Task Force to Study the Statewide Response to Minors Exposed to Domestic Violence

The Task Force to Study the Statewide Response to
Minors Exposed to Domestic Violence

MEETING MINUTES

Thursday, July 30, 2015

1:00 PM in Room 2A of the LOB

The meeting was called to order at 1:15 PM by Chairman, Karen Jarmoc

The following committee members were present:

Karen Jarmoc, Garry Lapidus, Joette Katz, Rachel Palowski, Joel Rudikoff, Sarah Eagan, Stephen Grant, Elizabeth Bozzuto, Karen O'Connor, Kayte Cwikla-Masas

Co-chair Karen Jarmoc, CEO of Connecticut Coalition Against Domestic Violence welcomed task force members and public citizens in attendance. She stated that members are charged with assessing policy and practice with regard to children and family violence in Connecticut and providing a report to the legislature by mid-January.

Ms. Jarmoc introduced co-chair Garry Lapidus, Director of the Injury Prevention Center at Connecticut Children's Medical Center and Hartford Hospital, and Associate Professor of Pediatrics and Public Health at the School Of Medicine at the University of Connecticut.

Introductions were made around the room: Joette Katz, Commissioner of the Department of Children and Families, Rachel Pawloski, Youth Member of the Task Force, Joel Rudikoff, Director of Policy and Budget for the Senate Democratic Caucus, Sarah Eagan, State of Connecticut Child Advocate, Stephen Grant, Executive Director of the Court Support Services Division, CT Judicial Branch, Elizabeth Bozzuto, Judge of the Superior Court and Administrative Judge for family, and Damion Grasso, Clinical Psychologist on faculty at the UCONN Health Center, Karen O'Connor, DESPP.

Karen Jarmoc explained that the group would be going over the charge of the Task Force so that members can stay on target with what they are mandated to do.

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Gary Lapidus then gave an overview of his experience and his vision for how the Task Force can best form recommendations. He has been a practicing Physician Assistant for 35 years and in that time has often seen the effects Domestic Violence on children.

As this task force includes representation from many systems like health care, criminal justice, etc., members representing each should examine their system to identify one or two specific areas that can be improved upon, such as screening for family violence risk. As in the medical field, domestic violence risk can be screened for and appropriate referrals or recommendations made to prevent it.

Mr. Lapidus went on to say that domestic violence is a preventable problem, and that young people must be taught what a healthy relationship is. Additionally, as men are disproportionately involved in domestic violence they must be part of the solution. He called for active discussion in this task force, so that we can listen and learn from each other and listen to each other.

Karen Jarmoc thanked legislative leaders for putting forth the legislation creating the task force. She said that in her role at CCADV, she can recall three domestic violence homicides in the spring and summer of last year, in which children under the age of five were present at the scene and sometimes witnessed the homicide. She felt that there was much said about the adult victim and the offender, but the impact of the incidents on children was not focused on as much. There is more work to do around understanding this impact, as well as systems working together to create a stronger response.

Jarmoc and Sarah Eagan put together a working group in September 2014 to look at the various systems involved with children exposed to domestic violence. This working group issued a report titled “Improving Outcomes for Children Impacted by Domestic Violence.” She shared from statistics from that report:

- In 2014, eleven domestic violence homicides took place, including three in which children were present, some having viewed the homicide.
- Within the 18 member agencies in the Domestic Violence Provision System, 1,200 children and 1,000 adults are sheltered in domestic violence shelters annually and 6,000 provisional services are provided to children out in the community
- 26% of domestic violence cases, where there was an arrest, children were present in the home.
- 4,319 families that are DCF involved have been identified with intimate partner violence in the home

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Jarmoc stated that the group's goal is to improve policy and practice across our systems through recommendations. She does not feel the only way to address the issue is through statutory change, but believes that collaborative work across systems and guidance around policies will be helpful. The intention is to: 1) describe the problem, 2) establish targets, and 3) make recommendations by January of 2016.

Some members of the group were asked to make remarks at this meeting. The first to speak was Stephen Grant, Executive Director of the Court Support Services Division, who stated that every discipline with Court Support deals with domestic violence. He listed his priorities as being:

1) Identifying and addressing barriers to interagency communication and information
    - Increase amount of information across spectrum
    - Provision of timely thorough and accurate information to key decision makers
2) Look at trauma informed evidence based care
    - 78% of children were either direct victims or witness to domestic violence
    - These children need support on multiple levels
3) Emphasize prevention strategies

In follow-up, Karen Jarmoc asked Mr. Grant if there were differences in policy between the different divisions of CCSD, and whether there is a guide for the 1500 employees. Mr. Grant replied that the themes are the same, but the policies of different divisions are slightly nuanced based on its own statutory charge. He also stated that guidance for the employees is embedded in the over 800 policies of the CCSD. Clinical guidance is provided as well.

Rachel Pawloski, the youth victim exposed to family violence on the Task Force, described her experiences with domestic violence that ended in the murder-suicide of her father and his wife. Ms. Pawloski explained that, prior to the murder-suicide, she had contacted DCF for help in her case, but believes that her caseworker felt that her mother was driving the complaint and that it stemmed from a custody issue. She was not included in the court proceeding on her petition to be protected from her father, and that her mother was not even informed of her father's appeal. She stated that, although DCF had evidence of prior domestic violence in her case, they claimed that they did not.

Ms. Pawloski believes that many of the issues revolve around receiving documenting and recalling information regarding domestic violence incidents. She feels that appropriate training for DCF workers around how children describe domestic violence

issues, is imperative. She felt her worker did not recognize the way PTSD affected her when discussing the violence in her father's home. She stresses that it should never be assumed that reports of domestic violence are actually custody issues. Additionally, she feels it is very important for victims, including children, to be included in the DCF and court processes, and that children involved in domestic violence investigations and proceedings must be taken seriously.

Commissioner Joette Katz thanked Ms. Pawloski for sharing her personal story with the Task Force.

The Commissioner explained that, in future meetings of the Task Force, Mary Painter would be the DCF designee, but she would also be attending task force meetings as she is able to. Mary Painter oversees the Office of Intimate Partner Violence and Substance Abuse Treatment and Recovery, and is the expert.

Commissioner Katz proceeded to share Ms. Painter's remarks, which began with her support of the establishment of the Task Force. DCF's recent analysis of fatalities of children up to age three confirmed that child abuse is more likely to occur in homes with domestic violence and there is a co-occurrence of risk factors including substance abuse. In children exposed to domestic violence, there is a higher incidence of problems that interfere with functioning and well-being, including physical health, mental health, school performance, and relationships. For children exposed to domestic violence, there is an increased risk of future victimization or perpetrating violence as an adult.

Last year DCF began a three year evaluation project with the Injury Prevention Center of Connecticut Children's Medical Center led by Garry Lapidus and Dr. Damion Grasso. The Injury Prevention Center has designed and is in the process of evaluating DCF services, by conducting interviews and focus groups with DCF staff and completing in-depth case reviews. The first year report is expected in the fall, and will be used to guide policy, practice and workforce development. Cases accepted by DCF for investigation show that child abuse and domestic violence overlap 30%-60% of the time.

DCF is working to identify gaps and build and expand their service array. They have doubled the funding into services for families by creating Intimate Partner Violence (IPV) consultants within their workforce. There are thirteen IPV specialists in the Intimate Partner Violence Family Assessment Intervention Response (IPV FAIR) program. DCF is expanding this program to an additional 1 ½ teams.

The department has designed a multi-systemic adaptation service for families impacted by domestic violence called Multi-Systemic Therapy-Building Stronger Families (MST-BSF). They have experienced tremendous success in building interventions to address such family challenges as substance abuse, problem sexual behavior, and child abuse and neglect

In partnership with CCADV an evidence based model for moms and children called "Mom's Empowerment Kids Club" has been implemented at 18 shelters.

Additionally, to help teens as they move to adulthood, DCF supports a program called Safe Dates designed to stop and prevent dating violence.

The department supports the CCADV Pilot Program "Through the Eyes of a Child," which helps to better understand the experience in a shelter with an aim to reduce trauma.

Recognizing the need to engage fathers, they have introduced a program called "Fathers for Change," which builds skills, offers restorative parenting opportunities, and enhances motivation, focusing on the role of men as fathers, the impact of substance abuse on parenting, fathers' own childhood experiences, and the multi-generational nature of trauma and abuse.

In collaboration with the Injury Prevention Center at Connecticut Children's Medical Center, the department is working to create a strong workforce, and to increase effectiveness of IPV and delivery of service, including:

- Developing screening protocols and assisting in incorporating the protocols into the department's electronic record system
- Evaluating the parent and child service delivery and outcomes
- Identifying specialized IPV training for DCF staff
- Conducting qualitative and quantitative evaluation of changes and practice over time with a focus on recidivism, service utilization, and child and family outcomes

The commissioner summarized the initiatives that the Department of Children and Families will be continuing to work on.

Karen Jarmoc described the Connecticut Coalition Against Domestic Violence (CCADV). CCADV is a membership organization. Members are the 18 designated providers who assist nearly 60,000 victims in Connecticut annually. These organizations are regional and do not overlap. All providers and advocates are certified

as DV counselors and are trained using the same curriculum. This allows them the statutory requirement for confidentiality. On average, there are1200 children in domestic violence shelters in Connecticut annually. CCADV provides evidence-based training on a wide-range of domestic violence practices. All services are held to standards.

Garry Lapidus noted that the Task Force has six months to meet before a report and recommendations are due. The first two months or so will be information gathering and learning from each other. The next two months will be forming ideas around recommendations and strategies. The last two months will be the finalization and a public hearing may be held. A final report will be written.

Mr. Lapidus then introduced Damion Grasso, PhD, Assistant Professor of Psychiatry and Pediatrics at the University of Connecticut Health Center, and Research Scientist at the Injury Prevention Center at the Connecticut Children's. Dr. Grasso, presented "Childhood Exposure to Domestic Violence" which can be found on the Task Force Website through this link.

Sarah Eagan stated that she appreciated the focus areas at the end of Dr. Grasso's presentation. She was struck by the need for identification, trauma is still something underreported by children, and trauma related disorders are often undiagnosed or misdiagnosed in children who have been exposed to significant amounts of violence.

She went on to say that it is important to diagnose children properly to guide appropriate services because as a child ages they may show victimization in different ways. There is a window of opportunity to obtain services they need for that support to be effective.

Joel Rudikoff asked about the more than ½ of households with known domestic violence statistic from the presentation. What is "known domestic violence?" Isn't that a form of screening?

Dr. Grasso stated that statistics come from multiple sources and the data should be used as a starting point as to what to expect.

Mr. Rudikoff also asked if there any automatic services children are entitled to under CT state law when there is a report of domestic violence in cases in which it is known that a child is in the household?

Dr. Grasso replied that such knowledge should serve as a red flag that more assessment should be done.

Karen Jarmoc added that when there is an arrest in a family violence case that data is captured by Family Relations. She does not believe that there is a protocol or policy around what happens for the child and parents. Multiple things can happen depending on whether or not there is an arrest, whether or not family court is involved, whether or not it is a shelter situation. It comes to different systems at different times.

Kayte Cwickla-Masas, a task force member, is from the Center for Family Justice which is a member of the CCADV and CONNSACS. They are also a child advocacy center and they house the Multiple Disciplinary Team for Bridgeport. The conduct forensic Interviews for children around domestic violence.

Stephen Grant asked if Dr. Grasso was aware of any evidence based trauma practice intervention that specifically targets children who have witnessed domestic violence. He also noted that, while they have had some pilot programs, they often have trouble getting adult victims or family members to have their children participate in these programs. The court does not have the authority to order trauma counseling.

Dr. Grasso answered that cognitive behavioral therapy is the usual treatment for trauma, including domestic violence trauma.

Joel Rudikoff asked what information is available as to what the effects of witnessing domestic violence are, and that there are trauma groups available at no cost to the victim.

Dr. Grasso stated that work needs to be done to remove people's fear of what is involved with bringing up the trauma again.

Garry Lapidus asked if children in the 18 domestic violence shelters in the state are being assessed by an appropriately trained clinician.

Dr. Grasso stated that they are not, but cautioned that we do not want to necessarily assume that all children exposed to domestic violence are suffering from traumatic stress.

Karen Jarmoc explained that each child that comes into a shelter will get a child advocate BAH [GDL2] or higher. Assessments are done for the child and the parent in the shelter. This assessment should not be defined as a clinical assessment. There is no tool that they use to measure whether the case requires a higher response (trauma exposure). Child advocates confer with clinician when necessary. Therapeutic groups are available for mothers and children while they are in the shelter. She also stressed

the importance of proper training for people handling victims of domestic violence in order to avoid re-traumatizing them.

According to Dr. Grasso, what you do with children immediately after a violent incident impacts whether or not they develop symptoms.

Commissioner Katz raised the question of whether the definition of domestic violence in the policy manual should be used in assessments which refer cases to DCF. There are so many mandated reporters in so many disciplines.

Karen Jarmoc agreed that it is important not to make people afraid to seek restraining orders for fear of DCF involvement.

Child Advocate Sarah Eagan asked what the role of schools would be in an effective cross-system means of identifying and screening children exposed to family violence. What does a child suffering from traumatic stress look like in a school setting? Home and school are the places a child under 12 years old spends most of the day.

Dr. Grasso noted that so many symptoms of traumatic stress can look like other mental health conditions without a trauma history.

Karen Jarmoc thanked Dr. Grasso for his presentation.

The 2012 Attorney General report will be sent to members, as well as a link to the workgroup report “Improving outcomes for children exposed to family violence.”

We will be planning a joint meeting with the Model Policy Governing Council for Law Enforcement’s Response to Family Violence to learn more about law enforcement’s response, especially around children.

Garry Lapidus announced the date and time of the next Task Force meeting which will take place on August 12, 10-12 AM in Room 2A of the LOB. Just as some did at today’s meeting, some members will be asked to present for 3-5 minutes. The next meeting will focus on the health care system and its response to this issue. We have invited Brendan Campbell, MD, pediatric surgeon and child abuse pediatrician, Nina Livingston, MD to present at the next meeting and invite the public to attend.

Mr. Lapidus invited everyone to contact either co-chair with ideas and suggestions.

The meeting was adjourned at approximately 3:00 PM..

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Kristen Traini
Committee Clerk