DVCLP Report

2025

An annual report of the Domestic Violence Co-Location Program, a collaboration with the Illinois Department of Children and Family Services

Domestic Violence Co-Location Program

Acknowledgements

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Ascend Justice

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Violence Prevention Center of Southwestern Illinois

A Safe Place

Family Rescue

Remedies: Renewing Lives

Sarah's Inn

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Table of Contents

Key Terms 4

Key 2025 DVCLP Takeaways 5

Chapter 01 Introduction 6

What is DVCLP? 7

Program Partner Descriptions 12

DCFS Teams and Processes 17

Chapter 02 DVCLP in 2025 19

Introduction and Methodology 20

Program Service Data 26

Program Impact and Outcomes Data 41

Cost Analysis 53

Chapter 3 Vision for the Future 55

Key Terms

The Domestic Violence Co-Location Program uses the following terms:

DVCLP:
an abbreviation of the Domestic Violence Co-Location Program. DVCLP is an innovative and collaborative program aimed at building the systemic capacity of the Illinois Department of Children and Families (DCFS) to effectively respond to families experiencing domestic violence, and meeting the needs of families experiencing both domestic violence and the child welfare system.

DVCLA:
an abbreviation of the Domestic Violence Co-Location Advocate. DVCLAs are employed by a local partner domestic violence agency and work in DCFS field offices. The role of the DVCLA is to help build the systemic capacity of child welfare investigative, intact, and permanency workers from DCFS and private agencies to more effectively respond to families experiencing domestic violence, work with all members of the family experiencing domestic violence, and link the family with services and concrete supports.

DCFS:
an abbreviation of the Illinois Department of Child and Family Services. The mission of DCFS is to protect children who are reported to be abused or neglected, and to increase their families' capacity to safely care for them.

Domestic violence:
a pattern of violent and controlling strategies, including physical, sexual, emotional, economic, or psychological abuse, used by a person to gain or maintain power and control over an intimate partner.

Adult survivor:
the parent who has experienced domestic violence and the child welfare system (a.k.a. the non-offending parent).

Child survivor:
the child who has witnessed or experienced domestic violence and the child welfare system.

Person who uses violence and coercive control (PUVCC):
the person who perpetrates domestic violence.

Partner Domestic Violence Agency (PDVA):
the domestic violence agency that is partnered with the local DCFS office to hire, employ and supervise the DVCLA.

Child Welfare Contribution Agency (CWCA):
the private agency that DCFS contracts with to provide services and supports, including service plan development, case management, and foster care services. CWCAs were formerly called Purchase of Service (POS) agencies.

Key 2025 DVCLP Takeaways

The Domestic Violence Co-Location Program (DVCLP) is an innovative and collaborative program aimed at building the systemic capacity of the Illinois Department of Children and Families (DCFS) to effectively respond to families experiencing domestic violence and meet the needs of families experiencing both domestic violence and the child welfare system.

- In 2025, the DVCLP served:
  - **761 families** (74% increase from 2024)
  - **2,306 individuals** (66% increase from 2024)
  - **1,530 children** (75% increase from 2024)

- **438 DVCLP cases involved families of color (61%).** African American families were overrepresented among cases at each program site, continuing a trend of overrepresentation in the program and aligning with existing research that African American families are disproportionately impacted by the child welfare system in Illinois and across the country.

- **510 cases (68%) involved direct contact** between a Domestic Violence Co-Located Advocate (DVCLA) and one or more family members.

- **585 adult survivors, 375 child survivors, and 100 PUVCCs received referrals, services, and concrete supports** related to domestic violence.

- **130 adult survivors** in cases with known outcomes were **unfounded** (30%), and **130 PUVCC** were **indicated** (30%).

- In 2025, there was a **73% increase in the count of adult survivors** who were **unfounded** while the number of **PUVCCs indicated nearly doubled**.

- Among cases with outcomes known to the DVCLAs, **865 children involved** in the program **remained with their adult survivor parent** (57%), a 63% increase from 2024.

- **474 caseworkers** working with DVCLAs **received information** (62%) and 382 caseworkers demonstrated an **increased understanding** about **domestic violence** dynamics (50%).

- **As a result of the DVCLP in 2025, the need for foster care services in Illinois was significantly reduced**, resulting in potential **cost savings between $9,935,879.72 and $18,488,999.72** by safely keeping children out of the foster care system. This represents a 57% increase in the lowest estimation of savings and a 60% increase in the highest estimate of savings compared to 2024.

01
Introduction

Note:
Similar details about the DVCLP model, history, and language have been included in previous annual publications. To review specific data and stories from the program in 2025, skip to Chapter 2, DVCLP in 2025.

What is the DVCLP?

Overview

The **Domestic Violence Co-Location Program (DVCLP)** is an innovative and collaborative program aimed at building the systemic capacity of the Illinois Department of Children and Families (DCFS) to effectively respond to families experiencing domestic violence and meeting the needs of families experiencing both domestic violence and the child welfare system.

Supported by local and statewide partners and stakeholders, the DVCLP places domestic violence advocates in DCFS offices to work with child welfare professionals and to support families experiencing domestic violence.

Need

Responding effectively to families experiencing domestic violence has historically been and is contemporaneously challenging for child welfare systems. Although domestic violence is present in 30 to 60% of child welfare caseloads nationally[1] and is one of the three most common circumstances present in the lives of families coming to the attention of DCFS, domestic violence cases are some of the most complex and difficult cases for child welfare workers to navigate. Child welfare workers often struggle to understand the dynamics of domestic violence, accurately identify the roles of the adult survivor and the parent using violence and coercive control (PUVCC), partner with the adult survivor in non-punitive ways, foster avenues of accountability with the PUVCC, exercise alternatives to removing children from their homes, and provide concrete supports and services that meet the needs of children and their families. Families are fearful of losing their children when DCFS becomes involved in their lives, and many survivors of domestic violence do not reach out for help due to this fear.

These challenges are heightened amidst the disproportionate representation of families of color in the child welfare system. More specifically, across the country, 53% of African American children will experience a child welfare investigation by age 18, compared to 33% of all children[2]. In Illinois, African American children have been over-represented at every decision point in the child welfare system[3]. As of October 2020, 43% of children in foster care in Illinois are African American, although African American children are only 15% of the state's general population, revealing an overrepresentation of 28% in foster care[4]. In the Cook County region, where two DVCLP sites are located, the percentage of foster care children who are African American is 2.5 times higher than the presence of African Americans in the general population[5].

[1]Shellie Taggart, *Child and Family Service Review Outcomes: Strategies to Improve Domestic Violence Reponses in CFSC Program Improvement Plans,* 2011, 6, http://www.ncjfcj.org/sites/default/files/cfsr%20dv_web.pdf; Jeffrey L. Edleson, Interventions and Issues in the Co-Occurrence of Child Abuse and Domestic Violence, 4 CHILD MALTREAT. 91-182 (1999). See also Anne E. Appel & George W. Holden, *The Co-Occurrence of Spouse and Physical Child Abuse: A Review and Appraisal*, 12 J. FAM. PSYCHOL. 578-599 (1998).

[2]Kim, H., Wildeman, C., Jonson-Reid, M., & Drake, B. (2017). Lifetime Prevalence of Investigating Child Maltreatment Among US Children. American Journal of Public Health, 107(2), 274-280.

[3]Tamara Fuller, Michael Braun, Satomi Wakita, Kyle A. Adams III, University of Illinois, School of Social Work, Children and Family Research Center, *Racial Disproportionality In the Illinois Child Welfare System* (Oct. 2020).

[4]*Id.*

[5]*Id.*

In the Northern Region of DCFS, which includes two more of the DVCLP sites, African American children are overrepresented in foster care 5 times their presence in the general population, demonstrating the highest racial disproportionality in the state[6].

Ineffectively responding to families experiencing domestic violence - in part by unnecessarily removing children from their parents, deeming adult survivors to be neglectful, missing opportunities to connect all members of the family with needed concrete supports and services, and failing to foster avenues of accountability with the PUVCC - perpetuates systemic oppression, reduces the safety and stability of families and communities, causes further trauma for children and impedes healing. Collaboration between child welfare, domestic violence professionals, and other community partners and stakeholders has been established as an essential strategy to addressing these needs and avoiding these harmful outcomes.

Program Model

Adapted from evidence-based programs in other states, the DVCLP model places a Domestic Violence Co-Located Advocate (DVCLA), employed by a local partner domestic violence agency, in DCFS field offices. The role of the DVCLA is to help build the systemic capacity of child welfare investigative, intact, and permanency workers from DCFS and private agencies to more effectively respond to families experiencing domestic violence. The DVCLA also supports families during child welfare interventions, models and fosters meaningful engagement with the PUVCC to promote sustainable accountability and facilitates linkages to domestic violence and community-based services.

The DVCLP is internally rooted in the Adult and Child Survivor Centered Approach ("the Approach;" now called Bridges to Better). The Approach was developed by the Quality Improvement Center on Domestic Violence in Child Welfare administered by Future Without Violence through the U.S. Department of Health & Human Services, Administration for Children and Families, Children's Bureau[7]. The Approach is a philosophical underpinning that is family-centered, trauma-informed, strength-based, and equity-driven. The Approach guides multidisciplinary stakeholders to address the physical as well as mental and emotional well-being of children who experience domestic violence and the child welfare system by prioritizing their need to remain with the adult survivor in safety and stability. Social science research has long established remaining with the adult survivor as the critical pathway toward healing from any trauma the domestic violence caused children to experience[8].

[6] Northern Illinois University, Center for Child Welfare and Education, *DCFS Northern Region Permanency Enhancement Project, FY 20 Annual Report – July 2019 to June 30, 2020* (2020).

[7] Carlson, J., Kepple, N., Akin, B., Park, C., DeWolfe, J., Ung, T., Taggart, S. (April 2023) Bridges to Better: Groundwork for Building Survivor-Centered Systems. Final Evaluation Report of the Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW), https://bridgestobetter.org/resources/bridges-to-better-final-report-of-the-quality-improvement-center-on-domestic-violence-in-child-welfare.

[8] *Id.*; *See* Overview of Bridges to Better: Groundwork for Building Survivor-Centered Systems, https://bridgestobetter.org/resources/overview-of-bridges-to-better-groundwork-for-building-survivor-centered-systems.

The Approach and practice of the DVCLP is aligned with national child welfare initiatives, such as the federal prevention-focused legislation of the Family First Services Prevention Act. The DVCLP in theory and practice is also aligned with statewide child welfare initiatives that focus on seeking, integrating, and elevating the family voice into interventions and partnering with families to build upon their strengths and buffer risks, such as the SAFE Model (Safety Assessment and Family Evaluation), which the DCFS Hotline began using in 2025.

Goals

The DVCLP aims to improve outcomes for families and communities by:

- Enhancing the safety, wellbeing, stability, and healing for children and their families;
- Preventing children exposed to domestic violence from entering foster care, and reducing the number of children in foster care through supportive, robust, and effective front-end interventions, thereby saving money without jeopardizing safety;
- Reducing systemic racism, decreasing the disproportionality and disparity of African American children and families, and increasing equity;
- Cultivating collaboration and greater coordination among traditionally siloed systemic responses to families experiencing domestic violence; and
- Reducing the frequency, severity, and occurrence of domestic violence.

Role of the DVCLA

The main responsibilities of the DVCLA are expanded upon below:

Consultation

The purpose of the "consultation" is to help build the capacity of child welfare professionals to adequately understand and interpret the dynamics and impact of domestic violence on the family and to craft effective interventions that enhance the safety, wellbeing, stability, and healing of all members of the family. The DVCLAs support child welfare workers in the DVCLA's assigned field office and in Child Welfare Contributing Agencies by helping to identify and understand domestic violence and link clients to appropriate services.

Direct Contact

The purpose of "direct contact" is to directly communicate with all members of the family to assist and support the family during the child welfare intervention. In addition to working directly with the adult and child survivors, an important focus of the DVCLP is to meaningfully engage with the PUVCC to foster avenues of accountability. When engaging in direct contact with families, the DVCLA can, in part, provide:

- Information about the child welfare system.
- Support and education on domestic violence;
- Domestic violence safety planning;
- Crisis intervention;
- Advocacy;
- Expedited access to domestic violence services; and
- Referral to other community legal or social services by engaging in direct contact

The DVCLA may do the following:

- Participate in Home Visits, along with the child investigative, intact, or permanency worker;
- Participate in Child and Family Team Meetings, Administrative Case Reviews, juvenile court proceedings, and transitional visits between investigations, intact, and permanency teams;
- Communicate with the family about the nature and severity of the abuse, the connection between domestic violence and the child safety issues identified by DCFS, and information about options and resources;
- Assist in the identification of safe emergency shelter and other housing options;
- Identify the adult survivor's protective factors;
- Explore the impact of the domestic violence on the children;
- Provide advocacy and share information with the adult survivor about the child welfare system;
- Engage in domestic violence safety planning with the adult survivor and children, when appropriate;
- Connect the adult survivor and children with services either at the DVCLA's partner domestic violence agency, another domestic violence agency or other social or legal services agency;
- Provide referrals to and advocacy for services to address other needs, including emergency shelter, support groups, crisis intervention, legal representation, financial assistance, housing, and medical care; and
- Meet with the PUVCCs and connect them with batterer intervention services either at the DVCLA's partner domestic violence agency or another DHS-protocol approved Partner Abuse Intervention Program (PAIP), as well as with fatherhood programs, such as Strong Fathers, or other community-based supports.

Training/Education

One of the main functions of the DVLCAs is to help build the capacity of child welfare professionals to work effectively with families experiencing domestic violence. In addition to consultations, the DVCLAs can conduct domestic violence training for child welfare professionals in collaboration with the DCFS Domestic Violence Intervention Program and the DCFS Office of Learning and Professional Development. Such training opportunities can foster collaboration and cross-system advocacy to strengthen partnerships and enable a more coordinated community response to domestic violence. In addition to training child welfare professionals, the DVCLAs can provide internal training for staff at their respective partner domestic violence agency.

As such, the DVCLAs help build the capacity of their colleagues to understand the child welfare system, and the roles and responsibilities of child welfare workers.

Community Collaborations

The DVCLAs are encouraged to participate in existing collaborations related to domestic violence in their regions. The DVCLAs aim to identify and foster opportunities for greater collaboration between community and systemic stakeholders in responding to and supporting families experiencing domestic violence.

History

- 1999: The National Council of Juvenile and Family Court Judges publishes *Effective Interventions in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (a.k.a The Greenbook), which continues to serve as the best practice guide for the intersection of child welfare and domestic violence. The DVCLP builds upon the tenets of The Greenbook.
- 2017, Summer: DCFS and community partners travel to Florida to learn about the statewide domestic violence and child welfare co-location program there. The National Council of Juvenile and Family Court Judges sponsors the site visit.
- 2017, Spring/Summer: DCFS and its partners seek the passage of SB 646 bill to legislatively codify the DVCLP; the bill passes both chambers unanimously; and P.A. 100-406 becomes law.
- 2017, Fall: Illinois is selected as a Research and Capacity Building Project of the Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW) that is administered by Futures Without Violence. The QIC-DVCW is an initiative of the U.S. Department of Health & Human Services, Administration for Children and Families, Children's Bureau. The QIC-DVCW grant funds the DVCLP from October 2019 to October 2021. The federal grant tests the Adult and Child Survivor Centered Approach.
- 2019, October: The DVCLP launches in the Waukegan and Rockford DCFS offices, with A Safe Place and Remedies Renewing Lives as the respective partner domestic violence agencies.
- 2021, September: The QIC-DVCW federal grants ends, and the two existing DVCLP sites are funded through private philanthropy.
- 2022, October: Two new DVCLP sites are added, partnering Family Rescue with the 6201. S. Emerald, Chicago DCFS office, and Sarah's Inn with the 1911 S. Indiana, Chicago DCFS Office.
- 2023: The DVCLP exists in four sites in Illinois and is primarily funded through state funding through the Illinois Department of Health and Human Services.
- 2024, October: The DVCLP is awarded a federal grant that allows the program to expand to two additional sites, partnering Sojourn Shelter and Services, Inc. with the DCFS office in Belleville, and Violence Prevention Center of Southwestern Illinois with the DCFS office in Springfield. The grant also funds RTI International to conduct an evaluation of the DVCLP that includes all six sites.
- 2025, January: The DVCLP is operationalized in six sites in Illinois among all of DCFS's regions – Cook, Northern, Central and Southern.

Funding

From 2019 to 2021, the Quality Improvement Center on Domestic Violence in Child Welfare funded the DVCLP. From 2021 to 2022, philanthropy through ten private foundations and grantors funded the DVCLP. Throughout 2023 and 2024, state funds from the Illinois Department of Human Services (DHS) primarily funded the DVCLP along with generous funding from the Schreiber Foundation (now Schreiber Philanthropy). In October 2024, the Illinois Coalition Against Domestic Violence was awarded a federal grant to expand the DVCLP to two new sites and conduct an evaluation of the program. The grant is through the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Violence and Prevention Services, Specialized Services for Abused Parents and Children (SSAPC). In 2025, the DVCLP was fully funded through the SSAPC federal grant and IDHS funding.

Program Partner Descriptions

Illinois Department of Children and Family Services (DCFS)

The mission of DCFS is to protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them; provide for the well-being of children in its care; provide appropriate, permanent families as quickly as possible for those children who cannot safely return home; support early intervention and child abuse prevention activities; and work in partnerships with communities to fulfill this mission. In FY 2025, DCFS answered 238,169 calls to the Child Abuse and Neglect Hotline, which resulted in over 78,000 assigned investigations. DCFS has a staff of 3,871.

The Management Entity

Three organizations support the implementation of the DVCLP by serving as liaisons with DCFS, providing technical assistance and onboarding to the DVCLAs, drafting policies and procedures, planning and facilitating meetings, managing the funding streams, and collecting and analyzing data.

Ascend Justice: Ascend Justice is a 501(c)(3) non-profit organization based in Chicago, Illinois. Ascend Justice's mission is to empower individuals and families impacted by gender-based violence or the child welfare system to achieve safety and stability through holistic legal advocacy and system reform. Formerly known as the Domestic Violence Legal Clinic, Ascend Justice was founded in 1982 and has served survivors of gender-based violence with free legal services for more than forty years. Since 2005, Ascend Justice attorneys and volunteers have worked from offices inside the Cook County Domestic Violence Courthouse, providing onsite legal assistance to tens of thousands of survivors seeking Orders of Protection. Ascend Justice also offers the holistic legal advocacy necessary for survivors of gender-based violence to become safer and more independent, ranging from representation in child custody and support cases, immigration, housing, employment and consumer matters, and family defense issues. In recognition of the criminalization of survivors of gender-based violence, as well as the high proportion of incarcerated women who are survivors of gender-based violence, Ascend Justice launched a project to serve incarcerated survivors in 2021. To correct inequities and injustices that Ascend Justice clients experience, Ascend Justice's advocacy team leads initiatives and works in partnership with other advocacy organizations and social and legal services agencies across the state to strengthen programs and supports, craft new laws, and reform systems to work for survivors and families.

Illinois Coalition Against Domestic Violence (ICADV): ICADV is a statewide membership organization working to eliminate domestic violence in Illinois and to create a more just, accepting, and safe society for everyone. ICADV serves over 50 statewide agencies who provide direct service to survivors and their dependent children. Together with its member organizations, ICADV aims to increase access to ever-improving services for survivors of all backgrounds by advocating for strong policies that keep survivors safer and foster accountability with those who use violence and coercive control. ICADV educates the public on the root causes of domestic violence and focuses on preventing the cycle of violence from continuing.

The Network: Advocating Against Domestic Violence (The Network): The Network is a group of 40+ member organizations dedicated to improving the lives of those impacted by gender-based violence through education, public policy and advocacy, and connecting community members with direct service providers. The Network leads collaborative work to imagine and realize radical ways to respond to and end gender-based violence, focusing on the intersections between systemic violence and gender-based violence. The Network also operates the Illinois Domestic Violence Hotline.

Partner Domestic Violence Agencies

Six partner domestic violence agencies hire, employ, and supervise the DVCLAs.

A Safe Place: A Safe Place is the sole community-based provider of services exclusively addressing domestic violence in Lake County, Illinois. Through multi-faceted programs, A Safe Place assists survivors in transforming their lives after domestic violence, prevents future abuse by addressing its root cause through abuser intervention programs, and educates the community about domestic violence. A Safe Place provides the following services: 24/7 hour hotline; 33-bed emergency shelter; evaluation and group education for perpetrators of abuse; supportive permanent and transitional housing for victims with on-site counseling, advocacy, and life skills education; counseling services for individuals and groups in English and Spanish throughout Lake County, including Gurnee, Lake Forest, and Lake Zurich; a Family Visitation Center that provides court-ordered supervised visitations and monitored custody exchanges in a safe environment for families of domestic violence; court house advocacy located in the 19th Circuit Courthouse in Waukegan to assist victims in filing orders of protection; community education programs; and prevention education. All of the domestic violence survivor services are free, confidential, and voluntary.

Family Rescue: Family Rescue is dedicated to eliminating domestic violence in the Chicago community by providing comprehensive support services and shelter to victims of domestic violence, particularly to abused women and their children. Family Rescue also engages in advocacy to promote future system change and encourages prevention through community education. The agency provides the following services: crisis intervention; safe shelter with short-term support; individual and group counseling; 24-hour bilingual crisis line; comprehensive legal advocacy; parenting and life management skills; economic empowerment and career connections; educational support; enhanced children/youth services; after school care; substance abuse recovery support; community education; and affordable housing. All of the domestic violence survivor services are free, confidential, and voluntary.

Remedies Renewing Lives (Remedies): Remedies, located in Winnebago County, Illinois, provides critical and lifesaving services to adults struggling with substance abuse and to victims of domestic violence and their children, and works to end the cycle of abuse and addiction through education and community involvement. Remedies provides a variety of domestic violence services in Winnebago and Boone Counties, including the only domestic violence shelter and 24-hour domestic violence hotline in that area. Each year, Remedies serves over 1,500 victims of domestic violence of which roughly 20% are children. Remedies provides a safe, supportive environment and critical, client-centered services designed to promote the healing of individuals and families. Remedies offers advocacy, education, counseling, case management, order of protection assistance, and emergency shelter for survivors of domestic violence. Remedies' shelter is open 24 hours a day, 7 days a week, 365 days a year and all of the domestic violence survivor services are free, confidential, and voluntary.

Sarah's Inn: Located in Forest Park, Illinois, Sarah's Inn is a comprehensive domestic violence agency serving Chicago and 22 surrounding West Cook County suburban communities. The agency has seven off-site locations through partner agencies and area courthouses throughout Chicago and West Cook County. Sarah's Inn provides holistic intervention services to adults and children impacted by domestic violence, providing them necessary support and resources, and a safe environment to process and heal from the trauma they have experienced. The agency works in partnership with local stakeholders to run education and training programs to promote an appropriate community response to violence. The agency provides legal support services to help ensure that survivors of domestic violence receive equal rights and protection under the law. Sarah's Inn's Partner Abuse Intervention Program (PAIP) works with individuals who are ready to change their violent and controlling behavior choices in a community of honesty and accountability. Sarah's Inn's Together Strong Project works in partnership with parents, educators, and adolescents through school-based violence prevention education programming, providing critical information for adults and students on how to prevent relationship violence, how to protect themselves against potential harassment, and how to seek help if they are a victim of violence or abuse. Sarah's Inn has a 24-hour crisis line, which is a free and confidential resource for safety planning. The agency is certified through the Illinois Certified Domestic Violence Professionals (ICDVP) Board as an official training site for Illinois Certified Domestic Violence Professionals and Illinois Certified Partner Abuse Intervention Professionals. All of the domestic violence survivor services are free, confidential, and voluntary.

Sojourn Shelter and Services, INC., located in Springfield, Illinois, has a mission to provide survivors with safe shelter and services to help them grow and build an independent life free of violence. The agency services a 5-county area that consists of Sangamon, Christian, Montgomery, Menard, and Logan County. Individuals fleeing from other counties or states are welcome to Sojourn's services. The agency offers a 24-hour hotline where survivors have access to emergency shelter services, court services, or to receive emotional support and guidance about their situation. For in-depth services, Sojourn also offers emergency shelter services through a 32-bed shelter that includes comprehensive wrap-around services such as individual sessions, group sessions, referrals, and advocacy for adult and child survivors of domestic violence. In addition, Sojourn offers non-residential individual and group services in-person or virtually for any adult or child survivor who needs on-going support and education on domestic violence. Sojourn also offers court advocacy, assistance with emergency orders of protections, plenary orders of protections, and support through criminal court hearings in Sangamon, Christian, Montgomery, Menard, and Logan County. Sojourn has a long-standing relationship with law enforcement where police report all domestic violence incidents to Sojourn, allowing the agency to follow up with the survivor and offer services. Lastly, Sojourn has an onsite attorney to help navigate the financial and emotional struggles of the court as a result of domestic violence. All of Sojourn's services are voluntary, confidential, non-judgmental, all-inclusive and free of charge.

Violence Prevention Center of Southwestern Illinois, located in Belleville, Illinois, provides free comprehensive services to over 1,400 survivors of domestic violence and their children in St. Clair, Monroe, and Randolph counties in Illinois. The agency believes that all people have the right to be free from harm, to be respected, and to determine and pursue their own goals. Operating with these values allows the agency to meet clients where they are and empowers people to create their best life. The VPC accomplishes this through five core programs:

- 24-Hour Crisis Hotline - allows survivors to reach VPC when they need to. A specially trained operator is able to guide a caller through immediate safety planning, offer a compassionate ear, answer questions, and provide referrals.
- Emergency Shelter – offers survivors an alternative to homelessness or staying with their abuser. The Shelter provides a clean, safe, and "home-like" environment along with case management and life skills training.
- Legal Advocacy – extends relief from the overwhelming judicial processes. Legal Advocates can provide safety planning, assistance in filing court orders, and emotional support through the entire legal process. Advocates also build strong relationships with local law enforcement to help ensure that victims are treated with the dignity they deserve.
- Counseling- provides survivors and their children with comprehensive, focused counseling services. Including individual and group counseling and support groups, the counseling program works in partnership to empower clients to reclaim their choices and their future.
- Prevention and Education – brings awareness and change to the local communities VPC serves. Signs of domestic violence are frequently hidden and normalized. The Prevention and Education Program allows VPC to bring awareness to schools, civic and religious groups, and local professionals who can help them identify problems in their community, break barriers, and create lasting change in the way the public views domestic violence.

VPC is proud to continue to be a respected resource in the communities it serves. The agency is an important collaborator in several multidisciplinary teams. These teams allow VPC to help create policies and best practices surrounding the way survivors of domestic violence are treated.

Pairings

The DVLCP operates in each of DCFS' four regions. The following pairings exist between the partner domestic violence agencies and the DCFS field offices at the designated addresses:

Northern Region

1. **A Safe Place**
   2133 Belvidere Road, Waukegan
2. **Remedies Renewing Lives**
   175 Executive Parkway, Rockford

Cook Region

3. **Family Rescue**
   6201 S. Emerald, Chicago
4. **Sarah's Inn**
   2020 W. Roosevelt Road/1026 Damen, Chicago;
   4415 Harrison Street, Hillside.
   (This DVLCA splits her time between these two DCFS offices)

Central Region

5. **Sojourn Shelter and Services, Inc.**
   1124 N. Walnut Street, Springfield

Southern Region

5. **Violence Prevention Center of Southwestern Illinois**
   7650 Magna Drive, Belleville

DCFS Teams and Processes

DCFS carries out some of its responsibilities while sub-contracting with private agencies to carry out other responsibilities. This means that families may be involved with DCFS and/or a Child Welfare Contributing Agency (CWCA) during the various stages of child welfare interventions. There are three stages of child welfare interventions: investigations, intact family services, and permanency. Across the state, DCFS conducts all investigations. For intact family and permanency services, DCFS sometimes contracts with private agencies and, at other times and in certain locations, provides these services.

The following describes each of the DCFS stages of intervention:

Investigations

DCFS Department of Child Protection investigators receive referrals about children who have experienced alleged abuse or neglect from the Illinois Child Abuse and Neglect Hotline. Investigators are tasked with concluding if parents or caregivers have abused or neglected a child(ren) while also determining if a child(ren) is safe. DCFS investigators have the power to take protective custody of children, thereby removing them from their families. At the end of the investigation, investigative findings of abuse or neglect will be determined.

Intact Family Services

Following investigations and sometimes during investigations, intact family services may be offered to families. Intact family services aim to provide services and support to families while children remain with their families. Intact family services include caseworker oversight, service plans, service referrals, and family engagement in services. Intact family services are voluntary for families, unless ordered by a judge as part of a juvenile court case.

Permanency Services

Permanency services occur when families are involved in juvenile court. If children have been removed from their parents, a juvenile court case follows. Less commonly, a juvenile court case may occur when the children are still with their parents. Permanency services include overseeing out-of-home placements such as foster care, facilitating visitation between parents and children, obtaining an integrated assessment, developing a service plan, making referrals for services, evaluating participation and progress in services, and providing the court with recommendations regarding the permanency goal for the family and progress toward that goal.

RTI Program Evaluation

Starting in 2024, the program was awarded a federal grant that funds RTI to conduct a separate external program evaluation of all six sites. RTI International is a non-profit, independent research institute dedicated to improving the human condition. RTI's Justice Research Group identifies evidence-based practices in crime prevention and victim services through research and evaluation. RTI's researchers span the community safety spectrum and bring their multidisciplinary perspectives to the following areas of research: victimization and victim services, crime prevention, and harm reduction. Experts use rigorous qualitative and quantitative analytical methods and offer training and technical assistance to tackle complex victimization, crime prevention, and community safety issues.

Across activities, the DVCLP evaluation's goal is to answer the following overarching questions: how is the co-located, coordinated DVCLP service program implemented, and how effective is the DVCLP at improving intervention and service delivery to DCFS-involved families exposed to domestic violence?

Evaluation activities seek to answer these overarching questions by exploring four key evaluation questions:

- Is the DVCLP being implemented with **fidelity**?
- What are the facilitators and barriers to **implementation** of the DVCLP?
- How have project partners observed the **impacts** of the program on DCFS staff and DCFS-involved families?
- What data and information are available and relevant to inform **future outcome** evaluation?

The evaluation assesses how the DVCLP is put into practice within Illinois and informs program activities through quarterly continual quality improvement (CQI) calls with the DVCLAs.

2025 evaluation activities included developing a finalized evaluation plan; conducting Phase I interviews with DVCLAs, their management, and project staff; developing Data + Story informed by interviews and validating the product with DVCLAs and their managers, then presenting the product to internal program stakeholders; creating a "Readiness Checklist" by conducting a systematic review of all trainings and associated start-up materials for DVCLAs; and drafting Phase II surveys, customized for each DVCLA, which DVCLAs will distribute to program participants and DCFS caseworkers. Because distribution of the surveys began in 2026, this report does not include the survey results.

In 2026, evaluation activities will include conducting Phase II surveys in English and Spanish, as well as Phase II interviews. The results will be used to refine the Readiness Checklist. Evaluation activities will also include the development of a Social Network Tool, which will be piloted in Phase II interviews.

02

DVCLP in 2025

Introduction and Methodology

This report aims to capture the work of the DVCLP and DVCLAs throughout 2025. Research was conducted using a mixed-methods approach. Quantitative analysis was conducted using information provided by DVCLAs, who track data about their consultations with child welfare caseworkers and direct contact with families. These service activities are reported to the DVCLP Management Entity monthly, and the records are de-identified. The data in this report is based on records beginning from January 1, 2025, and running through December 31, 2025.

Additionally, one focus group and two interviews, all semi-structured, were conducted with DVCLAs and their supervisors to better understand their experiences and perspectives. Qualitative analysis was conducted on the focus group, interviews, and DVCLA case notes.

Data Limitations

The nature of the DVCLP places limitations on the data available for the program to review. Limitations of the data in this report include the following:

1. Reporting rates vary by data point. DVCLAs work for independent domestic violence agencies and not DCFS; therefore, they do not have access to DCFS's internal records system, the Statewide Automated Child Welfare Information System (SACWIS). DVCLAs learn details and outcomes of cases without uniformity and only when they are involved in a consultation or direct contact. Because DVCLAs may consult with a child welfare worker or work with a family during a single point in the child welfare intervention, they may not have knowledge of all data points. DVCLAs also collect demographic data from families on a voluntary basis.
2. Cases that a DVCLA consults on and the data they record may not accurately depict the type and outcome of cases occurring at the DCFS site, as caseworkers have discretion on when to consult DVCLAs on cases. DVCLAs might only be able to report on the cases that occur in certain DCFS stages due to caseworker discretion or DCFS leadership instruction.
3. The data provides a limited perspective on case elements, such as length of time carried over from month-to-month, as the data collected and reported is de-identified due to DVCLP confidentiality.
4. Data in the "Caseworker Outcomes" section of this report may be subject to reporting bias as they are based on subjective DVCLA observations and determinations. Each DVCLA brings their own perspective to this data, and the approaches to recording these outcomes change when DVCLAs turnover.
5. Due to the voluntary design of this data collection process, not every case is accompanied by case notes, and each DVCLA chooses to emphasize different items in their notes. For instance, the analysis of high-lethality cases is generated from key interactions highlighted in DVCLA case notes, but the case notes might not contain every case involving lethality indicators.

6. Case counts, as well as some other data points for 2025, include duplicates, which may lead to an overcount of some outcomes. The count of families and individuals served by the program in 2025 includes cases that the DVCLA may work on over the course of multiple months. For a non-duplicated count of cases, see the "new cases" data point in service totals.
7. The DVCLP data is not being compared to a control site or to administrative data that did not include DVCLA involvement. In part for this reason, casual conclusions cannot be drawn from this report.

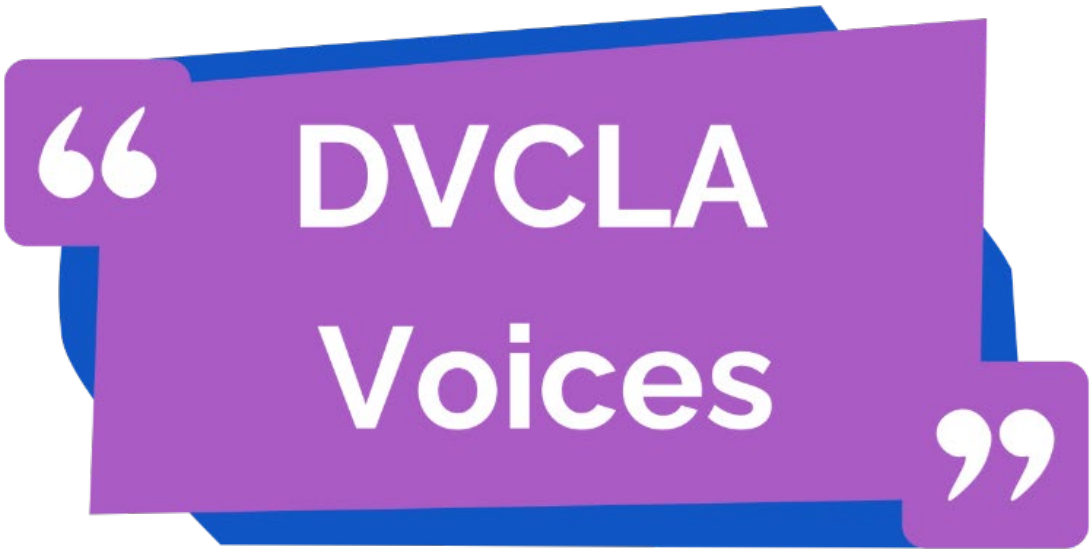
Importance of Collaboration

At the core of the DVCLP are two key elements — collaboration and co-location. These elements lay the foundation for positive family and case outcomes. When DVCLAs are co-located and have strong collaborative relationships with DCFS, they are able to help build the child welfare's systemic capacity to effectively respond to the needs of survivors and their families by challenging negative stereotypes about survivors, highlighting the overlooked ways survivors protect their children, serving as a mediator between survivors and their caseworkers, and assisting DCFS caseworkers in providing survivors with crucial, life-saving services.

DVCLAs consistently cited collaboration and communication as backbones for programmatic success. The DVCLAs noted that collaboration with DCFS caseworkers and supervisors helps build systemic capacity, allowing DVCLAs and DCFS to meet the needs of families experiencing domestic violence.

Successful collaboration and communication rests on the ability of DVCLAs to build rapport and trust with DCFS workers and clients. DVCLAs noted the process of rapport building between DCFS caseworkers can be slow and often requires mutual work. Program challenges such as turnover and co-location issues can disrupt the collaborative pipeline and make casework harder, especially regarding differences in communication styles between DVCLAs and DCFS caseworkers. DVCLAs reported more successful collaborative relationships when they were integrated into the day-to-day operations of their DCFS site through the attendance of staff meetings and regular encounters with site leadership, as well as with outside stakeholders.

When integrated into the day-to-day operations of DCFS offices, DVCLAs forge supportive, mutually respectful relationships with caseworkers that help to cultivate a trusting and valued working dynamic. These investments in individual relationships are what form the foundation of the program, leading to referrals, openness to change, and facilitating effective institutional advocacy. While these dynamics are harder to capture in quantitative data, they emerge in stories from DVCLAs who identify the moments that make these relationships work.



The Importance of Collaboration

"...recently I had a DCFS supervisor who wanted to take [protective custody of] the survivor's child...she felt that the mother was not doing enough to protect the child, so the investigator called me [and] referred the client to me to help her get an OP and shelter ...we worked on that, we got her in and then advocated for [DCFS] not to take [protective custody].... we said, you know, she's taking these steps, and eventually a supervisor agreed ...I feel like we did a lot of the advocating for her. And so, to me, that was a good collab right there."

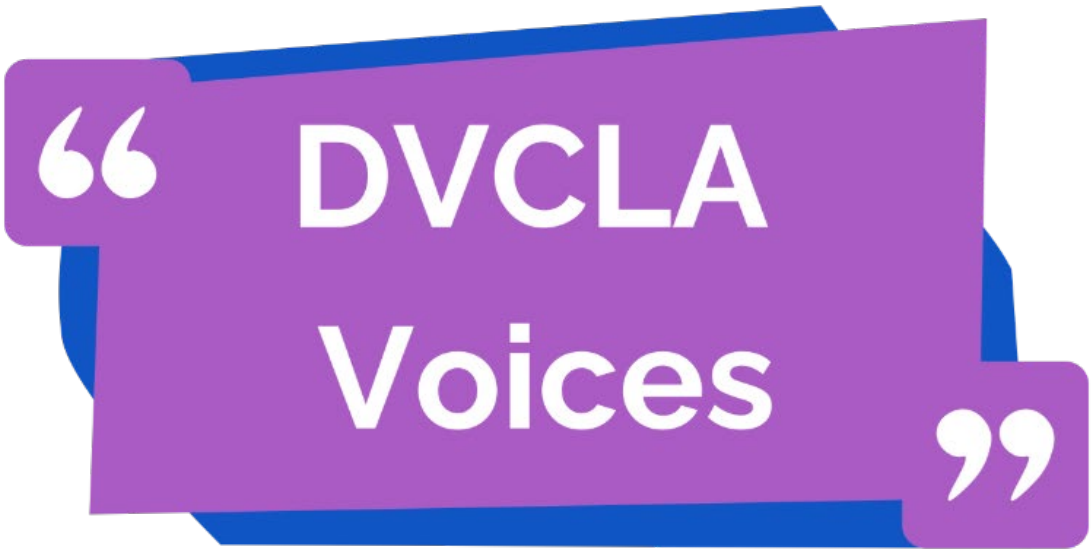
Note:
Quotations from a DVLCA or supervisor, or references to themes or trends that DVCLAs or supervisor cite come from DVCLA case notes and aforementioned focus groups and interview.

Importance of Co-Location

Through physical presence, proximity, and ready availability, co-location helps maintain DVCLAs' connection with DCFS workers and facilitates collaboration. One DVCLA noted that she spends at least four, sometimes five days a week at her DCFS site, which has allowed her to connect more deeply with clients and build relationships with caseworkers. Other DVCLAs noted involving themselves in DCFS team meetings to deepen their connection to DCFS workers as well as their understanding of and involvement with cases.

Co-location also facilitates DVCLAs' ability to influence and challenge perspectives on domestic violence cases. While DVCLAs do not make child welfare decisions, multiple DVCLAs described their ability to impact the trajectory of a case by changing the approach of DCFS caseworkers and supervisors, including providing education on how domestic violence impacts survivors and their children, being an intermediary for communication between survivors and investigators, and directly engaging with DCFS Area Administrators and public defenders. Through attending several Child and Family Team Meetings, one DVCLA successfully advocated for moving clients' cases toward reunification, including successfully advocating against a goal change to termination. In another case, a DVLCA was able to facilitate better communication between a client and a caseworker, which led to developing a service plan after nearly a year, helping the caseworker advocate for the client, and ultimately finding housing that will accommodate the client's children when they return home.

Collaboration and co-location have also improved service-delivery at the DVCLAs' partner domestic violence agencies. Specifically, DVCLA's educate their colleagues about child welfare policy and practice, which improves the ways the other domestic violence advocates serve their clients. In addition, this collaboration has expanded ways the partner domestic violence agencies reach clients. Notably, many of the DVCLAs go on home visits, which is traditionally outside the service delivery model for domestic violence advocates. Collaboration and co-location lead to mutual learning, self-reflection and innovative service delivery of both the child welfare and domestic violence systems. Ultimately, collaboration and co-location contribute to changing perspectives of both systems, broadening services that are provided to survivors, and building trust with clients.



Why Co-Location Matters

"...I definitely think the more [DVCLAs are] seen, the more [they're] heard, the more [they] can network, the more [they] can support, the more [they] can advocate... I mean, you can only do so much from a phone, but I think those face-to-face conversations do just mean a lot when you're talking to public defenders, attorneys, even support with a client. Just something about the physical presence that just means a whole lot more than just telling them what to do over the phone or just talking and communicating with these people over the phone. That right there is the key to just building that rapport and just building those relationships. "

Vacancy and Co-Location Challenges

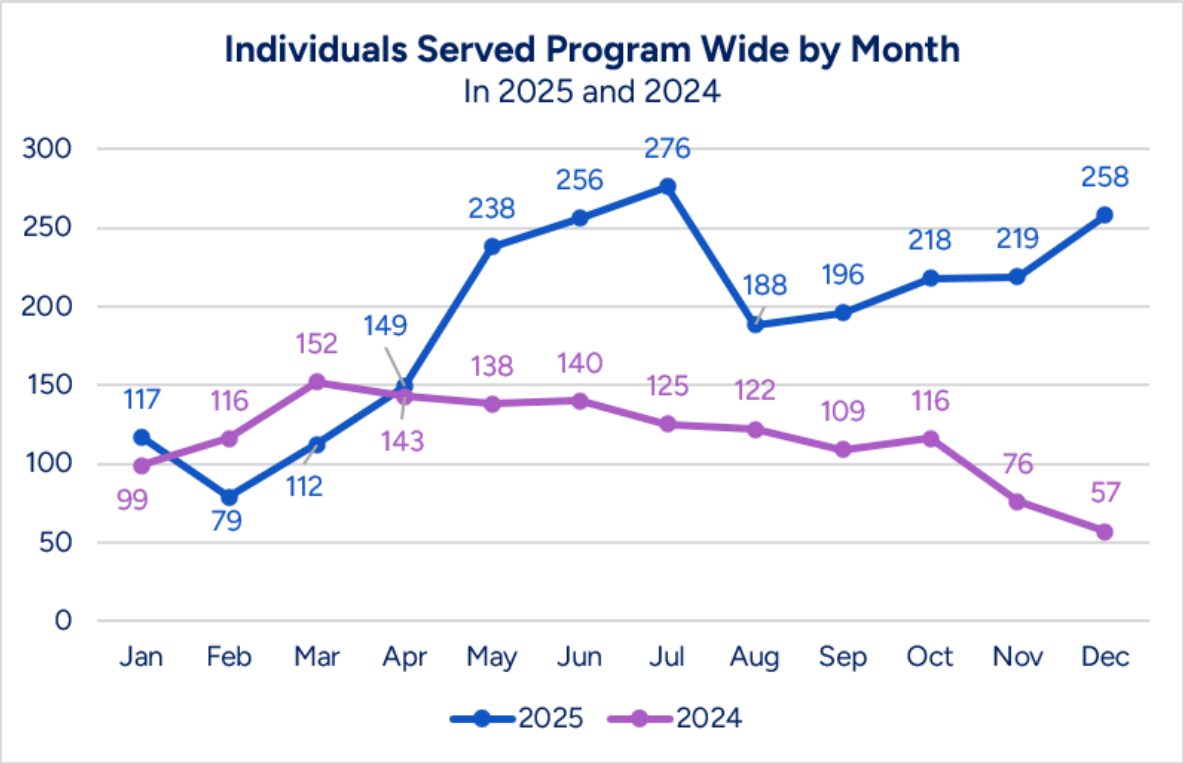
Despite the importance and impact of collaboration, some DVCLP sites faced vacancies and co-location issues in 2025 that impacted program efficacy. Specifically, three sites had periods of time when the partner domestic violence agencies were trying to fill the DVCLA role. During those gaps, supervisors would cover the DCFS consultations, but were unable to co-locate due to their other responsibilities. Establishing a co-location program takes time to integrate the DVCLA into a shared office space, build relationships with caseworkers, and create a reputation as a reliable resource. As a result, and to be expected, program partners with vacancies and co-location challenges had lower caseloads than their more established counterparts in the program. The sites who consistently had a co-located DVCLA throughout 2025 - Waukegan, Springfield, and Belleville - had higher caseloads compared to sites that experienced DVCLA turnover.

In addition to impacts on caseloads, vacancies and co-location issues impacted the ability for DVCLAs to develop strong relationships with DCFS staff. Supervisors who had to cover DVCLA vacancies lacked the capacity and time to be in the DCFS office. One supervisor noted that she had to fill in for a DVCLA vacancy, but due to her dual obligations at her site, she found it “nearly impossible” to be there in person, even though it would help with building rapport with the DCFS office.

Program Services Data

Numbers Served

In 2025, the DVCLP served 761 families through consultations with caseworkers and direct contact with family members. This was a staggering 74% increase in families served from 2024, reversing a trend of fewer families being served than in previous years. The program served 2,306 individuals (adult survivors, child survivors, and PUVCCs) across all six program sites, which is a 66% increase from 2024. The program also served 1,530 children, a 75% increase compared to 2024. Of the 761 families served, 474 (62%) were unique, new cases, and 287 (38%) were carryovers from previous months.



The increase in individuals and families served can be contributed to the onboarding of two new sites in January of 2025: Sojourn Shelter and Services, Inc. (Sojourn) in Springfield, and Violence Prevention Center of Southwestern Illinois (Violence Prevention Center) in Belleville. Onboarding these sites increased the capacity of the program to meet the needs of survivors and their families. In fact, in 2025, Sojourn served 302 families, 622 children, and 931 individuals. This accounts for 40% of all families and individuals served and 41% of children served by the DVCLP.

It is typical for the number of families, individuals, and children served to vary significantly by location. After Sojourn, A Safe Place served the second greatest number of families, children and individuals (189 families (25%); 405 children (27%); 605 individuals (26%); Remedies Renewing Lives served 120 families (16%), 234 children (15%) and 356 individuals (15%);

Family Rescue served 46 families (6%), 105 children (7%), and 148 individuals; (6%) Violence Prevention Center served 51 families (7%), 89 children (6%), and 138 individuals (6%); finally, Sarah's Inn served 53 families (75), 75 children (5%), and 128 individuals (6%). DVCLAs do not always know the number of children in each family whose case they consult on, so these figures are likely an undercount of the program's full reach.

Numbers Served in 2025			
Location	Families Served	Children Served	Individuals Served
Rockford - Remedies Renewing Lives	120	234	356
Waukegan - A Safe Place	189	405	605
S. Emerald Chicago - Family Rescue	46	105	148
S. Indiana Chicago - Sarah's Inn	53	75	128
Springfield - Sojourn Shelter & Services, Inc.	302	622	931
Belleville - Violence Prevention Center of Southwestern Illinois	51	89	138
Total	761	1530	2306

Demographic Data

Demographic data for families served by the DVCLP is limited by what is voluntarily reported to DVCLAs. DVCLAs only collect family race demographic data for the purpose of data analysis. Family race is indicated based on the 10 at the center of the DCFS case. [11]

[11] The DVCLP recognizes that families may have different racial makeup from member to member and that the racial categories used in this data are a non-exhaustive list.

Families of Color in 2025



61% of families in 2025 whose race was reported were families of color.

Across the six program locations, race data exists for 719 families (95%), a 13% increase compared to 2024. This increase in race reporting results in more reliable data, allowing a higher degree of certainty when evaluating the diversity of the program. In 2025, the program served 438 families of color, 61% of families with known races. This is a 75% increase in families of color served by the DVCLP program compared to 2024.

In 2025, African American families made up the largest plurality of families served (287 families, 40%), followed by White families (281 families, 39%), Latinx families (134 families, 19%), and families who identified as "Other" (17 families, 2%).

Program Wide Family Race Data in 2025					
Location	African American	Latinx	White	Other	Total Families w/ Known Race
Rockford - Remedies Renewing Lives	53	10	51	1	115
Waukegan - A Safe Place	48	92	33	3	176
S. Emerald Chicago - Family Rescue	32	2	8	4	46
S. Indiana Chicago - Sarah's Inn	10	26	3	9	48
Springfield - Sojourn Shelter & Services, Inc.	122	0	164	0	286
Belleville - Violence Prevention Center of Southwestern Illinois	22	4	22	0	48
Total	287	134	281	17	719

Though the number of families of color served increased in 2025, the proportion of families of color decreased by 23%. 61% of families whose race was known were families of color in 2025, compared to 79% of families in 2024. This is likely due to the onboarding of new sites and the demographic makeup of families in those particular communities.

The racial makeup of families served varies significantly by location, reflecting different rates of racial disproportionality or the lack thereof. The difference between the known race of families and the percentage of that race in the location's general population that is a positive number reflects overrepresentation, often characterized as racial disproportionality, whereas a negative difference represents underrepresentation.

In Rockford, the racial demographics of families served by the DVCLP changed drastically from the previous year. In 2025, 115 families (96%) served had a known race. African American families now make up the plurality of cases (53 families, 46% of Rockford cases), continuing a trend of overrepresentation compared to African Americans in the general Rockford population (19.9%). The next highest plurality is White families (51 families), which made up 44% of families served, an underrepresentation compared to the general Rockford population (49.6%). 10 Latinx families made up 9% of Rockford families served, while Other racial identities (1 family) accounted for 1% of Rockford cases. Compared to 2024, the proportion of African American families served at the Rockford site has increased 40%, while the proportion of Latinx and White families served has decreased 46% and 10% respectively

rounds to 1%

Rockford Population Data[12] in 2025			
Racial Category	% of Families with Known Race	% of Rockford Population	Difference
African American	46%	19.9%	26%
Latinx	9%	21.6%	-13%
White	44%	49.6%	-5%
Other	1%	4.8%	-4%

In Waukegan, 173 families (93%) had a known race. 92 Latinx families made up the plurality of cases (52%), followed by 48 African American families (27%), 33 White families (19%), and 3 Other families (2%). African American families were overrepresented in this DVCLP site compared to the municipality's population of 17.3%.

Waukegan Population Data[13] in 2025			
Racial Category	% of Families with Known Race	% of Waukegan Population	Difference
African American	27%	17.3%	10.0%
Latinx	52%	57.9%	-5.6%
White	19%	49.6%	-30.9%
Other	2%	7.7%	-6%

There are two DVCLP sites operating in the city of Chicago. At the S. Emerald location, staffed by Family Rescue, 46 families (100%) had known race data. 32 African American families made up the vast majority of cases (70%), while the remaining families identified as Latinx (2 families, 4%), White (8 families, 17%), or Other (4 families, 9%).

[12] Population data based on 2025 Rockford, IL demographic estimates from the U.S. Census Bureau: https://www.census.gov/quickfacts/fact/table/rockfordcityillinois

[13] Population data based on 2025 Waukegan, IL demographic estimates from the U.S. Census Bureau: https://www.census.gov/quickfacts/waukegancityillinois

The demographics of families served at Family Rescue have shifted dramatically from 2024 to 2025. The percentage of Latinx families served has decreased 85%, while the percentage of White families served has doubled. Previously, the number of Latinx families served at Family Rescue closely aligned with the proportion of Chicago's population that is Latinx. Now, Latinx families are under-represented in case counts. The percentage of families that identify as Other has increased from 0% of cases in 2024 to 9% of cases in 2025.

Family Rescue Population[14] in Data 2025			
Racial Category	% of Families with Known Race	% of Chicago Population	Difference
African American	70%	27.9%	41.7%
Latinx	4%	29.7%	-25.4%
White	17%	36.0%	-18.6%
Other	9%	8.5%	0%

At the Damen, Chicago/Hillside sites, staffed by Sarah's Inn, 48 families (91%) have known race data. Of those, [SB4.1]26 Latinx families made up more than half (54%) of families served, followed by 10 African American families (21%), 9 Other families (19%), and 3 White families (6%). Compared to 2024, the percentage of African American families served at Sarah's Inn dropped from 36% to 21%, while the percentage of families identified as Other rose from 12% to 19%.

Sarah's Inn Population[15] in Data 2025			
Racial Category	% of Families with Known Race	% of Chicago Population	Difference
African American	21%	27.9%	-7.1%
Latinx	54%	29.7%	24.5%
White	6%	36.0%	-29.8%
Other	19%	8.5%	10%

Across the DVCLP operating in Chicago, African American (45%) were overrepresented in the program population compared to the city's population of 2 8%. This aligns with existing research that demonstrates families of color are disproportionately impacted by child welfare interventions.[16]

[14]Population data based on 2025 Chicago, IL demographic estimates from the U.S. Census Bureau: https://www.census.gov/quickfacts/chicagocityillinois.

[15]Id.

[16]Tamara Fuller, Michael Braun, Satomi Wakita, Kyle A. Adams III, University of Illinois, School of Social Work, Children and Family Research Center, Racial Disproportionality In the Illinois Child Welfare System (Oct. 2020).

It is important to note that both Chicago locations are situated in neighborhoods with different demographic distributions than the city of Chicago at large. Family Rescue is located in the Calumet Heights neighborhood, which is 92% African American[17]. This difference in neighborhood demographics could account for Family Rescue's overrepresentation of African Americans compared to other sites. In fact, when compared to the population of African Americans in Calumet Heights, African Americans are underrepresented in the DVCLP at the S. Emerald DCFS office.

Sarah's Inn is located in Forest Park, where Latinx people make up 12.4% of the Forest Park population, but represent 54% of families participating in the DVCLP at Sarah's Inn, an incredibly high over representation rate[18].

Chicago Population[19] Data in 2025			
Racial Category	% of Families with Known Race	% of Chicago Population	Difference
African American	45%	27.9%	16.8%
Latinx	30%	29.7%	.1%
White	11.7%	36.0%	-24.3%
Other	14%	8.5%	-5%

At the Springfield location staffed by Sojourn, 286 families (95%) have known race data. 164 White families made up the majority (57%), followed by 122 African American families (43%) which were significantly overrepresented compared to the Springfield population. Sojourn did not serve any Latinx or Other families in 2025.

Springfield Population[20] Data in 2025			
Racial Category	% of Families with Known Race	% of Springfield Population	Difference
African American	43%	19.3%	23.4%
Latinx	0%	3.4%	-3.4%
White	57%	70.1%	-12.8%
Other	0%	3.2%	-3%

At the Belleville location staffed by Violence Prevention Center, 48 families (94%) had known race data. White and African American families both made up 46% of families served (22 families per racial group), followed by 4 Latinx families (8%). African Americans are overrepresented at the Belleville site, following a trend seen throughout the program. Latinx families were also slightly overrepresented while White and Other families were underrepresented.

[17]Population data based on 2024 Calumet Heights demographic estimates from the Chicago Metropolitan Agency for Planning: https://www.cmap.illinois.gov/wp-content/uploads/dlm_uploads/Calumet-Heights.pdf

[18]Population data based on 2025 Forest Park, IL demographic estimates from the U.S. Census Bureau: https://www.census.gov/quickfacts/fact/table/forestparkvillageillinois/PST045224

[19]Population data based on 2025 Chicago, IL demographic estimates from the U.S. Census Bureau: https://www.census.gov/quickfacts/fact/table/chicagocityillinois/PST045223

[20]Population data based on 2025 Springfield, IL demographic estimates from the U.S. Census Bureau: https://www.census.gov/quickfacts/fact/table/springfieldcityillinois,US/PST045225

Belleville Population[21] Race Data 2025			
Racial Category	% of Families with Known Race	% of Belleville Population	Difference
African American	46%	32.6%	13.2%
Latinx	8%	2.9%	5.4%
White	46%	57.0%	-11.2%
Other	0%	1.2%	-1%

The overrepresentation of African American families and the general prevalence of families of color demonstrate the need for DVCLAs and DCFS staff to foster racial equity and cultural humility within their work.

Referrals

DVCLAs receive referrals from all three DCFS divisions - investigations, intact services, and permanency - as well as Child Welfare Contributing Agencies (CWCAs). For example, one DVLCA noted that she primarily works on cases in the investigation stage. The types of referrals she receives are due in part to the relationships she has formed with investigators from DCFS, rather than with caseworkers from CWCAs who handle cases in the intact and permanency stages, and therefore, the investigators are more likely to refer cases to her. Analyzing referral sources of cases gives insight into which teams within DCFS and its contracted agencies are most utilizing the program.

Referrals from each of the three divisions require different types of involvement and provide different opportunities for collaboration. During investigations, DVLCAs focus on responding to immediate risk and safety concerns, wrapping support around the adult survivor so her children can remain with her in safety and stability, and addressing any factors DCFS will consider regarding investigative findings. DVCLAs strive to safely prevent children from going into foster care. In intact cases, the urgency of cases often slows down, creating meaningful opportunities for child welfare caseworkers to partner with the adult survivors seeking safety, stability, and healing, in part due to the voluntariness of intact family services. In permanency cases, DVCLAs often help navigate child welfare concerns around domestic violence and other issues. For instance, one DVCLA explained that once the client is working toward permanency in a juvenile court case, “there are other factors that have to be considered” such as substance abuse or “if their home is not safe; different things add into the case.” In permanency cases, DVCLAs also help adult survivors engage in and articulate progress in required services, address any barriers to services the adult survivors may face, support adult survivors in finding housing and employment, and advocate for “return home” goals where appropriate. The DVCLAs’ reflected how the number and type of referrals received and, thus, the degree to which the DVCLAs can be involved in and impact the trajectory of a case, are determined by the discretion of DCFS and other private agencies to refer cases to the DVLCA. In most of the sites, the DVLCAs receive referrals from all three divisions, with variation in the number of referrals from each division.

[21]Population data based on 2025 Belleville demographic estimates from the U.S. Census Bureau: https://www.census.gov/quickfacts/fact/table/bellevillecityillinois,US/PST045225

Program Wide Case Referrals in 2025					
Location	DCFS	CWCA	Investigations	Intact	Permanency
Rockford - Remedies Renewing Lives	119	1	114	2	4
Waukegan - A Safe Place	156	29	125	26	4
S. Emerald Chicago - Family Rescue	44	2	7	3	33
S. Indiana Chicago - Sarah's Inn	53	0	49	4	0
Springfield - Sojourn	169	70	144	8	17
Belleville - Violence Prevention Center	24	26	11	10	3
Total	565	128	450	53	61

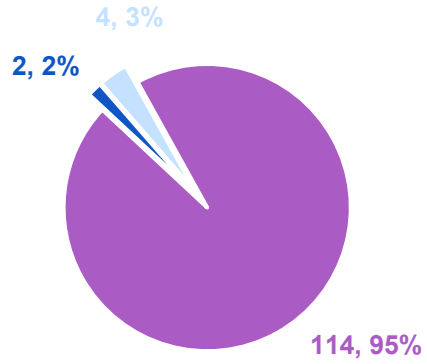
As seen in previous years of the program, the vast majority of referrals (565) in 2025 came from within DCFS (82%). In 2025, a higher proportion of referrals (128) came from CWCAs (18%) compared to 2024 (8%). Year over year, investigations make up the vast majority of referrals. Specifically, of the DCFS divisions, 450 investigations made up 80% of referrals, followed by permanency (61 referrals, 11%), and intact (53 referrals, 9%). This is a shift from 2024, where intact services made up the second most proportion of referrals (14%), followed closely by permanency (12%). This change in proportion of permanency services can be attributed in part to the onboarding of two new sites. Sojourn had 17 permanency cases throughout the year, more than the number of intact cases they had, contributing to a higher permanency case count overall.

Referral sources vary significantly by location, which is likely caused by the preferences, practices, and guidance of leadership, supervisors, and caseworkers at each office. DVCLAs also mentioned that the degree of their relationship, rapport, and trust with DCFS staff impacted the number of referrals they received. Two DVCLAs noted that, initially, receiving referrals from DCFS "took a while" because, as one DVCLA stated, "[DCFS staff] weren't remembering that we were here as a resource." However, after building rapport and relationships with DCFS staff, including attending meetings and building intentional relationships, both DVLCAs noted an increase in the number of referrals they received from that division.

The standout difference in referrals continues to be the Family Rescue DVCLA, who received the vast majority of their cases from the permanency division, continuing trends seen in 2024, 2023, and 2022.

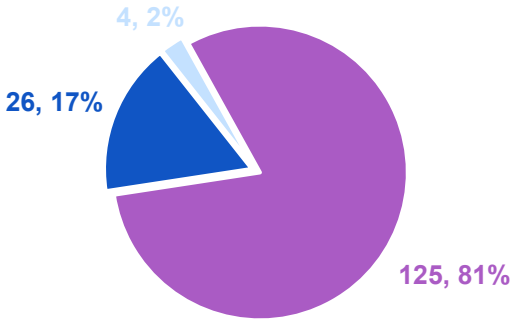
Remedies Renewing Lives

Referrals from DCFS Teams in 2025



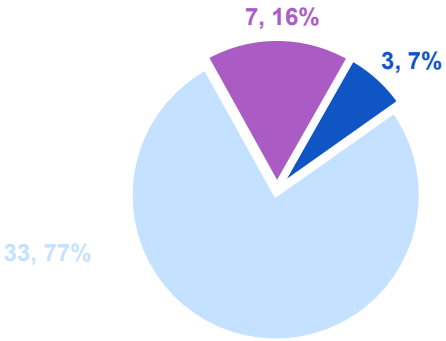
A Safe Place

Referrals from DCFS Teams in 2025



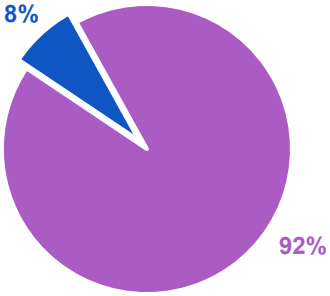
Family Rescue

Referrals from DCFS Teams in 2025



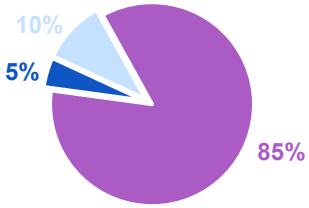
Sarah's Inn

Referrals from DCFS Teams in 2025



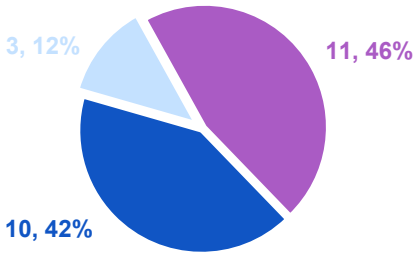
Sojourn Shelter and Services, INC.

Referrals from DCFS Teams in 2025



Violence Prevention Center

Referrals from DCFS Teams in 2025



Type of DVCLA Involvement – Consultations and Direct Contacts

When a case is referred to a DVCLA, the DVCLA follows-up directly with the DCFS caseworker who made the referral. On rare occasions, the DVCLA cannot reach the caseworker during the same month a referral is made, the caseworker does not respond to the DVCLA's outreach, or the DVCLA is later informed that the consultation is no longer needed. These cases are denoted as "referral only."

In most cases, the DVCLA has at least one, if not ongoing, consultations with the child welfare worker to discuss dynamics of domestic violence at play in a case and explore what kinds of support, resources, and information are needed.[22] In many cases, where the appropriate consent by DCFS from the family has been secured, the DVCLA may also have direct contact with members of the family. A consultation must occur before the DVCLA can have direct contact with the family, but not every consultation will lead to direct contact.

Program Wide DVCLA Involvement in 2025			
Location	Referrals	Consultations	Direct Contacts
Rockford Remedies Renewing Lives	1	119	25
Waukegan A Safe Place	1	188	143
S. Emerald Chicago Family Rescue	3	43	37
S. Indiana Chicago Sarah's Inn	0	53	4
Springfield Sojourn Shelter & Services, Inc.	5	297	253
Belleville - Violence Prevention Center of Southwestern Illinois	3	48	48
Total	13	748	510

[22]The DVLCAs do not track the number of consultations per case.

Across the entire program, 13 cases (2%) were referral only, and 748 (98%) involved at least one consultation. Among consultations, 510 (68%) involved direct contact with one or more family members, which can include the adult survivor, child survivor, and/or PUVCC. This is a significant increase in the rate of direct contacts compared to 2024, which had a 54% direct contact rate (496 contacts).

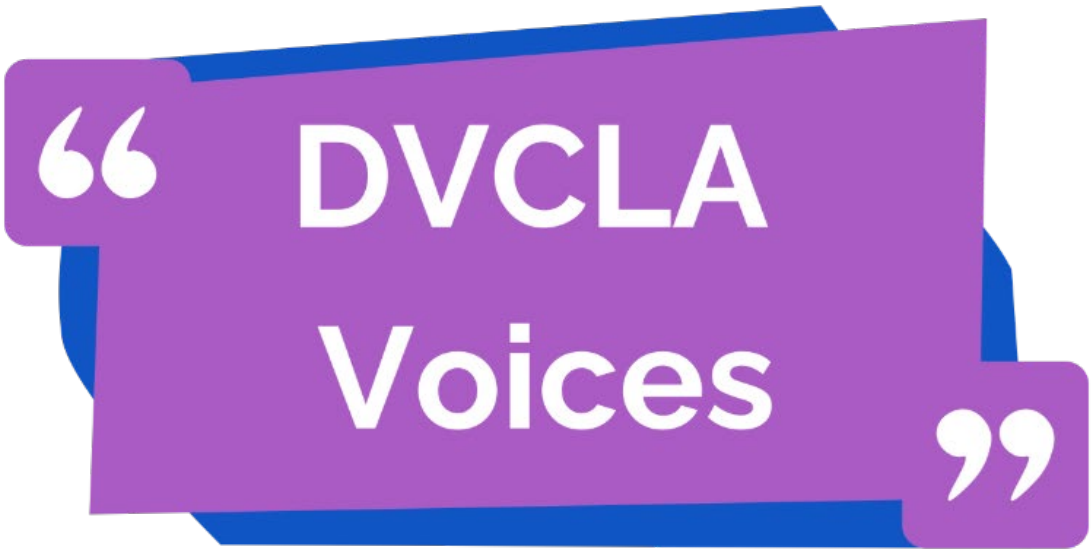
Despite turnover and co-location challenges, the DVCLAs continue to have increased interactions with families year over year. Direct contact rates varied substantially by site, with the Belleville site having the highest direct contact rate (48 contacts, 100%), followed by Family Rescue (37 contacts, 86%), Sojourn (253 contacts, 85%), A Safe Place (143 contacts, 76%), Remedies Renewing Lives (25 contacts, 21%), and Sarah's Inn (4 contacts, 8%).

Direct contact with families can occur in a variety of ways. DVCLAs may have conversations over the phone or in person with members of the family, in which they typically explain child welfare intervention, learn about the family's needs, and connect the family to the appropriate services and concrete supports. DVCLAs expressed that direct contact with families helped build trust and communication channels that changed the trajectory of cases. One DVLCA shared an experience of direct contact with a client who was initially not ready to acknowledge that she had experienced domestic violence. The DVLCA continued contact with the adult survivor and helped her with concrete support. Eventually the adult survivor went to the courthouse to pursue protection against her abuser and relied on the DVCLAs support to navigate the process, saying "I'm only speaking to [the DVCLA]".

External Activities

DVCLAs can also provide additional support through Home Visits, Child and Family Team Meetings, Transitional Visits between DCFS divisions, juvenile court support, and Administrative Case Reviews (ACR). Contact with families in these additional support roles is referred to as Direct Contact External Activities.

In 2025, DVLCAs attended 89 direct contact external activities, which is 17% of all direct contacts and more than five times the number of external activities that occurred in 2024 (16). The type of external activities that DVCLAs attend is determined by the DVCLAs' relationship with the DCFS workers. As DVCLAs leave, new DVCLAs enter the program and form unique relationships with DCFS caseworkers. Subsequently, the counts and types of external activities fluctuate. For instance, sites that previously had a higher number of home visits and juvenile court attendance saw a decrease in these external activities due to personnel changes. Of the 89 direct contact external activities conducted across all program sites, the majority were Court Visits (39, 44%), followed by Child and Family Team Meetings (37, 42%), Home Visits (10, 11%), ACRs (2, 2%), and Transitional Visits (1, 1%)



Benefit of Home Visits

"I'm usually called or pulled in for home visits when they're having a hard time talking to [the survivor] alone or they feel that [the survivor] is not too familiar with domestic violence. In those situations, then they'll take me, and either [the PUVCC] is not there, and then I'll speak to them, the survivor, alone, and try to tell them about domestic violence, different types of abuse, the services that we have..."

Domestic Violence Trends Among DVCLP Cases: High Lethality Risks and Complex Needs

When conducting the day-to-day activities of the program, DVCLAs voluntarily record anonymous notes about the cases they work on. Typically, these notes capture the nature of violence facing adult and child survivors of abuse during their cases, examples of the service connections made for all members of the family, efforts to contact members of the family, and reflections on discussions with caseworkers. Due to the aforementioned limitations of this data collection process, not every case is accompanied by case notes, and each DVCLA chooses to emphasize different elements in their notes.

For the purposes of this report, 628 individual case notes were compiled and analyzed for themes. Each case note was searched for key words that indicate violence that is lethal or known to pose a high-lethality risk, as well as complex family needs. Case notes that contained these key words were read through for context, then marked with the appropriate lethality risk factor or complex need[23]. Qualitative and quantitative analysis of these notes demonstrates the alarming experiences of severe violence and complex needs that are faced by the families working with DVCLAs.

Lethal or Attempted-Lethal Violence

In cases with lethal or near lethal violence, the DVCLAs played an important and supportive role to adult survivors and to DCFS workers coping with the loss or high lethality risk. In 2025, the DVCLAs supported DCFS staff on at least one case where an infant passed away. The DVCLA supporting this case recalled, "The baby was with us at the DCFS office for a day, and several of us took turns caring for him, which left many staff feeling sad and emotional about his death." The DVCLA provided support to DCFS caseworkers involved in the case, reminding them about available resources including employee assistance services while also checking in with staff individually, encouraging them to use coping skills and available supports. Through the relationships that DCFS and the DVCLA had built with each other, the DVCLA was able to provide crucial support to the DCFS workers before and after the infant's death.

DVCLAs also provided support on at least 10 cases where a PUVCC threatened or attempted to kill a survivor and/or their children. In these cases, DVCLAs and DCFS caseworkers closely collaborated to connect the survivor parent and children with financial assistance, safe housing, counseling resources, and education about the nature of domestic violence. In one case, a DVCLA and a caseworker were able to help a survivor safely find an apartment and provide rental assistance, legal referrals, and financial support after the survivor needed to relocate multiple times due to the PUVCC assaulting, finding, and threatening to kill the survivor.

[23]Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollenberger, J., Frye, V., & Laughon, K. (2003). Risk factors for femicide in abusive relationships: results from a multisite case control study. *American journal of public health*, *93*(7), 1089–1097. https://doi.org/10.2105/ajph.93.7.1089

Non-Fatal, High-Lethality Risk Violence

A myriad of cases referred to the DVCLAs demonstrated non-fatal, high-lethality risk factors. This included violence severe enough to result in arrest (at least 29 cases), incarceration (at least 19 cases), gun violence (at least 13 cases), severe injuries that resulted in hospitalization (at least 7 cases), stabbings and knife violence (at least 7 cases), strangulations (at least 12 cases), violence escalation during pregnancy (at least 4 cases), and violations of orders of protections (at least 6 cases). For instance, in one scenario, a PUVCC sexually assaulted a survivor then was later arrested. After being served with an order of protection, the PUVCC violated the order. The DVCLA assisted the survivor in registering for VINELink (Victim Information Notification Everyday, which is a free, confidential online portal for tracking the custody status of offenders), accessing counseling services and childcare, and provided her with housing resources. Through their advocacy, DVCLAs routinely assist survivors in navigating dangerous situations. In total, there were 107 cases like these in which DVCLAS indicated the presence of non-fatal, high-lethality risk. This represents 14% of all cases. 17 unfounded survivors (13%), 25 indicated PUVCCs (20%), and 16 indicated survivors (9%) were involved in a case with this type of violence. 178 children were involved in these cases (12%). Of the children involved in high-lethality cases, 60% remained safely with their adult survivors.

Adult survivors in high lethality cases face stigma for experiencing this level of violence and there is a greater chance they will be indicated for neglect due to the perceived risk. In addition, their children face a greater risk of being removed from them. The fact that the majority of children involved in high lethality cases remained in the home is a testament to the relationships DVCLAs build with DCFS caseworkers, as well as the advocacy and support they provide domestic violence survivors. Notably, one caseworker, after watching a DVCLA safety plan with a survivor, attend criminal hearings with the survivor, and connect the survivor with support, expressed, “when I spoke with [the survivor] on Friday, she said she feels you are helping a lot. I believe you have really saved her, maybe even saved her life…thanks.”

In these high-lethality cases, the domestic violence services, concrete supports, and education that DVCLAs provide and link the adult survivors to become potentially lifesaving supports. Though the percentage of fatal and non-fatal, high lethality violence identified by DVCLAS has decreased 37% since 2024, the violence continues to be pervasive throughout cases, requiring DVCLAs to support survivors and their families through critical life or death situations.

The decrease in the identification of non-fatal, high-lethality risk cases by DVCLAs is not conclusive of a decrease in the existence of non-fatal, high-lethality risk lethality cases overall. DVCLAs can only identify the presence of this violence when caseworkers or survivors make them aware of it. DVCLAs also differ in their style of notetaking and have discretion over which details they choose to include in their case notes. Because of this, though the percentage of non-fatal, high-lethality risk cases identified by DVCLAs has decreased in 2025, the data cannot determine whether the occurrence of these cases has decreased program-wide.



Helping Survivors Find Safety

"When I first started with this DVCLA, I had a young mom, she had 3 kids. She was in this relationship with the father of her kids since she was 15, so he wouldn't leave her. We put her in a hotel and he kept finding her. We weren't sure how… At one point, she was at a McDonald's drive-thru, and he blocked her…there was a car in front, there was a car in the back, and he blocked her and tried to pull the kids out.

He kept calling the agency…so, we worked with DCFS. They went from wanting to take [protective custody] and blaming her as well to working with us… we helped her get an OP, we helped her find an apartment…eventually she got to a safe place where she was able to have her own apartment. We heard less of him, and eventually he got charges for stalking and other things. It was a lot, but she got help."

Complex Case Needs

In addition to cases that demonstrated non-fatal, high-lethality risk factors, many also featured other complicated factors. These included at least three cases in which an adult and/or child survivor reported experiencing mental illness, suicidal ideation, and thoughts/actions of self-harm as a result of their physical or sexual abuse. Some parents also faced compounded issues of substance use. At least two families were non-English speaking, which required DVCLAs to navigate language access barriers to provide services in Spanish and Arabic and ensure that each person clearly understood their rights, responsibilities, and options. Additionally, DVCLAs noted helping with the logistics of accessing concrete supports that contributed to increased safety, such as cash assistance for moving and housing costs, finding safe housing, and securing new phones. The collaboration between child welfare and domestic violence professionals better meets these complex needs, rather than one system trying to do so alone.

Program Impact and Outcomes Data

Family Outcomes

Outcome data for the families served by the DVCLP are limited to what is known by the DVCLAs through their interactions with child welfare staff and direct contact with families. If known to them, DVCLAs tracked the referrals for services provided to families, the results of the child welfare investigations, and whether children remained with the adult survivor or were removed.

Referrals to Services and Concrete Supports

The DVLCAs often have direct knowledge about whether clients receive referrals, services and/or concrete support. DVCLAs learn about this essential exchange of information when they provide resources to caseworkers to share, or when they themselves provide referrals or concrete supports directly to the family members.

Through collaboration with caseworkers, DVLCAs are able to provide additional resources to survivors. One DVCLA had a client where “the big presenting issue was just that she needed to move pretty much immediately” and had been “waiting on a move for maybe a month or two prior to getting [a] referral.” Through actively collaborating with the caseworker, the DVCLA was able to help crowdsource funding for the survivor’s move, and DCFS was able to provide a moving truck and cover move-in fees.

In 2025, 585 adult survivors (77% of cases), 375 child survivors (25% of the children served across the program), and 100 PUVCCs (13% of cases) received direct referrals, services, or concrete support during the child welfare intervention and/or from the DVCLA. Because the program increased its reach significantly in 2025, the number of referrals received by individuals has increased 10% compared to 2024. However, the proportion of referrals adult survivors and children received decreased compared to 2024, when referrals, services, and/or concrete support were received by 80% of adult survivors, and 57% of children. In 2024, 12% of PUVCCs received referrals, a number that remained relatively consistent in 2025.

Who Received Referrals, Services and/or Concrete Supports			
Location	Adult survivor	Child Survivor	PUVCC
Rockford - Remedies Renewing Lives	86	22	37
Waukegan - A Safe Place	168	332	27
S. Emerald Chicago - Family Rescue	39	1	0
S. Indiana Chicago - Sarah's Inn	43	0	6
Springfield - Sojourn Shelter & Services, Inc.	218	20	30
Belleville - Violence Prevention Center of Southwestern Illinois	31	0	0
Total	585	375	100

Investigative Findings

A primary goal of the DVCLP is to prevent unjustified indicated findings against adult survivors. Indicated findings of neglect related to domestic violence negatively impact adult survivors by decreasing safety, increasing instability, and hindering healing, including:

1. Limiting employment opportunities that involve working with children;
2. Potentially disqualifying eligibility for specific immigration relief;
3. Deterring future help-seeking behavior;
4. Replicating the abusive dynamics of the relationship;
5. Increasing feelings of shame and disempowerment; and
6. Escalating domestic violence when a state agency affirms the blame the PUVCC places on the adult survivor.

Indicated findings against PUVCCs are, however, a strategy for holding PUVCCs responsible for the abuse they have perpetrated.

DVCLAs record the outcomes of the child welfare investigations when they know the findings. Following a case for its full duration is not a common experience for DVCLAs, and DVCLAs do not have access to DCFS administrative data, so information on case outcomes is very limited. In 2025, DVCLAs knew the case findings for 303 adult survivors (40%) and 130 PUVCCs (17%). This is an increase compared to 2024, when DVCLAs knew the case outcomes for 22% of survivors and 13% of PUVCCs. Knowing a higher proportion of case findings gives clearer insight into the efficacy of the program. Because DVCLAs are only privy to the information shared with them, the majority of survivors and PUVCC case outcomes remain unknown. Consequently, the case outcomes analyzed below represent a minority of survivor experiences within the program and cannot be seen as representative of the program as a whole.

In 2025, across all program sites, the DVCLAs had knowledge that 130 adult survivor cases were unfounded (30%), 173 adult survivor cases were indicated (40%), and 130 PUVCC cases were indicated (30%). This is a 73% increase in the count of adult survivors who were unfounded, and nearly two times the amount of PUVCCs who were indicated in 2024. The allegations of the findings are not specified.

Program Wide Casework Outcomes in 2025			
Location	# Adult Survivor Unfounded	# Adult Survivor Indicated	# PUVCC Indicated
Rockford - Remedies Renewing Lives	30	14	29
Waukegan - A Safe Place	14	13	19
S. Emerald Chicago - Family Rescue	16	22	0
S. Indiana Chicago - Sarah's Inn	2	1	0
Springfield - Sojourn Shelter & Services, Inc.	51	111	78
Belleville - Violence Prevention Center of Southwestern Illinois	17	12	4
Total	130	173	130

While more adult survivors were unfounded, more adult survivors were also indicated in 2025 when compared to 2024. In 2025, the count of indicated adult survivors increased more than four-fold compared to previous years (37 indicated survivors). For the reasons previously explained, this increase does not necessarily mean that more adult survivors are being indicated overall in the DVCLP or in all of DCFS' caseload.

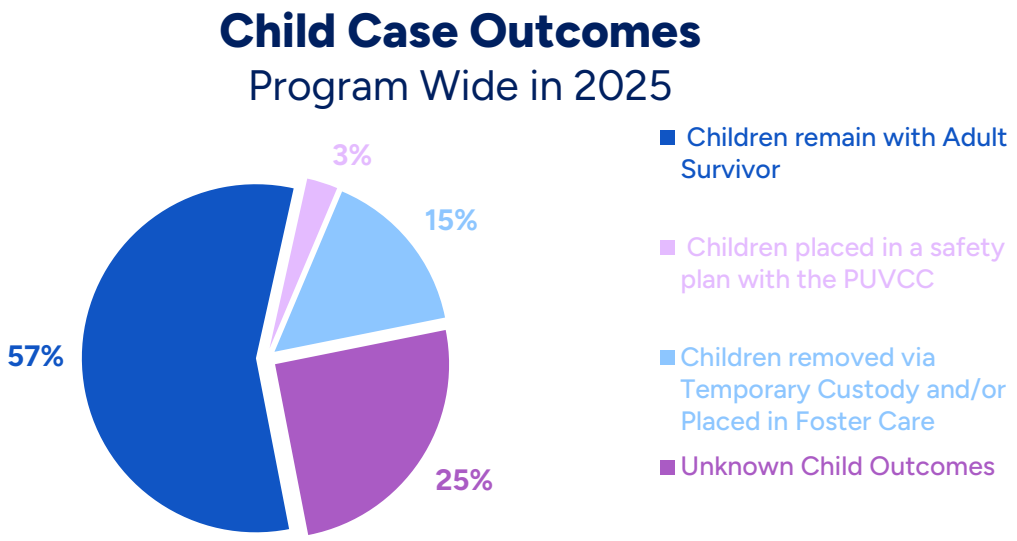
The growing proportion of indicated survivors is due in part to the onboarding of two new sites, drastically increasing the case counts compared to 2024. Each site sees a unique assortment of cases. Sojourn at the Springfield site receives cases that last for multiple months, possibly indicating that the needs of survivors are more complex, or that survivors are experiencing circumstances more likely to lead to indicated findings. The DVCLA there may also have more knowledge of investigative outcomes because she is working on cases closer to when the cases conclude. The Springfield site has consulted on 40% of all program cases. Therefore, the case profiles commonly seen at the site -- longer cases with more indications -- weigh the data, leading to a higher proportion of indicated findings than seen previously. In 2025, the percentage of survivors who were indicated nearly doubled (a 90% increase) compared to 2024. If data from the Springfield site is removed, across all other sites, the percentage of survivors who were indicated has decreased 32% compared to the previous year, highlighting the significant weight Springfield cases had on the data as a whole.

Other factors contributing to increased indicated findings are the type of cases DVCLAs are referred to by DCFS. DCFS supervisors and caseworkers ultimately decide when to consult a DVCLA and may be choosing to consult DVCLAs in particularly serious or challenging situations that may have a greater likelihood of leading to indicated findings. The increase in the proportion of indicated survivors could also be a sign of the challenges to be co-located and turnover that hinder DVCLA relationship building with DCFS workers. Additionally, DVCLAs revealed that some indications are not directly related to domestic violence, as survivors may be indicated for other factors, such as substance abuse, and not domestic violence. In addition, if the abuser is not a parent of the child, they cannot be indicated, leaving survivors the only parent liable for an indication finding which could also increase survivor indications.

Most likely, several factors outside of the scope of the data have contributed to the increase in this key outcome. Despite an inability to determine causality, the data does indicate that increased collaboration and co-location between the domestic violence agencies and DCFS is key to reducing the growing proportion of adult survivors in the program who are indicated.

Children Remaining with Adult Survivors

Despite the increase in the proportion of indicated adult survivors, there was a promising growth in the number of children who were able to remain with adult survivors. In 2025, 865 children (57%) remained with the adult survivor, a 63% increase compared to 2024. This pattern of improvement aligns with the growth and longevity of the DVCLP, which saw increases in this area in 2023 as well. **This trend suggests that the program's outcomes and goals are growing into closer alignment the longer these working relationships are in place.** Keeping adult survivors and their children together is a primary goal of the program, as evidence suggesting that connectedness with the adult survivor is essential to positive child outcomes, especially their ability to heal.





Supporting Survivors and Their Children

"I was able to successfully advocate for the children to return home to the survivor, [where] the survivor's case was going to be continued despite the survivor completing and implementing services. I worked with the public defender and caseworker to first ensure the baby was not removed from mom at birth and then got a sooner court date. Through advocacy with the caseworker, the public defender, and the DCFS attorney, the hearing went well, and the children returned to mom that day."

Institutional Impact

DVCLAs engage in institutional advocacy work through collaboration with DCFS workers during consultations where they provide support at every level of the child welfare process as well as through the trainings and educational activities they conduct. DVCLAs noted the presence of common misconceptions about domestic violence and survivorship in cases, such as victim-blaming, which can negatively impact cases and trust with clients. The DVCLAs' work challenges these institutional perspectives on domestic violence and survivorship.

A significant part of the DVCLAs' work involves educating and consulting with DCFS staff on domestic violence dynamics to improve case outcomes. DVCLA education comes through formal trainings, as well as informal education on the job through conversation and formal consultation with DCFS workers, serving as an intermediary in conversations with survivors and PUVCCs, and encouraging caseworkers, survivors, and administrators to critically evaluate their decision-making and biases in cases. DVCLAs also provide education and advocacy outside of DCFS to change institutional perspectives and policies on domestic violence. In two cases, a DVLCA had an in-depth conversation with the State's Attorney about the lack of support the survivors received within the criminal legal system, which ultimately led to a lack of systemic trust, escalating abuse, and DCFS involvement. This conversation sparked the State's Attorney to consider charging domestic violence cases more seriously.

Trainings

DVCLAs work at the unique intersection of child welfare interventions and domestic violence expertise. They use this perspective to provide nuanced training and education to a variety of audiences. Over the course of 2025, DVCLAs attended and presented in English and Spanish at a minimum of 17 events. These included opportunities to educate the public at conferences and speak to community stakeholders like community organizations, local school districts, the staff and agencies working with county judges, and various others. DVCLAs were also able to expand DCFS caseworkers' understanding of gender-based violence and cultural competency through trainings on various topics including human trafficking and domestic violence services for blind and deaf survivors.

Engaging with the broader community of stakeholders through training and presentations increases the base of stakeholders invested in and knowledgeable about meeting the needs of child welfare involved families experiencing domestic violence and enables DVCLAs to build stronger connections, ultimately leading to more referrals and sturdier relationships. Networks and agencies come to know not only the DVCLA, but the agency they represent, allowing for professional relationships to persist through DVCLA turnover, leading to more positive outcomes year over year.

Outcomes for Caseworkers Participating in Consultations

Outcomes for participating caseworkers who consult with the DVCLAs are based on the observations, interactions, and perspectives of the DVCLAs. When consultations do not result in observable feedback, the DVCLAs do not record an outcome. Each DVCLA brings their own perspective to these observations and staff changes often impact how caseworker outcomes are perceived. Caseworker outcomes data is available by site and across the entire program.

Caseworkers who consulted with the DVCLAs received information about domestic violence in 21% - 98% of cases. Across the entire program, 474 caseworkers (62%) received information about domestic violence, down from 82% in 2024. This information might include a discussion of domestic violence dynamics, understanding survivor behavior and safety planning opportunities, contact information for local resources, and dispelling myths that may impact a caseworker's perspective on a case.

Caseworkers That Received Information About Domestic Violence in 2025		
Site	Count of Caseworkers	% of Cases
Rockford - Remedies Renewing Lives	106	88%
Waukegan - A Safe Place	183	97%
S. Emerald Chicago - Family Rescue	38	83%
S. Indiana Chicago - Sarah's Inn	52	98%
Springfield - Sojourn Shelter & Services, Inc.	63	21%
Belleville - Violence Prevention Center of Southwestern Illinois	32	63%
Total	474	62%

Across sites, 382 caseworkers (50%) who consulted with the DVCLAs demonstrated an increased understanding of the dynamics of domestic violence. DVCLAs may not always have the opportunity to observe a change in perspective with the caseworker, especially if they only have a brief consultation. Misconceptions of domestic violence may not improve after only a single interaction. The DVCLP posits that the more frequently a caseworker consults with the DVCLA, the more their understanding and capacity will grow. Across sites, caseworkers demonstrated varying levels of understanding about domestic violence dynamics. At S. Indiana Chicago, 51 caseworkers (96%) demonstrated an increased understanding of domestic violence, followed by Waukegan (179 caseworkers, 95%), S. Emerald Chicago (32 caseworkers, 70%), Rockford (53 caseworkers, 44%), Springfield (65 caseworkers, 22%) and Belleville (2 caseworkers, 4%)

Caseworkers Who Demonstrated Increased Understanding of the Dynamics of Domestic Violence in 2025		
Site	Count of Caseworkers	% of Cases
Rockford - Remedies Renewing Lives	53	44%
Waukegan - A Safe Place	179	95%
S. Emerald Chicago - Family Rescue	32	70%
S. Indiana Chicago - Sarah's Inn	51	96%
Springfield - Sojourn Shelter & Services, Inc.	65	22%
Belleville - Violence Prevention Center of Southwestern Illinois	2	4%
Total	382	50%



Understanding Domestic Violence

"…We recently had a case where…they were trying to remove the child because the mom endangered the child at a moment that dad became physical towards mom…in the process of protecting their child… We were able to talk to the caseworker and explain that mom was reacting to the abuse. And on top of that, mom had gotten an order of protection, she moved out. She had some safety planning in place. So, just helping the caseworker understand that the mom was actually doing what she needed to do immediately after to protect herself and protect the child…it wasn't intentional to put the child in any type of danger. Helping the caseworker look at the bigger picture also helped in her making the decision of not finding the victim as endangering the child."

At three sites - Waukegan (154 caseworkers, 81%), S. Indiana (42 caseworkers, 79%), and S. Emerald (34 caseworkers, 74%) - the majority of caseworkers who consulted with the DVCLAs partnered with the adult survivor in crafting interventions that buffer risk and enhance their strengths. At the remaining locations, Rockford (47 caseworkers, 39%), Springfield (73 caseworkers, 24%), and Belleville (0 caseworkers, 0%), less than a quarter of caseworkers demonstrated this outcome. Across the program, this resulted in 350 caseworkers (46%) meaningfully partnering with the adult survivor on these important issues.

Caseworkers who Partnered with the Adult Survivor in Crafting Interventions that Buffer Risk and Enhance Strengths		
Site	Count of Caseworkers	% of Cases
Rockford - Remedies Renewing Lives	47	39%
Waukegan - A Safe Place	154	81%
S. Emerald Chicago - Family Rescue	34	74%
S. Indiana Chicago - Sarah's Inn	42	79%
Springfield - Sojourn Shelter & Services, Inc.	73	24%
Belleville - Violence Prevention Center of Southwestern Illinois	0	0%
Total	350	46%

S. Indiana Chicago was the only site where the majority of caseworkers (30 caseworkers, 57%) engaged meaningfully with the person using violence and coercive control (PUVCC). At most other sites, Rockford (17 caseworkers, 14%), Waukegan (18 caseworkers, 10%), and S. Indiana Chicago (3 caseworkers, 7%), less than a quarter of caseworkers who consulted with the DVCLAs engaged meaningfully with (PUVCC) aimed at creating avenues of accountability. At the Springfield and Belleville sites, no caseworkers were documented to have engaged meaningfully with the PUVCC. Overall, 68 caseworkers (9%) engaged meaningfully with the person using violence and coercive control, remaining consistent with 2024. In addition, this outcome, like others, may be substantially skewed by what is and is not seen by the DVLCAs.

Caseworkers Who Engaged Meaningfully with the Person Using Violence and Coercive Control in 2025		
Site	Count of Caseworkers	% of Cases
Rockford - Remedies Renewing Lives	17	14%
Waukegan - A Safe Place	18	10%
S. Emerald Chicago - Family Rescue	3	7%
S. Indiana Chicago - Sarah's Inn	30	57%
Springfield - Sojourn Shelter & Services, Inc.	0	0%
Belleville - Violence Prevention Center of Southwestern Illinois	0	0%
Total	68	9%

At two sites, Waukegan (150 caseworkers, 79%) and S. Indiana in Chicago (30 caseworkers, 74%), the majority of caseworkers who consulted with the DVCLAs addressed the unique needs of child survivors in connection with their families and communities. Three locations, Rockford (23 caseworkers, 19%), S. Emerald Chicago (5 caseworkers, 11%), and Springfield (12 caseworkers, 4%), had less than a quarter of caseworkers demonstrate this outcome. Belleville had no caseworkers demonstrate this outcome. Overall, 229 caseworkers (30%) addressed the unique needs of children, down from 41% in 2024. Here again, these outcomes are impacted by the frequency at which DVCLAs are able to observe a child survivor's interaction with the caseworker involved or know the specific intervention the caseworker provided to the children and their families.

Caseworkers who Addressed the Unique Needs of Child Survivors in Connection with Their Families and Communities		
Site	Count of Caseworkers	% of Cases
Rockford - Remedies Renewing Lives	23	19%
Waukegan - A Safe Place	150	79%
S. Emerald Chicago - Family Rescue	5	11%
S. Indiana Chicago - Sarah's Inn	39	74%
Springfield - Sojourn Shelter & Services, Inc.	12	4%
Belleville - Violence Prevention Center of Southwestern Illinois	0	0%
Total	229	30%



Stakeholder Shifts to Meet Adult and Child Survivors' Needs

"I would say two of my return homes, both I worked heavily with the public defender advocating for everything that the survivor has done and where they're at and not just checking boxes, but actually changing their people, place, things, everything that court wants to see...after both of those situations, the public defender, actually two different ones...thanked me for advocating so hard on those, because they only get a very small glimpse of one side. And so, being able to work with them, I think that changed their perspective a lot."

Identified Areas of Improvement

The DVCLAs noted some areas of improvement that can be considered as the program expands and strengthens. An area that needs further attention is navigating the differences in sharing information between DVCLAs and DCFS staff, particularly regarding Releases of Information (ROIs). One DVCLA mentioned,

> One of our biggest challenges that we have had was to try to get DCFS to understand the release of information and what we can and cannot disclose...we've tried to remind them that our agency works from an empowerment model. So, although they can mandate clients to do things, that's not our role.

Other DVCLAs spoke similarly on their experiences navigating ROIs with DCFS.

DVLCAs also mentioned a desire to move DCFS beyond a "checking the box" approach to referrals. A "checking the box" approach can include referrals from "investigators who were just handed the case in order to close it," thereby not leaving sufficient time to meaningfully work with the family following the consultation with the DVCLA. Two DVCLAs spoke about how a last-minute approach to referrals results in the DVLCAs not having adequate knowledge of the facts of domestic violence in a case or the caseworkers lacking time to effectively partner with the adult survivor, foster avenues of accountability with the PUVCC, and connect all family members to concrete supports and services. One DVCLA worried that "They're just again calling me because they feel like they have to, rather than they feel like it would be beneficial." These concerns highlight the need for better integration of DVCLAs into the fabric of the DCFS offices they are a part of, robust education to staff about the DVCLA role and their role as a resource, and co-training opportunities about domestic violence and related needs of children and their families.

Cost Analysis

One key DVCLP goal is to reduce the separation of children from their adult survivor parent and safely prevent children from entering substitute care, which would also reduce the financial costs of substitute care incurred by the state. The potential cost savings on foster care services is one way to demonstrate the added value created by the DVCLP for the state from a financial perspective, in addition to other programmatic strengths, and family and systemic impacts highlighted in this report. The cost analysis below offers a high-level estimation of the financial savings created by the DVCLP.

The cost analysis here was based on a similar cost analysis conducted by a comparable program in Florida. The Florida Child Protection Investigation Project placed a domestic violence co-located advocate in 67 child welfare offices. The Florida program used the following calculation to determine the potential cost savings:

(Number of children the program served who were not removed) x (Average number of months in foster care) x (Lowest monthly foster care board payments) – (Expense of the program)

Based upon this analysis, the Florida program saved the state nearly $26 million in 2015.[24]

The following explains the analysis of the potential cost savings of the DVCLP in 2025 across the six program sites in Illinois. The 2021 B.H. Consent Decree Monitoring Report issued by the University of Illinois Department of Social Work concluded that the median length of stay in substitute care for children in Illinois for the last several years has been 32 - 34 months[25].

Placement of a child in foster care costs the state anywhere from $388 to $656 a month, depending on the age of the child and the kind of placement[26]. In 2025, 865 children whose cases had DVCLA involvement were known to stay with their adult survivor parent, therefore avoiding substitute care placement. This was a 63% increase in the proportion of children known to remain with the adult survivor. Anecdotally, the DVCLP believes that this is the product of the program growing more established and effective over time that results in an increased capacity of DCFS workers to meet the nuanced needs of adult and child survivors.

The total costs of the program in 2025 were $803,960. As a result of the DVCLP in 2025, the need for foster care services in Illinois was significantly reduced and resulted in a potential cost savings of between $9,935,879.72 to $18,488,999.72 by safely keeping children out of the foster care system[27]. Compared to 2024's estimated savings, these findings have significantly increased, representing a 57% in the lowest estimation of savings and a 60% increase in the highest amount of savings.

[24]Florida Coalition Against Domestic Violence, *2015-2016 Annual Report to the Florida Legislature: Responding to Domestic Violence* (2016).

[25]*Conditions of Children in or at Risk of Foster Care in Illinois: FY 2021 Monitoring Report of the B.H. Consent Decree.* Retrieved from https://cfrc.illinois.edu/pubs/rp_20211021_FY2021BHReport.pdf

[26]Department of Child and Family Services. *Memorandum re Increases in Monthly Financial Support for Foster Parents*. June 23, 2022. https://www2.illinois.gov/IISNews/25094-Illinois_DCFS_increases_monthly_financial_support_for_foster_parents.pdf

[27]The authors of this report do not have access to the names of the families nor the administrative data to determine if subsequent child removals occurred following the closed child welfare case that involved the DVCLA.

Estimated Cost Savings to State of IL by Supporting the DVCLP				
Lowest Median Number of Months Children in IL are in Foster Care	Lowest Monthly Payments Made to Foster Families & Caregivers (Unlicensed Families)	Number of Children Known to Remain with Adult Survivor in 2025	Cost of DVCLP	Lowest Estimated Savings
32	388	865	803,960	$9,935,879.72
Highest Median Number of Months Children in IL are in Foster Care	Highest Monthly Board Payments Made to Foster Families & Caregivers (Children Age 9 - 11)	Number of Children Known to Remain with Adult Survivor in 2025	Cost of DVCLP	Highest Estimated Savings
34	656	865	803,960	$18,488,999.72

03

Vision for the Future

Vision for the Future

Now that the DVCLP has sites in each of DCFS' four regions, the data establishes that the DVCLP is an effective partnership in all parts of the state – urban, suburban and rural. With this evidence-based support, the vision for the future is statewide expansion, both geographically and at all points of the child welfare intervention. Specifically, the partners aspire for the DVLCP to be a statewide program that pairs a partner domestic violence agency with each DCFS office, such that a DVCLA would be co-located in every DCFS office and work with all CWCAs.

Being a resource to the DCFS Hotline and Child Welfare Resource Referrals is also envisioned in expansion. Securing funding for such an expansion is needed. In addition, intentional alignment between the DVCLP and DCFS' new SAFE Model will strengthen both the effectiveness of the DVCLP and this new practice model with children and their families. The DVLCP is a collaboration proven to increase the safety, stability, wellbeing and healing of families and children experiencing domestic violence and child welfare interventions that will benefit families across the state, as well as the child welfare and domestic violence advocacy systems.



Why We Do the Work

"I just love **positive outcomes**, and I love the idea that we're trying our best, DCFS and my organization, to get the word out about DV, and get the resources out there that they need. And also to allow them to understand and feel that they're not alone, and that it's gonna be okay."

"So, for years, I tried my best to help where I could and this opportunity was a game changer, because I felt like if I could just make **a small difference here to start making a change**, we might see a bigger change...helping families before it gets to where their children are removed."

"I do it **because I love the work** that I do. And I also do it because I think it has been my experience of seeing a lot of unfair and unjust situations happening where children are removed from their homes, taken away from mom, under circumstances that are not proven to be guilty...I think that if we continue to do what we do best, and if we continue to stay focused on the purpose of this program, [we'll] definitely see change."

Domestic Violence Co-Location Program