources such as mental health services, substance abuse treatment and counseling, income supports, health care, education resources, job training, public transportation, and childcare. Churches, community groups, schools, community centers, and city and state government may provide resources.
RealBenefits	RealBenefits helps enroll clients in publicly-sponsored programs including health care, nutrition, child care, utilities, and other vital services. RealBenefits is accessibly thorough a single Internet website, www.realbenefits.org . Continuum of Care providers can access training and technical assistance related to RealBenefits.
Training and Technical Assistance	Range of training and technical assistance available to Continuum of Care members on topic such as conversion, Housing First, program development, and capacity-building. Sponsored through the Continuum of Care office, and provided by various community experts including CESO, CSH, and private consultants.
Transportation to housing and interim housing	Provides transportation to interim housing within a reasonable timeframe. Services are linked through 311.

Appendix I DCFS Domestic Violence Screen

Attachment

**State of Illinois
Department of Children and Family Services
Domestic Violence Screen**

Case Name:	Report Date:	Date Screen Completed:
SCR/CYCIS Number:	Agency Name:	
Worker Name:	RTO/RSF:	Worker ID:

I. WHEN TO USE THE SCREEN

The **Domestic Violence Screen** has been developed to assist in the identification of domestic violence in the home and associated risk and safety issues. A *Domestic Violence Screen must be completed for all family reports.*

CHILD PROTECTIVE SERVICE WORKERS shall complete the Domestic Violence Screen at the following case milestones:

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

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

CHILD WELFARE SPECIALIST/INTACT FAMILY SERVICES WORKERS shall complete the Domestic Violence Screen at the following case milestones:

- Within five days of the initial case assignment;

Note: When case circumstances have not changed and the worker has consulted with his or her supervisor, the worker may re-certify the **Domestic Violence Screen** completed by the CPSW.

- As part of the 45 day assessment;
- Prior to transferring the case to a new worker;

Note: When a **Domestic Violence Screen** has been completed within 30 days of the case transfer and the case circumstances have not changed, the worker may re-certify the screen after consultation with his or her supervisor.

- Every six months as part of the ongoing assessment;
- Whenever domestic violence is suspected or identified;
- Whenever considering screening the case with the State's Attorney; and
- When assessing whether to close the case and immediately prior to staffing the case for closure with the intact family supervisor, a new screen must be completed in addition to the requirements of **Rules 315, Section 315.310, Termination of Services and Planning for Aftercare**.

PERMANENCY WORKERS shall complete the Domestic Violence Screen for placement cases at the following case milestones.

- Within 45 working days after initial case assignment and upon transfer of the case when there are *other children still in the home* as part of an open family case assigned to the worker. Assess safety in the child's return home environment and document the conditions or behavior that continues to prevent the child from being returned home. The continued safety of every child still in the home must also be documented.
- When considering the commencement of unsupervised visits in the home of the parent or guardian.
- Before an administrative case review when the child in care has a return home goal *and there are other children still in the home* as part of an open family case assigned to the worker.
- Within 24 hours prior to returning a child home. The **Domestic Violence Screen** must be completed on the child's return home environment.
- Within five working days after a child is returned home and every month thereafter until the family case is closed.
- When considering whether to close a reunification service case, the **Domestic Violence Screen** must be completed immediately prior to staffing the case for closure with the permanency supervisor.

- Whenever evidence or circumstances suggests the presence of domestic violence poses a risk or safety concern for the child whether in the home of a foster parent, relative caregiver or pre-adoptive parent.

Note: Upon transfer and assignment of a case where 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 workers must discuss the domestic violence case issues and a summary of the discussion documented in the case file.

II. IDENTIFYING DOMESTIC VIOLENCE

Significant Indicators

Significant indicators of domestic violence are the physical signs and/or verifiable reports to consider during the assessment. **The screen is complete after this section if no evidence of significant indicators exists. Complete the *Verbal Indicators* section if any of the significant indicators have been identified.**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Third party reports of domestic violence.
<input type="checkbox"/>	<input type="checkbox"/>	Criminal history of assault or damage to property that has been verified through LEADS.
<input type="checkbox"/>	<input type="checkbox"/>	Physical injuries to an adult (e.g., bruises, cuts, black eyes, marks on neck).
<input type="checkbox"/>	<input type="checkbox"/>	One partner seems to control everything (e.g., answers questions for the other partner).
<input type="checkbox"/>	<input type="checkbox"/>	Observed damage to home (e.g., phone ripped from wall, holes in wall, broken doors or furniture).
<input type="checkbox"/>	<input type="checkbox"/>	Self-reported incident or incidents of domestic violence.
<input type="checkbox"/>	<input type="checkbox"/>	One partner uses children to control what the other partner says, does or thinks.
<input type="checkbox"/>	<input type="checkbox"/>	Prior or current police involvement for domestic violence.
<input type="checkbox"/>	<input type="checkbox"/>	An existing order of protection.
<input type="checkbox"/>	<input type="checkbox"/>	A history of receiving domestic violence services.

Note: If there is current police involvement, summarize the extent of the involvement. Whenever a worker learns of an existing order of protection, the worker must include a copy of the order in the case file. If the client is unsure of the existence of an order of protection, the worker shall utilize LEADS to determine if there is such an order. Include the report number, date and time of occurrence.

Verbal Indicators

If any significant indicators are present, the following questions must be asked of the adult who is a suspected or known victim of domestic violence. **Do not interview the victim with the**

batterer or other members of the household present. The screen is complete if no verbal indicators are present. **Complete the assessment section if verbal indicators are present.**

Yes No

- Has your partner ever tried to keep you away from your family, friends, work or neighbors?
- Has your partner ever threatened you or done something else that frightened you?
- Has your partner ever pushed, slapped, punched, kicked or hurt you in other ways?
- Has your partner ever threatened to use the children to control you in any way?

III. ASSESSMENT (Level of Risk and Safety)

Assess the risk and safety in cases where domestic violence has been identified or suspected by using the interview tools in the Domestic Violence Practice Guide. With the information gathered, answer the following five questions: (Carter and Schechter, 1997)

Was or is there physical danger posed to the child from the batterer?

Does the physical, developmental, or emotional impact of the domestic violence on the children rise to the level of suspected abuse or neglect?

Are there strategies the adult victim has used in the past that can be supported or strengthened to protect the children?

Has the batterer ever used or threatened to use weapons of *any* kind?

In consultation with the supervisor, what if any action is required to address safety and/or risk?

Comments

Worker's Signature:

Date:

Supervisor's Signature:

Date:

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Appendix J

DCFS Child Endangerment Risk
Assessment Protocol and Safety
Plan

CHILD ENDANGERMENT RISK ASSESSMENT PROTOCOL
SAFETY DETERMINATION FORM

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

When to Complete the Form:

For child protection investigation and child welfare intake purposes, the safety assessment must be conducted, at a minimum, at the following case milestones (check the appropriate box):

- 1. Within 24 hours after the investigator first SEES the alleged child victim(s).
- 2. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.
- 3. Every five working days following the determination that any child in a family is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe **or** all unsafe children are removed from the **legal** custody of their parents/caretakers. This assessment should be conducted considering the child's safety status as if there was no safety plan (i.e., would the child be safe WITHOUT the safety plan?).
- 4. At the conclusion of the formal investigation, unless a service case is opened. All children in the home, alleged victims and non-involved children, must be included. This provision may be waived by the supervisor if the initial safety assessment was marked safe and no more than 30 days have elapsed since it was completed
- 5. At CWS Intake within 24 hours of seeing the children

For intact family purposes, the safety assessment must be conducted, at a minimum, at the following case milestones (check the appropriate box):

- 1. Within 5 working days after initial case assignment and upon any and all subsequent case transfers. **Note: If the child abuse/neglect investigation is pending at the time of case assignment, the Child Protection Service Worker remains responsible for safety assessment and safety planning until the investigation is complete.**
- 2. Every 6 months from case opening
- 3. When considering whether to close an intact service case, a safety assessment must be done immediately prior to supervisory approval of the critical decision.
- 4. Every five working days following the determination that any child in a family is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe **or** all unsafe children are removed from the **legal** custody of their parents/caretakers. This assessment should be conducted considering the child's safety status as if there was no safety plan (i.e., would the child be safe WITHOUT the safety plan?).
- 5. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

For placement cases, the safety assessment must be conducted, at a minimum, at the following case milestones (check the appropriate box):

- 1. Within 5 working days after initial case assignment and upon any and all subsequent case transfers **when there are other children still in the home as part of an open family case assigned to the worker**. Assess safety in the child's return home environment and document the conditions or behavior which continue to prevent return home and document the continuous safety of every child still in the home. **Note: If the child abuse/neglect investigation is pending at the time of case assignment, the Child Protection Service Worker remains responsible for safety assessment and safety planning until the investigation is complete.**
- 2. When considering the commencement of unsupervised visits in home of parent or guardian. (Assess safety in the child's return home environment.)
- 3. Before an administrative case review when a child in care has a return home goal and there are other children still in the home as part of an open family case **assigned to the worker**.
- 4. Every six months from family case opening when a child in care has a permanency goal other than return home and other children are still in the home as part of an open family case **assigned to the worker**.. The CERAP is to be completed on the children still at home only.
- 5. Within 24 hours prior to returning a child home. (Assess safety in the child's return home environment.)
- 6. Within five working days after a child is returned home and every month thereafter until the family case is closed.
- 7. Every five working days following the determination that any child in a family is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe **or** all unsafe children are removed from the **legal** custody of their parents/caretakers. This assessment should be conducted considering the child's safety status as if there was no safety plan (i.e., would the child be safe WITHOUT the safety plan?).
- 8. When considering whether to close a reunification service case, a safety assessment must be done immediately prior to supervisory approval of the critical decision.
- 9. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy in home of foster parent, relative caregiver, or pre-adoptive parent.

Name of caregiver: _____

SECTION 1. SAFETY ASSESSMENT
Part A. Safety Factor Identification

Directions

The following list of factors are behaviors or conditions that may be associated with a child(ren) being in immediate danger of moderate to severe harm. **NOTE: At the initial safety assessment, all alleged child victims and all other children residing in the home are to be seen and if verbal, interviewed out of the presence of the caretaker and alleged perpetrator, if possible. If some children are not at home during the initial investigation, do not delay the safety assessment. Complete a new safety assessment on the children who are not home at the earliest opportunity only if the safety assessment changes. If there is no change, certify the current assessment at the bottom of page 3. For all other safety assessments, all children residing in the home are to be seen, and if verbal, interviewed out of the presence of the caretaker and alleged perpetrator, if possible.** When assessing children's safety, consider the effects that any adults or members of the household who have access to them could have on their safety. Identify the presence of each factor by checking "Yes," which is defined as "clear evidence or other cause for concern."

1. Yes No Any member of the household's behavior is violent and out of control.
2. Yes No Any member of the household describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
3. Yes No There is reasonable cause to suspect that a member of the household caused moderate to severe harm or has made a plausible threat of moderate to severe harm to the child.
4. Yes No There is reason to believe that the family is about to flee or refuse access to the child, and/or the child's whereabouts cannot be ascertained.
5. Yes No Caretaker has not, will not, or is unable to provide sufficient supervision to protect child from potentially moderate to severe harm.
6. Yes No Caretaker has not, or is unable to meet the child's medical care needs that may result in moderate to severe health care problems if left unattended.
7. Yes No Any member of the household has previously or may have previously abused or neglected a child, and the severity of the maltreatment, or the caretaker's or other adult's response to the prior incident, suggests that child safety may be an urgent and immediate concern.
8. Yes No Child is fearful of people living in or frequenting the home.
9. Yes No Caretaker has not, or is unable to meet the child's immediate needs for food, clothing, and/or shelter; the child's physical living conditions are hazardous and may cause moderate to severe harm.
10. Yes No Child sexual abuse is suspected and circumstances suggest that the child safety may be an immediate concern.
11. Yes No Any member of the household's alleged or observed drug or alcohol abuse may seriously affect his/her ability to supervise, protect, or care for the child.
12. Yes No Any member of the household's alleged or observed physical/mental illness or developmental disability may seriously affect his/her ability to supervise, protect or care for the child.
13. Yes No The presence of domestic violence which affects caretaker's ability to care for and/or protect child from imminent, moderate to severe harm.
14. Yes No A paramour is the alleged or indicated perpetrator of physical abuse.
15. Yes No Other (specify) _____

PART B.1. Safety Factor Description

Directions:

IF SAFETY FACTOR(S) ARE CHECKED “YES”:

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

IF NO SAFETY FACTORS ARE CHECKED “YES”:

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

Empty space for providing details for Part B.1.

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

Empty space for listing children and adults not assessed in Part B.2.

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

Worker's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

PART B.3. Family Strengths or Mitigating Circumstances

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

Safety Factor # 1. Family Strengths

2. Mitigating Circumstances

SECTION 2: SAFETY DECISION

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

- A. SAFE There are no children likely to be in immediate danger of moderate to severe harm at this time. No safety plan shall be done.
- B. UNSAFE A safety plan must be developed and implemented **or** one or more children must be removed from the home because without the plan they are likely to be in immediate danger of moderate to severe harm.

SIGNATURE/DATES

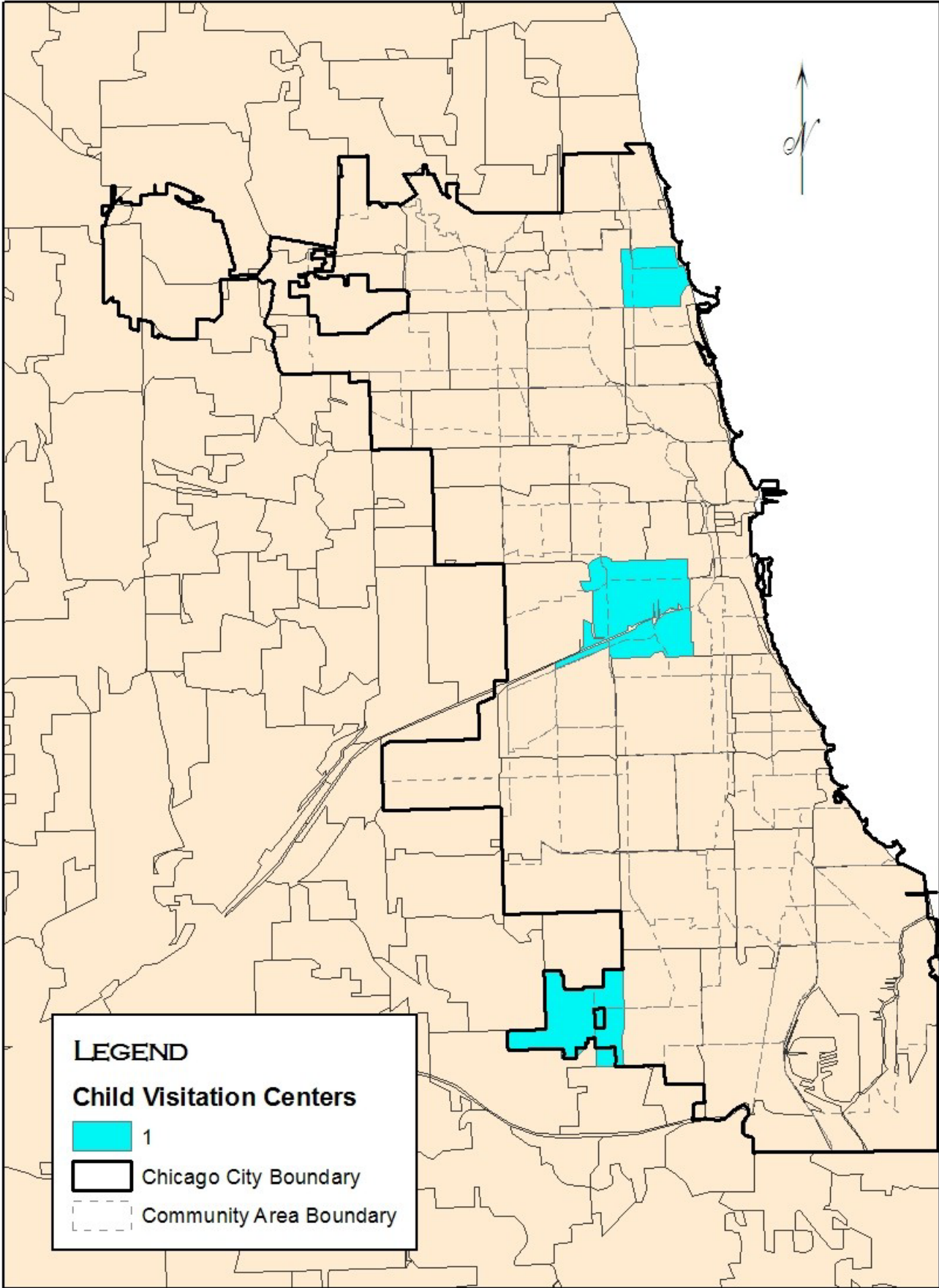
The safety assessment and decision were based on the information known at the time and were made in good faith.

Worker _____ Date _____

Supervisor _____ Date _____

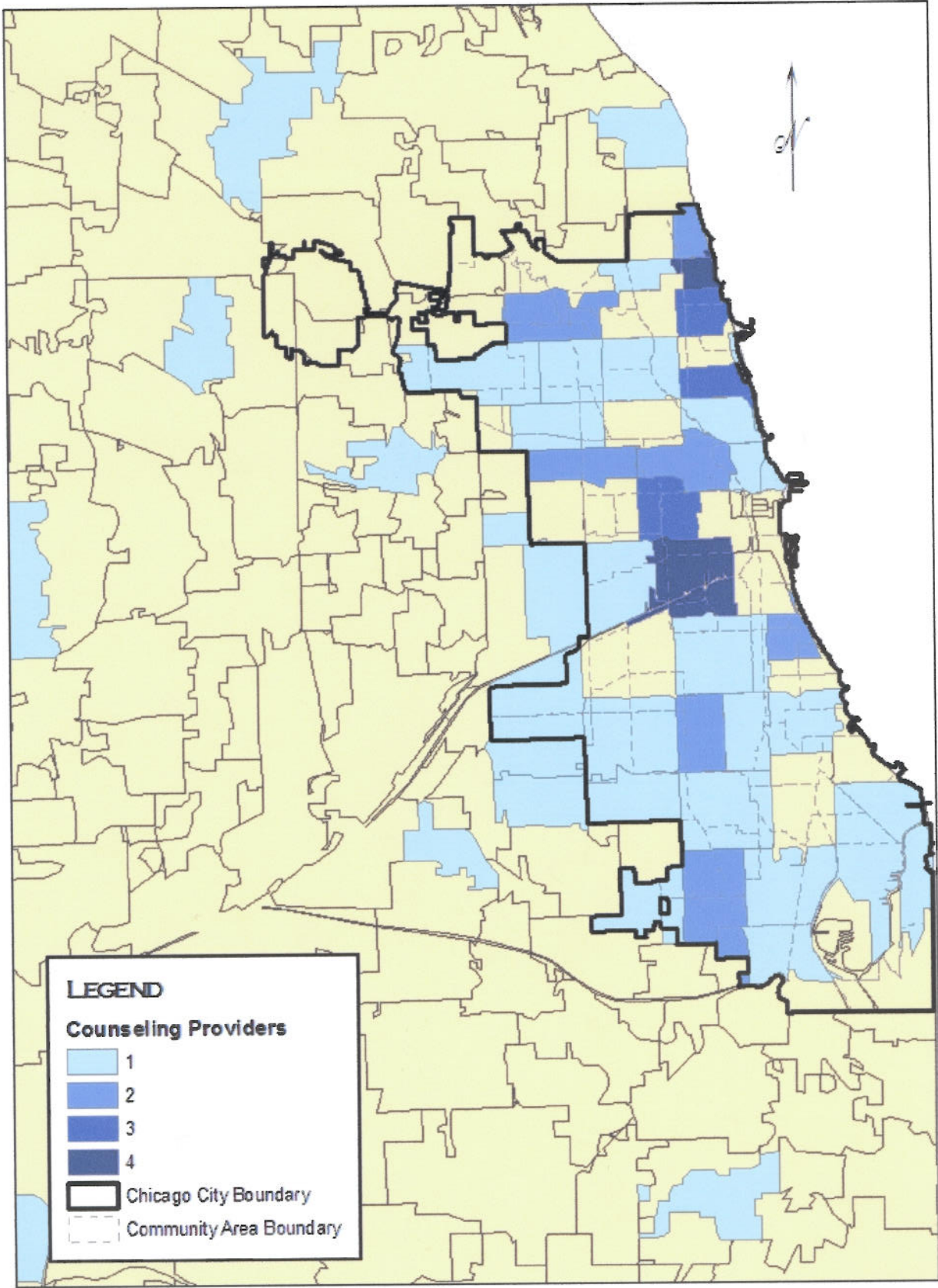
Appendix K

Map – Child Visitation and Safe
Exchange Centers



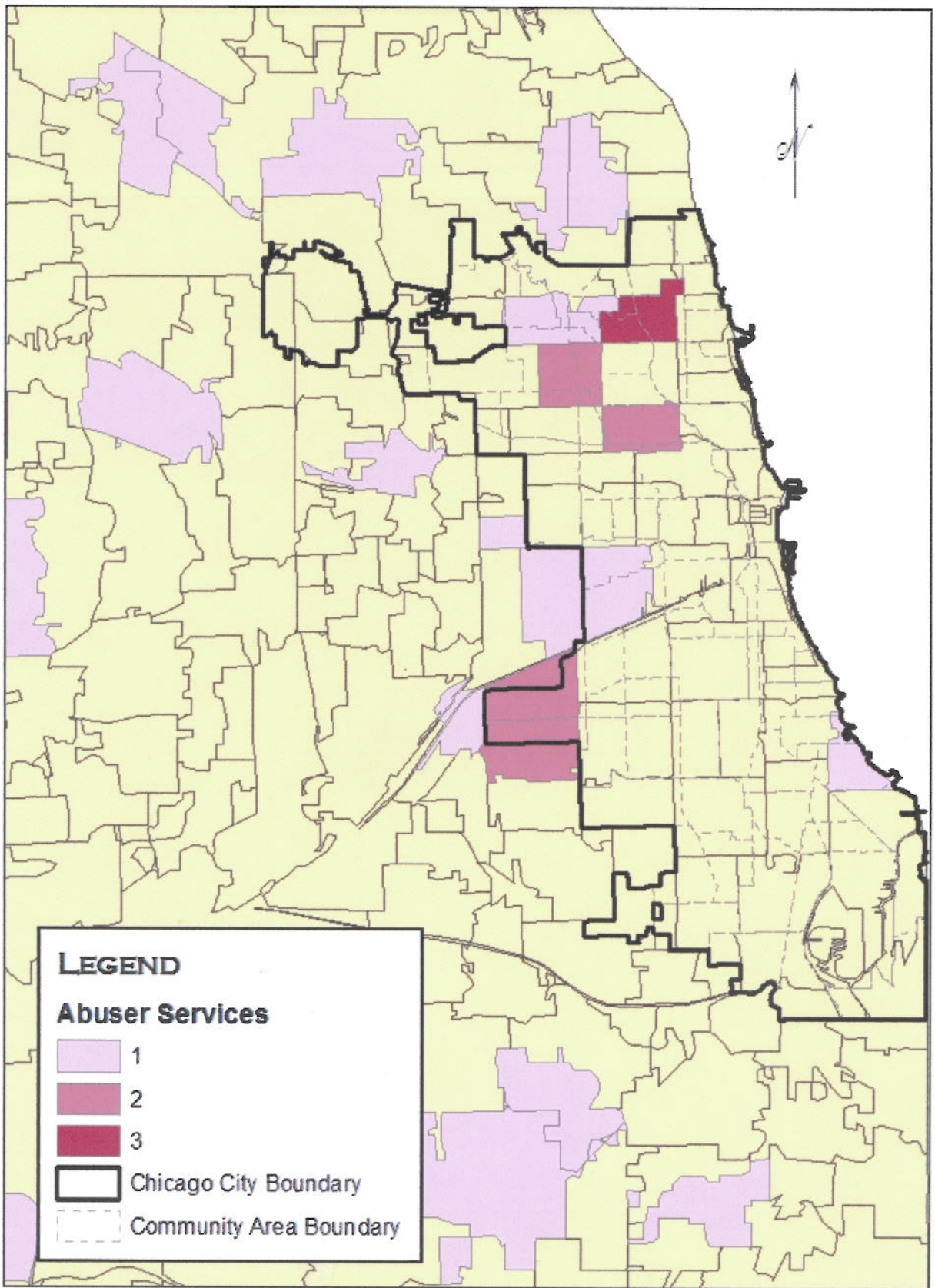
Appendix L

Map – Counseling Agencies in
Domestic Violence Help Line
Database



Appendix M

Map – Abuser Services in Domestic
Violence Help Line Database



Appendix N

Chicago Public Schools Domestic
Violence Policy

Chicago Public Schools Policy Manual

Title: POLICY AND PROCEDURES IN RESPONSE TO STUDENT AND PARENT REPORTS OF INCIDENTS OF DOMESTIC VIOLENCE

Section: 704.4

Board Report: 99-0728-PO2

Date Adopted: July 28, 1999

Policy:

INTRODUCTION

Domestic violence has been referred to as a training ground for a violent society. Domestic violence is a set of abusive behaviors which can include physical, emotional, sexual, psychological and economic abuse. It is critical to understand that domestic violence includes a pattern of power and control that one person (the perpetrator) exercises over another (the victim) that physically harms, induces fear, or prevents or forces the victim to act in a manner that he or she does not wish to act.

Given that the repercussions of domestic violence on students carry over into the school setting, and that the Illinois Domestic Violence Act created a legal remedy for domestic violence victims called an "Order of Protection," and that CPS personnel should respond appropriately to reported or suspected incidents of domestic violence, this policy sets forth the following guidelines.

II. GENERAL GUIDELINES FOLLOWING PARENT/GUARDIAN NOTIFICATION OR STUDENT DISCLOSURE:

Reporting of Information

School personnel who are notified by a parent/guardian or student about an incident of domestic violence must report the information to the Principal or the Principal's designee.

Referrals

The Principal or Designee must make appropriate referrals and immediately provide information to CPS Pupil Support Services staff (counselor, nurse, social worker, psychologist) by using the "Request for Student Support Services" form (see Attachment A).

If intervention and support services are needed by the student or are deemed appropriate, and if the parent/guardian reports domestic violence in person, then school staff is to contact the Principal or Designee immediately. The Principal or Designee is to try to obtain the parent/guardian consent for counseling prior to the parent or guardian leaving the school, using the "Informed Consent for Counseling" form (see Attachment B). This may also be an appropriate time to ask the parent or guardian if she or he is currently receiving outside support services for domestic violence, and to provide the parent or guardian with a copy of the information sheet which describes the domestic violence assistance services which are available and the telephone number of the City of Chicago Domestic Violence Help Line (1-877-863-6388).

III. ORDERS OF PROTECTION

Staff of the Chicago Public Schools are prohibited from providing the location or address of the petitioner for an order of protection or the identity of the schools in the district in which the petitioner's child or children are enrolled to the person against whom the order of protection was issued.

Principal's Receipt of the Order of Protection

When the Principal or Designee receives a certified copy of an Order of Protection from the parent/guardian or student as the petitioner, the Principal will take all reasonable measures in the school to assure the safety of the students named in the Order of Protection. The Principal will inform appropriate staff (such as the classroom teacher or teachers, security personnel, school clerk, Assistant Principal, Counselor, and/or Pupil Support Services staff), in writing, on a need-to-know basis only.

Referrals

If intervention and support services are needed by the student, the Principal or Designee must make appropriate referrals and provide information to Pupil Support Services staff by using the "Request for Student Support Services" and the "Informed Consent for Counseling," after first obtaining parent/guardian consent for intervention and support services.

Multiple Children

At one school: If the Order of Protection covers more than one child at the school, the Principal or Designee shall make certain that all procedures in this policy are followed for each child at that school.

At two or more schools: If the Order of Protection covers children who are students at other schools, the Principal at the first school that the parent/guardian informs is considered the Intake School Principal. This Principal is to get the names of other children and the schools that they attend from the parent/guardian. The Intake School Principal is to send copies of the Order of Protection to the other Principals involved; upon receipt of the copy of the Order of Protection, the other Principals are to follow all procedures in this policy for the student or students enrolled in their schools.

Emergency Cards

The Principal or Designee will ensure that specific notation is placed on the student's Emergency Information Card, as appropriate.

Mainframe Entry

The Intake School Principal will have notice of the Order of Protection for all students named in the Order of Protection entered on the system's mainframe computer system, whether the students are enrolled in the Intake School or not.

Early Dismissal; Field Trips; After-School Activities; Transfer; Requests For Information About Location of Parents or Children

School personnel are to check the Emergency Card file when a parent/guardian requests early dismissal of a student. If the Emergency Information Card indicates the existence of an Order of Protection, school personnel handling the early dismissal must notify the Principal or Designee to ensure appropriate release of the student. Information is also to be shared between Principal or Designee and staff regarding student participation in activities such as field trips or after-school activities, and in the case of the transfer of the student.

Confidentiality

The Principal, Designee, and all staff included in need-to-know are to maintain the confidentiality of information.

Order of Protection File

A separate, locked Order of Protection file is to be maintained for all applicable students in each school.

Updated Information

The information in the school's Order of Protection file, and on the Emergency Information Card, and on the mainframe is to be updated regarding any modifications, terminations, or extensions of the Order of Protection as the Intake School Principal receives this information from the parent/guardian. These modifications, terminations, or extensions of the Order of Protection are to be certified copies of the document; verbal statements by the parent/guardian are not to be accepted. These modifications, terminations, or extensions are to be forwarded to other principals having students covered by this Order of Protection.

Violations of Orders of Protection

The Principal or Designee is to call police (911) and notify the Department of Safety and Security when provisions of an Order of Protection are violated on school grounds or during school activities. If the Principal or Designee is uncertain about a possible violation of the provisions of an Order of Protection on school grounds or during school activities, they are instructed to call the local police district or the CPS Law Department.

Student Transfer

The information regarding an Order of Protection is to be included in that student's file when the student transfers to another CPS school.

IV. PROCEDURAL GUIDELINES IN THE CASE OF SUSPECTED (NOT REPORTED) DOMESTIC VIOLENCE

Notification

If school staff suspects domestic violence, the Principal or Designee must be notified.

Referral

The Principal or Designee will make a referral to a member of Pupil Support Services staff by using the "Request for Student Support Services" referral form.

For A Child Under the Age of 12

For a child under the age of 12, the assigned Pupil Support Services staff member shall interview the child to determine whether the suspicion of domestic violence is reasonably likely to be true. If, in the professional judgment of the Pupil Support Services staff, domestic violence is likely to exist, Pupil Support Services staff shall seek consent of a parent/guardian to provide counseling to the child. If parent/guardian consent is obtained, counseling, conducted by Pupil Support Services staff, shall be offered to the child. Such counseling shall include information regarding outside domestic violence resources.

For A Child Aged 12 to 16

For a child aged 12 to 16, the assigned Pupil Support Services staff shall interview the child to determine whether the suspicion of domestic violence is reasonably likely to be true. If, in the professional judgment of Pupil Support Services staff, domestic violence is likely to exist, Pupil Support Services staff shall offer counseling to the student and may provide no more than 5 counseling sessions without the consent of a parent / guardian. Counseling shall include information regarding outside domestic violence resources. Pupil Support Services staff will exercise their professional judgment in determining whether to seek parental consent for the purpose of continued counseling. If continued counseling is appropriate, the Pupil Support Services staff will notify the child prior to seeking parental consent.

For A Student Aged 17 or Older

For a student aged 17 or older, the assigned Pupil Support Services staff shall interview the student to determine whether the suspicion of domestic violence is reasonably likely to be true. If, in the professional judgment of Pupil Support Services staff, the domestic violence is likely to exist, Pupil Support Services staff shall offer counseling and may provide counseling without parent/guardian consent. Counseling shall include information regarding outside domestic violence resources.

PROCEDURAL GUIDELINES IN THE CASE OF DISCLOSURE BY A STUDENT OF AN INCIDENT OF DATING VIOLENCE

Introduction

Dating violence is included in this policy because this violence, like domestic violence, is a set of abusive behaviors which can include physical, emotional, sexual, psychological and economic abuse. Dating violence includes a pattern of power and control that one person (the perpetrator) exercises over another (the victim) that physically harms, induces fear, or prevents or forces the victim to act in a manner that he or she does not wish to act.

Following Disclosure

When a student discloses that he or she has been the victim of dating violence:

- 1) Staff members are to notify the Principal or the Designee when a student discloses that he or she has been the victim of dating violence.**
- 2) The Principal or the Designee is to monitor and work with all student dating violence cases. A Pupil Support Services staff member will be responsible for providing counseling, referrals, and other supportive services, including an intervention plan, as necessary.**

3) If the student victim was physically harmed on school grounds or during school activities, the Principal will notify police and file an incident report with the Department of Safety and Security according to that department's guidelines.

4) For a child under the age of 12, the assigned Pupil Support Services staff shall interview the child to determine whether the allegation of dating violence is reasonably likely to be true. If, in the professional judgment of the Pupil Support Services staff, the child's allegation is credible, Pupil Support Services staff shall (a) notify the parent/guardian at a conference assuring confidentiality between the parent/guardian and PSS staff and without making specific allegations, that the child may be a victim of dating violence, and (b) seek consent to provide counseling. If parent/guardian consent is obtained, counseling, conducted by Pupil Support Services staff, shall be offered to the child. Such counseling shall include advising the child of his or her rights and of resources available, including guidelines for safety and the telephone number of the City of Chicago Domestic Violence Help Line (1-877-863-6338).

5) For a child aged 12 to 16, the assigned Pupil Support Services staff shall interview the child to determine whether the allegation of dating violence is reasonably likely to be true. If, in the professional judgment of Pupil Support Services staff, the child's allegation is credible, Pupil Support Services shall offer counseling and may provide no more than 5 counseling sessions without the consent of a parent/guardian. Pupil Support Services staff shall encourage the child to notify the parent/guardian about the alleged dating violence and shall notify the child of his or her rights and of resources available, including guidelines for safety and the telephone number of the City of Chicago Domestic Violence Help Line (1-877-863-6338). If, in the professional judgment of the Pupil Support Services staff, continued counseling beyond 5 sessions is appropriate, or the child is in imminent danger of serious physical harm, Pupil Support Services staff may notify a parent/guardian that the child may be a victim of dating violence without making specific allegations and (b) request consent to provide continued counseling. Pupil Support Services staff shall notify the child prior to seeking parental consent.

6) For a student aged 17 or older, the assigned Pupil Support Services staff shall interview the student to determine whether the allegation of dating violence is reasonably likely to be true. If, in the professional judgment of Pupil Support Services staff, the allegation is credible, Pupil Support Services staff shall offer counseling. Pupil Support Services staff shall encourage the student to notify a parent/guardian about the alleged violence. Counseling shall include advising the student of his or her rights and of resources available including guidelines for safety and the telephone number of the City of Chicago Domestic Violence Help Line (1-877-863-6338).

The student's parents or guardians are not to be notified unless if, in the professional judgment of the Pupil Support Services staff, the student is in imminent danger of serious physical harm; in this case, Pupil Support Services staff may notify a parent/guardian that the student may be a victim of dating violence without making specific allegations, and only after the student has been advised that his or her parents or guardians are being contacted.

TRAINING RESOURCES / CURRICULUM RESOURCES

The Chicago Public Schools and the Mayor's Office on Domestic Violence have collaborated in the development of educational materials which focus on the issue of domestic violence and its direct and indirect effects on students and families. These training modules will be used as part of the annual training for all Pupil Support Services staff. Copies will be sent to Principals at the beginning of each school year. These modules are to be maintained as reference documents in the offices of each school Counselor, Nurse, Social Worker, and/or School Psychologist, along with a copy of this Policy and its attachments.

Staff development in domestic violence issues will be made available to schools on request through the Mayor's Office on Domestic Violence. For further assistance, call the Department of Specialized Services. The Health and Physical Education curriculum and the Family Life Education Resource Units contain information on anger management, conflict resolution, and negotiation skills building.

ATTACHMENT A

_____ Counselor **CHICAGO PUBLIC SCHOOLS**
_____ Psychologist Office of Specialized Services and
_____ School Social Worker Pupil Support Services
_____ Nurse
_____ Other (specify): _____

Date: _____

REQUEST FOR STUDENT SUPPORT SERVICES

Name of School: _____
Unit Region Principal's Signature

IDENTIFYING INFORMATION:

Child's Name: _____ Date of Birth _____ ID# _____

Parent/Guardian Name: _____ Address: _____

Home Telephone # _____ Emergency Telephone # _____

Grade ____ Room ____ Teacher's Name _____

Primary Language of Student _____ Primary Language in Household _____

REASON FOR REFERRAL:

INTERVENTIONS PRIOR TO REFERRAL:

- 1.
- 2.
- 3.

BEHAVIORS EXHIBITED (be as specific as possible):

ANY ADDITIONAL INFORMATION THAT MAY BE OF VALUE TO THE STUDENT SUPPORT TEAMS (specify counseling agency / family therapist, if known; medical; family or social factors)

ATTACHMENT B

CHICAGO PUBLIC SCHOOLS

Office of Specialized Services and

Pupil Support Services

INFORMED CONSENT FOR COUNSELING

Student ID # _____

Name of Student: _____ Age: _____ Date of Birth: _____

Parent / Guardian's Name: _____ Mother's Maiden Name: _____

Address: _____ Telephone # _____ Sex: F __ M __

School: _____ Region: _____ Unit: _____ Grade: _____

Informed consent is given by the undersigned for _____
child's name

to receive counseling during the _____ school year.

Signature of Parent / Guardian Date

Signature of PSS Staff (Discipline) Date

Is the family presently receiving counseling services or other intervention services? If yes,

describe: _____

Amends/Rescinds:

Cross References:

Legal References:

Appendix O

Map – All Agencies in Domestic
Violence Help Line Database

