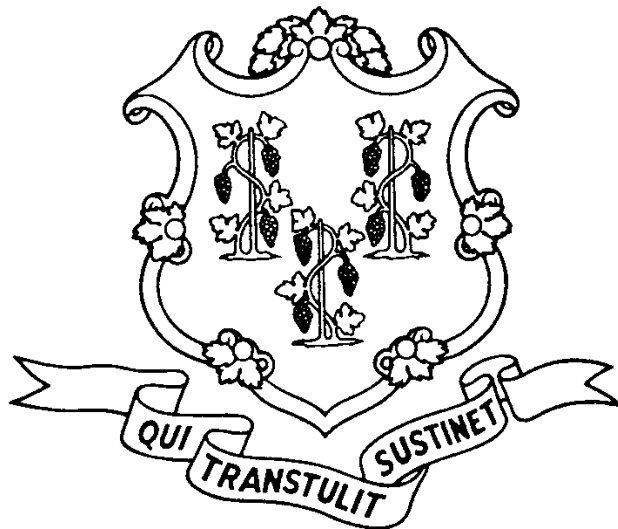


Task Force to Study the Statewide Response to Minors Exposed to Domestic Violence

Findings & Recommendations



A Report to the Connecticut General Assembly

**Submitted to the Human Services Committee
and Committee on Children pursuant to
Special Act 15-10**

January 2016

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EXECUTIVE SUMMARY

Special Act 15-10 established the Task Force to Study the Statewide Response to Minors Exposed to Domestic Violence, composed of representatives from many state agencies and organizations who work with children and families. The Task Force reports on its findings and makes recommendations to strengthen statewide policy and practice in order to better meet the needs of children exposed to violence between their caregivers. Family violence is a frequent, severe, and costly public health problem. Children are exposed to family violence at an alarming rate, causing many physical, behavioral, and mental health problems, as outlined in the full report. Parents and professionals are often unaware of the extent and variety of effects that family violence can have on children of any age, and may be unaware of the important role they play in linking impacted children with much-needed resources. Enhanced education and training must be provided in a variety of ways and across different population groups to increase awareness of this problem and improve the response to children and families.

The Task Force received findings and recommendations from each participating agency and presents them in the full report. The recommendations had several common themes, reflecting important areas for improvement, including: identification of children exposed to family violence through targeted screening and assessment; enhanced training and education around family violence and, in particular, its consequences on children for both professionals and the general public; and collaboration between multiple systems to facilitate connection and access to intervention services. In addition, the Task Force identified the need for systematic, regulated information sharing, improved data capture and analysis, cross-agency supported through policy, as well as continued research to provide an evidence base for best practices.

The recommendations focus on strategies that will enable Connecticut to:

- Invest early in parents and young children
- Help schools and other state agencies promote climates that are trauma sensitive
- Train educators, healthcare workers, and other child-serving professionals about identifying, preventing, and responding to family violence and trauma
- Improve intra- and inter-governmental coordination and cooperation
- Increase the availability of trauma-informed services for children and families
- Increase public awareness and knowledge of childhood violence and trauma.

The identified mechanisms for improving these areas are presented in a series of recommendations within the realms of health care, law enforcement, early childhood agencies, education, judicial and probate courts, and child welfare.

The Task Force identified opportunities and strategies for Connecticut to emerge as a national leader in its handling of children exposed to family violence. In addressing this problem, we hope to become a place where health care providers can effectively screen for family violence and make appropriate referrals, judges are supported by evidence-based training and receive access to relevant information about circumstances coming in their courts, the Department of Children and Families can identify family violence through best practice guided policy, educators can discuss healthy relationships and dating violence with their students, early childhood workers can assess exposure to family violence and provide early intervention, and law enforcement can uniformly respond to family violence in a way that supports and protects non-offending parents' relationship with their children. In so doing, Connecticut can provide a model for other states to emulate.

INTRODUCTION

1. BACKGROUND

Special Act 15-10 established the Task Force to Study the Statewide Response to Minors Exposed to Domestic Violence (“Task Force”). The Task Force met from July 2015 through January 2016. Meetings included presentations and dialogue between content experts and the Task Force with respect to strengthening statewide policy and practice for meeting the needs of children exposed to domestic violence, also referred to as intimate partner violence (IPV), occurring between their caregivers.

Intimate partner violence impacts many children in Connecticut. According to the Connecticut Judicial Branch, approximately 25 percent of cases handled by its Family Services Division in 2012 and 2013 involved a child physically present during an arrest. Likewise, according to Connecticut’s most recent Family Violence Arrest Annual Report 2013, there were 18,437 incidents of family violence in which at least one person was arrested.ⁱ In over 11% of those incidents (2,077), children were directly involved as either victims or offenders. In an additional 20% of those incidents (3,758), children were present in the household but were not involved in the incident. In 68% of the cases, children were neither involved nor present. In 2012, the CT Department of Children and Families (DCF) reports that there were 5,690 families receiving support and intervention from the agency with substantiated DV in the home (3,973 in 2013 and 4,319 in 2014). Finally, in fiscal year 2014, Connecticut Coalition Against Domestic Violence (CCADV) provided intervention services to 1,334 children with a parent that had been victimized by a partner.

Research shows that the vast majority of children affected by IPV are under the age of eight; however, IPV can impact children of all ages. In Connecticut we are seeing very young children impacted by IPV. Indeed, a recent statewide needs assessment conducted by CCADV demonstrates that the majority (59%) of children sheltered through domestic violence organizations in Connecticut are under the age of five.

According to the US Attorney General’s National Task Force on Children Exposed to Violence, exposure to domestic violence, whether experienced directly or indirectly, can be traumatic for children and adolescents and can have an adverse impact on healthy emotional and physical development. Children exposed to domestic violence may show increased aggression, persistent sleep problems, increased anxiety, difficulty with peer relationships and diminished capacity to concentrate in school. IPV exposure can interrupt a child’s core sense of security and trust and provoke deep feelings of helplessness, guilt, or shame associated with the child’s inability to make the violence stop or to protect the non-offending parent.

Children who witness intimate partner homicide – murder of one parent by the other – may face the greatest risk for developing trauma-related problems and suffering deleterious consequences. In a one-month period in Connecticut in 2014, 5 young children in 2 different families were home when their fathers shot and killed their mothers. In 2015 there were 2 children present in the home during an intimate partner homicide.

Children often see, hear and remember more than adults suspect. Children’s experiences and resources during and immediately following exposure to domestic violence can serve as risk or protective factors, significantly impacting their future well-being. It is critical that there be a collaborative, community response to these children inclusive of services grounded in evidence-based best practices.

The following report contains findings and recommendations made by the Task Force which speak to opportunities that exist to improve policy and practice amongst state agencies, criminal/civil justice entities, and healthcare professionals who come into contact with children exposed to IPV. The recommendations seek to enhance and strengthen a coordinated community response that prioritizes the needs of the child while supporting and attending to the needs of both parents and holding perpetrators of domestic violence accountable for their actions.

2. DEFINITIONS

Intimate partner violence is a pattern of abusive behavior in an intimate relationship where one partner uses power in an attempt to control and coerce the other. Intimate partners include current and former spouses, individuals who are currently in or have recently been in a dating relationship regardless of whether they live or have lived together, and individuals who have a child together regardless of whether or not they ever dated. Intimate partner violence can occur in opposite-sex or same-sex relationships regardless of age, race, religion, gender, sexual orientation, gender identity, education or socio-economic status.

Intimate partner violence can take many forms including:

- Physical such as hitting, slapping, punching and shoving.
- Verbal, emotional and/or psychological such as public or private name calling or put-downs, exhibiting extreme jealousy or preventing the victim from seeing family or friends.
- Sexual including sexual assault/non-consensual sexual acts.
- Technological such as tracking someone using GPS on a mobile device, monitoring someone's text messages or emails without their knowledge or permission, or sending threatening or harassing messages via social media.
- Financial/economic such as controlling all the money, preventing the victim from working, or destroying their property.

Intimate Partner Violence vs. Domestic Violence vs. Dating Violence

The term "intimate partner violence" can be used interchangeably with the terms "domestic violence," "family violence," and "dating violence." "Intimate partner violence" merely refers specifically to domestic violence occurring between intimate partners (e.g., current or former spouses, current or former dating partners, individuals who have a child together) as opposed to domestic violence occurring between siblings, parent/child, cousins, etc.

3. TASK FORCE CHARGE

Special Act 15-10, *An Act Establishing a Task Force to Study the Statewide Response to Family Violence*, provides for the establishment of a task force to study the statewide response to minors exposed to family violence. Such study shall include, but not be limited to:

- (1) an examination of existing policies and procedures used by the Department of Children and Families, the Department of Mental Health and Addiction Services, health care professionals, law enforcement, guardians ad litem, attorneys for minor children and the Judicial Branch for minors who are exposed to family violence, and
- (2) the development of a statewide model policy for use by:
 - (A) the Department of Children and Families, including organizations with which it contracts services;
 - (B) the Department of Mental Health and Addiction Services, including organizations with which it contracts services;
 - (C) health care professionals;
 - (D) guardians ad litem;
 - (E) attorneys for minor children;
 - (F) law enforcement; and,
 - (G) the Judicial Branch, when responding to minors who are exposed to family violence.

All meeting agendas, minutes, presentations and handouts can be found on Task Force page located on General Assembly's Human Services Committee webpage –

https://www.cga.ct.gov/hs/taskforce.asp?TF=20150730_Task%20Force%20to%20Study%20the%20Statewide%20Response%20to%20Minors%20Exposed%20to%20Domestic%20Violence

4. PRESENTATIONS

The following presentations were made to the Task Force:

“Trauma Experiences for Children Who Witness Family Violence” – Damion Grasso, Ph.D., Assistant Professor of Psychiatry & Pediatrics, UConn Health Center, and Research Scientist, Injury Prevention Center, CT Children's Medical Center (7.30.15)

“Family Violence: A Pediatric Perspective” - Nina Livingston, MD, Child Abuse Pediatrician, Medical Director, Hartford Regional Child Abuse Services, CT Children's Medical Center (8.12.15)

“Screening for Intimate Partner Violence and then What?” – Kimberly Citron, Ph.D., Behavioral Health Clinician (8.12.15)

“Early Prevention and Intervention Opportunities” – Linda Harris, Program Director, Family Support Services, Office of Early Childhood (9.9.15)

“The Prevention of Teen Dating Abuse through the Safe Dates Model” – Kelly Anelli, Director of Member Organization Services, CCADV (9.9.15)

“Law Enforcement Response to Children at the Scene of a Family Violence Incident” – Dora Schriro, Commissioner, Department of Emergency Services and Public Protections (9.22.15)

“Connecticut's REACT Program” (Responding to Children of Arrested Caregivers Together) – Jason Lang, Ph.D., Director of Dissemination and Implementation, Child Health and Development Institute, UConn Health Center; Lt. Sean Grant, Manchester Police Department; Amy Evison, LMFT, Senior Program Director, Community Health Resources, Inc. (9.22.15)

“Children's Matters in Probate Courts” – Hon. Paul J. Knierim, Probate Court Administrator; Hon. John A. Keyes, New Haven Probate Court and Administrative Judge, New Haven Regional Children's Probate Court; Hon. Beverly K. Streit-Kefalas, Milford-Orange Probate Court; Stephanie A. Janes, LMFT, Program Manager, Mental Health and Family Programs (10.6.15)

“Family and Child Advocacy through Connecticut's Domestic Violence Service Providers” - Kelly Anelli, Director of Member Organization Services, CCADV; Suzanne Adam, Executive Director, Domestic Abuse Services Greenwich YWCA; Lillian Ankrah, Domestic Abuse Services Greenwich YWCA (10.6.15)

“Enhancing Judicial Skills in Domestic Violence Cases” – Hon. Janice Rosa and Attorney Darren Mitchell, National Judicial Institute on Domestic Violence (10.27.15)

“Domestic Violence Training for Connecticut Judges” – Connecticut Judicial Branch (10.27.15)

“Working with Families Impacted by Intimate Partner Violence” – Mary Painter, Dept. of Children & Families; Cynthia Mahon, Asst. Attorney General; Damion Grasso, Ph.D., Assistant Professor of Psychiatry & Pediatrics, UConn Health Center, and Research Scientist, Injury Prevention Center, CT Children's Medical Center; James Geisler, Child Guidance Clinic, FAIR provider (11.10.15)

“Protecting Children Who are Exposed to Domestic Violence” – Betsy McAlister Groves, Founding Director, Child Witness to Violence Project/Boston Medical Center and Lecturer, Harvard Graduate School of Education (11.10.15)

“The Intersection of Animal Cruelty and Family Violence” – State Representative Diana Urban (12.3.15)

5. TASK FORCE MEMBERSHIP

Appointing Authority	Designation	Name/Organization
DCF Commissioner	Same or designee	Mary Painter
DMHAS Commissioner	Same or designee	Cheryl Jacques
Early Childhood Commissioner	Same or designee	Linda Harris OEC Program Director
DESPP Commissioner	Same or designee	Karen O'Connor State Trooper
Child Advocate	Same or designee	Sarah Eagan Child Advocate
Chief Public Defender	Same or designee	Christine Rapillo
Chief State's Attorney	Same or designee	Laura DeLeo, Senior Assistant State's Attorney New Haven Judicial District
Chairperson of the Joint Standing Committee on Children	Same	Representative Diana Urban
Chairperson of the Joint Standing Committee on Human Services	Same	Senator Marilyn Moore
President Pro Tempore of the Senate	Representative of CCADV Task Force Chair	Karen Jarmoc CEO, CCADV
President Pro Tempore of the Senate	Attorney licensed to practice law in CT	Joel Rudikoff Connecticut General Assembly
Speaker of the House	Representative of CT Children's Medical Center Task Force Chair	Garry Lapidus Director, Injury Prevention Center
Speaker of the House	Representative of a multidisciplinary team established pursuant to 17a-106a	Cynthia E. Mahon
Senate Majority Leader	Representative of the CT Police Chiefs Association	Chief Jon Fontneau Chief of Police, Stamford
Senate Majority Leader	Adult victim of domestic violence	Jessica Veilleux
House Majority Leader	Representative of a designated child advocacy center	Kayte Cwikla-Masas Assistant Director of Programs The Center for Family Justice
House Majority Leader	Medical doctor specializing in the care of children exposed to family violence	Dr. Nina Livingston Medical Director, SCAN Program CCMC

Senate Minority Leader	Currently appointed Guardian ad litem	Jennifer M. Celentano, Esq.
Senate Minority Leader	Psychiatrist or psychologist specializing in the mental health of children exposed to family violence	Damion Grasso, PhD Department of Psychiatry University of Connecticut School of Medicine
House Minority Leader	Youth victim exposed to family violence	Rachel Pawloski
House Minority Leader	Currently appointed attorney for the minor child	Donald Frechette
Chief Court Administrator	Judge of the Superior Court assigned to hear family matters	Judge Elizabeth Bozzuto
Chief Court Administrator	Representative of Judicial Branch Court Support Services Division	Stephen Grant Executive Director Court Support Services Division

FINDINGS & RECOMMENDATIONS

1. HEALTHCARE

Family violence is a frequent, severe, and costly public health problem. Healthcare providers are in a critical position to address current and past IPV, and also work to prevent future IPV. A public health approach to IPV includes primary, secondary and tertiary prevention efforts. Primary prevention is an important part of any public health approach. As stated by Mr. Lapidus at the September 9th Task Force meeting, primary prevention is “the work done to help people who are not sick or injured and to prevent future illness and injury. Secondary prevention is the work done with people who are not sick or injured, but engaged in high risk behaviors, and tertiary prevention is the work done with sick and injured individuals to help reduce the severity of their illness or injury.”

Policy and Procedure: Policies that support screening, early identification, and cross-sector collaboration will allow for healthcare providers to engage in primary, secondary and tertiary prevention.

In his presentation to the task force, Dr. Grasso noted that more than half of all households with known IPV involve children, and most of them are under the age of five. Children are exposed to intimate partner violence at an alarming rate, causing a multitude of physical, behavioral and mental health problems. At the August 12th task force meeting, Dr. Citron outlined the consequences of child exposure to domestic violence (CEDV). “These manifestations can include a decreased ability to form attachments, decreased ability to self-soothe, lack of ability to form trust and predict one’s environment. Children may exhibit separation anxiety, aggressive or distant behavior, sleep disturbances, poor school performance, hypervigilance, extreme fear, and preoccupation with the abused parent and feelings of guilt. Adolescents may identify with the abused parent, leaving them at risk of being abused, or may identify with the abusive parents and may become aggressive toward the abused parent, siblings and others.” Early detection and intervention is important at reducing the “dose effect,” described by Dr. Grasso, where effects of CEDV increase as frequency and/or severity of exposure increases. Drs. Grasso and Livingston both discussed the co-occurrence of IPV and child maltreatment, where 40-60% of offenders who abuse their partners also abuse their children. Polyvictimization, exposure to multiple forms of violence and trauma across multiple developmental stages, is also common and contributes to the dose effect of adverse experiences that may compromise a child’s healthy development. Screening processes should therefore include maltreatment screening.

As Child Advocate, Sarah Eagan discussed at the task force meeting on July 31st, children must be diagnosed properly in order to guide appropriate services given that consequences of victimization can manifest in different ways depending on the child’s developmental age and other characteristics. There is a window of opportunity to access needed in order for that support to be effective. The task force also highlighted the importance of a “warm hand off,” where families are referred and then directly connected to an appropriate provider and/or advocate, rather than simply handed a piece of paper with a referral number printed on it. Dr. Citron noted that Community Health Centers have developed protocols where warm hand-offs to behavioral health providers allow for contact and support in the same room as the initial medical examination and are thus minimally invasive. The development of partnerships between healthcare and other systems that screen for IPV (such as early childhood, child welfare, law enforcement, judiciary, and victim advocacy) can facilitate referrals for much-needed services. The referral process can also be optimized by partnering with behavioral health professionals who have been specifically trained to assess and treat children who have been impacted by family violence.

Dr. Grasso stated that trauma-focused exposure-based cognitive behavioral therapy is the usual treatment for trauma, including trauma related to domestic violence. Both Dr. Grasso and Dr. Livingston pointed to the need for early intervention, as well as the need for improved identification strategies to allow for such intervention. Drs. Grasso and Livingston both discussed the co-occurrence of IPV and child maltreatment where 40-60% of offenders who abuse their partners also abuse their children and where victims of IPV are also at higher risk than the general population of impaired caregiving and child maltreatment. As noted

by Faith Vos Winkel of the Office of the Child Advocate, asking children about their exposure to violence should be as standard as asking about bicycle helmets and child passenger safety seats. Dr. Livingston suggested that healthcare providers approach child exposure to IPV in the same way that they approach child exposure to lead - with integrated and universal prevention strategies, targeted interventions, and public awareness campaigns.

Evidence-based Trauma-specific interventions in Connecticut: There exist a number of nationally recognized, research-supported child and family interventions for addressing social and psychological consequences of IPV, including treatment for trauma-related impairment associated with IPV exposure. This cadre of resources serves as a menu of potential options depending on child and family characteristics and presenting problems. Some evidence-based resources available in Connecticut are listed below (note. many have limited availability and/or waiting lists and so capacity must be increased to meet the needs of CT's children):

Name (alphabetical order)	Type of service	Target Population
Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP)	Cognitive-behavioral therapy designed to treat multiple, and sometimes co-occurring, disorders including trauma-related disorders	Youth ages 8 – 18 presenting with multiple disorders
Child and Family Traumatic Stress Intervention (CFTSI)	Cognitive-behavioral therapy to reduce symptoms and prevent posttraumatic stress disorder shortly following trauma exposure	Children ages 7-18 within 45 days of newly recognized trauma
Child First	Two-generation intervention that includes Child-Parent Psychotherapy (CPP) and care coordination	Families with family violence/other risk factors (prenatal – age 6)
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	School-based group therapy for reducing symptoms associated with trauma exposure	School-aged children ages 10 - 15 with trauma-related symptoms
Emergency Mobile Psychiatric Services (EMPS)	Urgent mobile mental health assessment and referral	Children in behavioral or mental health crisis
Eye Movement and Desensitization and Reprocessing (EMDR)	Behavioral therapy designed to process trauma-related memories and reduce symptoms	Children and youth ages 2 – 18+
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	Behavioral therapy designed to treat multiple, and sometimes co-occurring, disorders including trauma-related disorders	Youth ages 7 – 15 presenting with symptoms of anxiety, depression, trauma, or conduct disorder
Nurturing families network (NFN), Nurse family partnership (NFP), and Early Head Start (EHS)	Home visiting programs	Children ages 0 – 5 born to mothers with identified risk factors
Prolonged Exposure Therapy for Adolescents (PE-A)	Cognitive-behavioral exposure-based therapy for adolescents presenting with traumatic stress or posttraumatic stress disorder	Youth ages 12 – 18+
Safe Dates	Primary prevention school curriculum	Middle and High School Students
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)	Cognitive-behavioral therapy designed for the prevention and treatment of trauma-related disorders, including the proposed Developmental Trauma Disorder	Youth ages 10 – 18+ with trauma-related symptoms

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Cognitive-behavioral exposure-based therapy for youth with traumatic stress or posttraumatic stress disorder	Children ages 3-18 who have symptoms of trauma
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For further information on evidence-based treatments for trauma:

- Trauma-specific models and links to Connecticut providers: www.kidsmentalhealthinfo.com
- National Child Traumatic Stress Network (NCTSN): www.nctsn.org
- International Society for Traumatic Stress Studies (ISTSS): www.istss.org
- National Center for Posttraumatic Stress Disorder: www.ptsd.va.gov
- American Psychological Association Trauma Psychology (Div. 57): www.apatraumadivision.org
- American Psychological Association Society of Clinical Psychology (Div. 12): www.div12.org
- American Psychological Association Society of Clinical Child & Adolescent Psychology (Div. 53): www.clinicalchildpsychology.org

Research-supported self- and caregiver-report screens/assessments in the public domain that measure exposure to and symptoms associated with IPV: Several free, brief, and research-supported instruments and protocols for identifying children's exposure to IPV and its psychological consequences are available and should drive best practice in settings that serve as potentially critical points of access to services for vulnerable children. Moreover, in most cases, research supports universal screening for identifying children's exposure to IPV in education, child welfare, juvenile justice, healthcare, and other settings.

Name (alphabetical order)	Domains Measured	Age	Where to Find It
Acute Stress Checklist for Children	Acute Stress Disorder (self-report)	8 – 17	http://www.istss.org/assessing-trauma/acute-stress-checklist-for-children.aspx
Child Exposure to Violence Scale (CEVS)	Violence Exposure (self-report)	10 – 16	www.mincava.umn.edu
Child PTSD Symptom Scale	Trauma History, DSM-IV PTSD (self-report)	8 – 18	Contact author Edna Foa, PhD: foa@mail.med.upenn.edu
Child Reaction to Traumatic Events Scale (CRTES)	Child Traumatic Stress (caregiver-report)	8 – 12	Contact author Russell Jones, PhD: rtjones@vt.edu
Children's PTSD Inventory	Trauma History, DSM-IV PTSD (clinician administered)	7 – 18	Contact author Philip Saigh, PhD: pasaigh@aol.com
History of Victimization Form (HVF)	Trauma History from information gathered from social workers or therapists	Children	Contact author Vicky Wolfe: Vicky.wolfe@lhsc.on.ca
Juvenile Victimization Questionnaire (JVQ)	Violence Exposure History (self- and caregiver-report)	0 – 17	http://www.unh.edu/ccrc/jvq
Pediatric Emotional Distress Scale (PEDS)	Child Traumatic Stress (caregiver-report)	2 – 10	Contact author Conway Saylor, PhD: Conway.saylor@citadel.edu
Structured Trauma-Related Experiences and Symptoms Screener (STRESS)	Trauma History, DSM-5 PTSD (self- and caregiver-report, paper/pencil and computer administered)	7 – 18+	Contact author Damion Grasso, PhD: dgrasso@uchc.edu

Traumatic Events Screening Inventory (TESI)	Trauma Exposure, DSM-IV PTSD (self- and caregiver-report)	4 – 18	http://www.ptsd.va.gov/professional/pages/assessments/assessment-pdf/TESI-C.pdf
When Bad things Happen Scale	Trauma History, DSM-IV PTSD (self-report)	7 – 14	Contact author Kenneth Fletcher, PhD: Kenneth.fletcher@umassmed.edu

Note. The above measures are not an exhaustive list and other repositories and sources of information exist. For further information on evidence-based assessments for trauma exposure and symptoms:

- National Child Traumatic Stress Network (NCTSN): www.nctsn.org
- International Society for Traumatic Stress Studies (ISTSS): www.istss.org
- National Center for Posttraumatic Stress Disorder: www.ptsd.va.gov
- American Psychological Association Trauma Psychology (Div. 57): www.apatraumadivision.org
- American Psychological Association Society of Clinical Psychology (Div. 12): www.div12.org
- American Psychological Association Society of Clinical Child & Adolescent Psychology (Div. 53): www.clinicalchildpsychology.org

The Task Force recommends the following procedures for healthcare facilities across the state as best practice models.

Policy and Procedure Recommendations:

- 1.1:** Develop and employ policies that include research-supported, developmentally-sensitive and universal screening protocols in various pediatric healthcare settings to effectively identify children with direct and/or indirect exposure to IPV, as well as adversity, trauma, and maltreatment, which often co-occur with IPV.
- 1.2:** Develop and employ research-supported and universal screening protocols in prenatal health clinics, primary care, and obstetrics and gynecology to effectively identify women at risk for exposure to physical or psychological IPV during pregnancy, the first opportunity for IPV to affect children.
- 1.3:** When children are identified as IPV exposed, develop and employ protocols for effectively assessing needs and connecting them to resources that may include advocacy, social work, and psychological services. When making referrals, the age of the child should be considered so that early childhood intervention and support services may be an option.
- 1.4:** Partner with co-located behavioral health care professionals trained to assess and treat psychological problems associated with children's exposure to IPV in order to optimize referral and connection to services.

Training: Healthcare providers who receive training on IPV are more likely to screen for IPV. Training that identifies concrete strategies for healthcare providers to offer support to their patients also improves screening rates.

Currently in CT, CCADV operates the Healthcare Professional Outreach Program. This program provides free training to healthcare providers on identification and response to IPV, and is well-positioned to facilitate some of the training recommendations outlined here. As was identified during the Task Force meetings, there is an enormous social stigma attached to being a victim of IPV. Thus it is critical that health care providers be trained on how to approach victims with compassion and understanding in order to build the trust necessary to disclose abuse.

Task Force meetings also identified that the Nurturing Families Program is available in some Connecticut hospitals. The Nurturing Families Network is an important resource for healthcare providers who identify IPV within a family, particularly for families with young children. Nurturing Families' data demonstrate that their involvement with eligible families decreases subsequent referrals to child protective services (CPS). As they work with many families affected by IPV, training on IPV and its effects on children should be offered to the home visiting staff of the Nurturing Families Network, and healthcare providers should be made aware of this important resource in order to maximize its benefit for Connecticut families. Child First is an important resource for healthcare providers for women who are pregnant or for children at any point up to 6 years of age. This model specifically targets 1) families who are experiencing or are at high risk for IPV or have multiple other challenges (history of abuse or neglect, maternal depression, substance use, homelessness, etc.), and 2) children who are experiencing emotional/behavioral problems. Child First provides a two-generation intervention with licensed mental health staff trained in trauma-informed Child-Parent Psychotherapy (CPP) and care coordinators to stabilize and connect families to needed resources. Child First conducted a randomized controlled trial in which they demonstrated a 39% decrease in DCF involvement, as well as a 42% decrease in child behavioral problems and a 64% decrease in maternal mental health problems.

It has been well established that providers who are trained to assess for IPV are much more likely to conduct regular screenings. In addition to effective screening strategies, healthcare providers should be trained on the consequences of IPV on physical, mental and behavioral health of adults and children. Providers should also be trained on polyvictimization of children and the co-occurrence of maltreatment and IPV, and on teen dating violence. These trainings should be targeted to include topics that have been identified throughout the Task Force meetings as particularly relevant to children or as difficult and/or complicated for healthcare providers. Healthcare providers should be equipped with the tools to ask questions in ways that indicate that they understand their patients' lives and that communicate that they are in a position to help.

Training Recommendations:

- 1.5:** Organize and implement training to healthcare staff on topics pertinent to children's exposure to IPV (e.g., impact on development, effective screening, appropriate documentation, mandated reporting, etc.) from local and/or national experts in this area.
- 1.6:** Develop and implement protocols for establishing cross-sector collaboration between healthcare systems that screen for IPV and other child- and family-serving systems and agencies including early childhood, schools, child welfare, law enforcement, judiciary, and victim advocacy.

Research: The healthcare field must conduct and incorporate new research to allow for the inclusion and adoption of emerging best practices.

The healthcare field has conducted much of the important research that now informs IPV best practice models. It is this work that has identified important consequences of abuse for children and adults, and that has outlined appropriate and innovative interventions. It is important that this field continually engage in ongoing research to inform best practice. For example, Representative Diana Urban noted on the August 12th Task Force meeting that more must be learned about the impact of toxic stress on children, its role in the pipeline to the juvenile justice system, and the victimization of pets to further abuse and control family members.

Research Recommendation:

- 1.7:** Partner with researchers in investigating the feasibility and effectiveness of screening and brief intervention protocols.

Outreach: Creative outreach messaging signals to families and communities that family violence is a serious health issue. These messages can help ease the social stigma associated with family violence and clearly illustrate how families can utilize their healthcare providers to obtain help.

As identified by Drs. Grasso, Livingston, and Citron, parents are often unaware of the effect that IPV can have on their children. As violence is normalized, individuals often do not realize that their relationships are abusive, thus we must undo what is considered “normal” for people in homes impacted by family violence. Informing parents and the public about IPV and its consequences through targeted outreach activities may help families identify it within their own lives, and then be able to discuss any concerns with their healthcare provider(s). As healthcare providers already engage in a variety of public education activities through their systems of anticipatory guidance, they can expand these pre-existing mechanisms of public education to include health consequences of IPV.

Outreach Recommendation:

- 1.8:** Develop and implement educational outreach strategies for raising public awareness of the effects of IPV exposure on child development and functioning, including specific anticipatory guidance.

MDTs (multidisciplinary teams) and CACs (Children’s Advocacy Centers):

It was identified by multiple members of the task force that CT MDTs and CACs represent important opportunities for evaluation of children with suspected maltreatment and for cross-sector collaboration by professionals responding to families. State standards guiding these teams clearly state that domestic violence is one of the primary problems that they should address, but in practice few teams spend a significant portion of their time focused on domestic violence. One barrier to CACs serving children with exposure to violence as a primary identified concern is a lack of funding for these evaluations. There is designated state funding to support forensic interviews and medical evaluation in cases of suspected sexual abuse, but this funding may not be used for evaluation of other forms of maltreatment. Given the serious impact of exposure to violence and the high prevalence of other types of maltreatment co-occurring with exposure to DV, it is important that these resources be made available to children with exposure to family violence.

MDT and CAC Recommendations:

- 1.9:** The CT Governor’s Task Force on Justice for Abused Children (GTFJAC) and CT Children’s Alliance (CCA) should be engaged to discuss the role of MDTs and CACs in the assessment of children exposed to family violence with a view toward identifying gaps in services.
- 1.10:** Additional funding should be identified to support forensic interviews and expert medical evaluations of children for any type of suspected maltreatment, including exposure to family violence. This would allow capacity building and create access to such evaluations for those children who may benefit.

2. LAW ENFORCEMENT

The Task Force received a presentation from Commissioner Dora Schriro from the Department of Emergency Services and Public Protection (DESSP) in regard to “Law Enforcement’s Response to Children at the Scene of a Family Violence Incident.” The Task Force also heard about Connecticut’s REACT Program through Jason Lang, Ph.D. Director of Dissemination and Implementation Child Health and Development Institute, University of Connecticut Health Center, Lieutenant Sean Grant, Manchester Policy Department and Amy Evison, LMFT, Senior Program Director, Community Health Resources, Inc. Additionally, task force members received Connecticut’s Statewide Model Policy for Police Response to

Crime of Family Violence – Model Policies, Procedures and Guidelines.ⁱⁱ According to Connecticut's most recent Family Violence Arrest Annual Report 2013, there were 18,437 incidents of family violence in which at least one person was arrested. In over 11% of those incidents (2,077), children were directly involved as either victims or offenders. In an additional 20% of incidents (3,758), children were present in the household but were not involved in the incident. In 68% of the cases, children were neither involved nor present.ⁱⁱⁱ

- Connecticut State Police offer public protection in 81 out of 169 towns in Connecticut through localized troops or resident troopers.
 - According to Connecticut's 2013 Family Violence Offense Report:
 - 60% of calls in Eastern Connecticut involve family violence.
 - 15% of calls in Central Connecticut involve family violence
 - 45% of calls in Western Connecticut involve family violence.
- Through the Family Violence Offense Report – which is submitted to DESPP only if an arrest is made – information in regard to children witness to or present at the scene of a family violence incident is captured in section 22, A Child under 18 years old was: Involved, Present, N/A. Under section 11 Status Codes, there is query for Relationship C: Other relative residing in the home. This may offer opportunity to understand children and/or ages of children but not entirely clear.
- Connecticut law enforcement receives 18-20 recruit level hours of IPV training. This training includes the utilization of trauma informed interviewing techniques for both victims and child witnesses of IPV. Recruits also receive collaborative training on the use of minimal facts interviewing techniques and the multi-disciplinary approach when investigating any case involving a child. Law enforcement officers receive additional ongoing training in IPV and child abuse at the rate of two hours per recertification which is every three years.
- There are several models of Trauma-Focused Evidenced Based Practices for children exposed to intimate partner violence being used in Connecticut to include TF-CBT, TARGET, CFTSI, CBITS, MATCH, and EMDR.
 - Common elements include education about trauma and effects, gradual exposure, emotion regulation, cognition and caregiver-child communication/support.
 - Among children completing TF-CBT in Connecticut
 - 46% decrease in PTSD symptoms
 - 51% decrease in depression symptoms
 - Cost Savings: Trauma Focused Therapy
 - TF-CBT Study (Delaware)
 - 5 times fewer costs for higher level care in the year following treatment
- There are 29 TF-CBT Agency Locations in Connecticut
- Responding to Children of Arrested Caregivers Together (REACT)
 - Model development and pilot 2011-14
 - Funded by Institute for Municipal and Regional Policy (CCSU)
 - Focus on children whose caregiver was arrested
 - Law enforcement & EMPS mobile crisis collaboration
 - Collaboration with CIT-Youth through CT Alliance to Benefit Law Enforcement.
 - 66% of REACT cases were for domestic incidents
 - In most police departments statewide, calls to EMPS when children are at the scene of a family violence incident are 0.
 - Goal:
 - Prevent and address trauma experienced by children
 - Enhance law enforcement knowledge about child trauma
 - Enhance EMPS mobile crisis response
 - Increase children receiving EMPS mobile crisis response
 - Utilize existing resources

Background on Connecticut's Family Violence Laws:

The law outlines appropriate action by police responding to family violence incidents. With one exception, the police must arrest the person or persons suspected of committing the violence and charge them with the appropriate crime. However, a police officer does not have to arrest a party he or she reasonably believes used force as a means of self-defense.

In making their decision whether to arrest, the police may not take into account the relationship of the victim and suspect or whether the victim wants the suspect arrested, except an arrest is not mandatory when the parties are in a dating relationship. State statute prohibits police officers from discouraging requests for police intervention by threatening or suggesting that they will arrest both the victim and suspect if additional requests are made. When the police receive complaints from two or more opposing parties, they must evaluate each complaint separately to determine whether to make an arrest or seek an arrest warrant. If no cause exists for an arrest, the officer must remain on the scene until the likelihood of imminent violence is eliminated (CGS § 46b-38b).

Upon determining that a family violence crime has been committed, a police officer may seize any firearm or electronic defense weapon in the possession of the suspect or in plain view and return it not later than seven days thereafter unless the owner is prohibited from possessing it or a court orders otherwise. A person may be prohibited from owning a gun for several reasons, including being named as the 'protected from' person in a restraining order.

Police officers must also help victims get medical treatment, inform them of their right to file an affidavit or warrant for arrest, inform them of services available to victims, and refer them to the Office of Victim Services (CGS § 46b-38b).^{iv}

Police officers responding to a family violence incident must complete a family violence offense report whether or not an arrest is made. All arrests must be reported to the public safety commissioner on a form prescribed by him that includes the parties' ages and sex; whether weapons were used; the existence of substance abuse; the existence of any prior court orders; **and an indication of whether children were involved or present**. A copy of the report is sent to the state's attorney in the judicial district where the arrest was made. Anyone who fails to make such a report can be fined up to \$500. The commissioner must compile statistics on family violence crimes and publish them annually (CGS § 46b-38d).^v

Training:

Each law enforcement agency has, in conjunction with the Division of Criminal Justice, developed specific operational guidelines for arrest policies in family violence incidents. The guidelines include procedures for conducting the investigation, procedures for arrest and victim assistance, education on what constitutes speedy information in a family violence incident, procedures for providing services to victims, and any other applicable criteria (CGS § 46b-38b(e)).

The Police Officer Standards and Training Council, in conjunction with the Division of Criminal Justice, has set up education and training programs for police and state's attorneys on handling family violence incidents. The training includes (1) criminal law enforcement in family violence cases and the use of community resources; (2) the nature, extent, and causes of family violence; (3) the legal rights of victims and offenders; (4) the services available to victims and batterers; (5) the legal duty of officers to make arrests and offer protection and assistance; and (6) techniques for handling incidents that minimize the likelihood of injury to the officer and promote the victim's safety (CGS § 46b-38b(f)).

Training Recommendation:

- 2.1:** At the recruit level, include training specific to the availability of EMPS as an on scene resource to further enhance the concept of a trauma-informed coordinated response at the scene for the child (ren) exposed to IPV.

Reporting:

According to the most recent Family Violence Offense Report (DPS 230), there were 18,437 incidents of family violence in which at least one person was arrested during 2013. This represents over an 8% decrease since 2012. For each incident one offense type was recorded following a hierarchy rule to ensure the most serious offense was counted. About 85% (15,650) of cases involved an arrest for assault, breach of peace or disorderly conduct, which is over an 8% decrease from 2012. In over 11% (2,077) of the incidents, children were directly involved as either victims or offenders. In an additional 20% (3,758) of the incidents, children were present in the household, but were not involved in the incident. In 68% (12,602) of the incidents children were neither involved nor present. Windham County had the highest rate of family violence crimes with 834 incidents per 100,000 inhabitants. Fairfield County had the lowest Family Violence crime rate with 351 incidents per 100,000 inhabitants. ^{vi}

Reporting Recommendations:

- 2.2:** Allow the Governing Council for the Statewide Model Policy Police Response to Crimes of Family Violence to explore amending the DPS 230 Family Violence Offense Report item 22 to more fully capture children who are witnesses to violence.
- 2.3:** Submit the DPS 230 report in alleged family violence cases where there was not an arrest to more fully understand incidents of family violence and children witness to violence.

Policy:

Connecticut's Statewide Model Policy for Police Response to Crimes of Family Violence – Model Policies, Procedures and Guidelines represents Connecticut's model policy for all law enforcement to follow as a minimum standard and is aimed at serving as a meaningful guide when responding to incidents of family violence. The Family Violence Prevention and Response Act represents a national model of cooperation among the multiple agencies, organizations, and individuals who respond to incidents of family violence. The law is very specific regarding the responsibilities of police officers when handling family violence cases.

Policy Recommendations:

- 2.4:** Allow the Governing Council to amend the Statewide Model Policy Police Response to Crimes of Family Violence to include stronger language in regard to children at the scene of a family violence incident. (Connecticut's current policy pg. 9 "Responding Officer" requires that the officer determine whether children are present and complete the following if necessary: Ascertain that they are safe and unhurt; If child abuse/or neglect is suspected report to DCF by phone and complete form DCF-136; Interview children as witnesses according to circumstances and department policy; make arrangements for their care if dual custodial arrests are made; Do not use children to serve as an interpreter for the adult.)
- 2.5:** Provide guidance and language in the statewide model policy in regard to availability of EMPS services for children at the scene of a family violence incident.
- 2.6:** Appropriate agencies in mental health, child welfare, and law enforcement should work collaboratively to identify opportunities to more fully offer children trauma-informed services and a response at the scene of a family violence incident and to develop strategies which measure impact.

3. EARLY CHILDHOOD

Background

The mission of the Office of Early Childhood (OEC) is to support all young children in their development by ensuring that early childhood policy, funding, and services strengthen the critical roles that families, providers, educators, and communities play in a child's life.

Within the four divisions of the OEC-- Child Care Licensing, Early Care and Education, Early Intervention (Birth to Three), and Family Support Services-- staff are committed to the provision of quality services that include culturally, racially, and gender specific messaging in the development, implementation and oversight of programs that support the youngest residents in Connecticut. The OEC funds both prevention and intervention services in a variety of settings, and with varying levels of intensity and duration of participation. Within this continuum of programs and services there are multiple opportunities to partner with, educate, and support families, including acting as the liaison with community resources that address domestic or inter-partner violence and provide support and protection for all affected.

In 2013, several home visiting programs were incorporated under the Family Support Services Division within the newly established Office of Early Childhood. These programs included the state-funded Nurturing Families Network (NFN) (which uses the Parents as Teachers home visiting model) and the promising home visiting practice Family School Connection. The Family School Connection program is currently implemented in three communities and targets parents and their school-age children, through the age of eight, who are at risk of chronic absenteeism. In 2014, the federally-funded MIECHV home visiting program (which also provides home visiting services utilizing the Parent as Teachers model) was brought under the OEC administrative umbrella. The MIECHV Program is comprised of four home visiting program models in Connecticut: Child First, Early Head Start Home-Based Program Option (EHS), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT) (which has been combined with the state-funded NFN Program). Together these home visiting programs employ approximately 200 home visitors. The combined program capacity is approximately 3,500 families per year. The OEC is also home to the Head Start Collaboration Office which coordinates the services of several Early Head Start Home-Based Programs for the state and to the Birth to Three early intervention home visiting program. To support the coordination of all home visiting programs statewide, a home visiting consortium was convened in 2015 following the enactment of Public Act 15-45, An Act Establishing a Home Visitation Program Consortium. The consortium membership includes representatives from various state agencies including, but not limited to, the Department of Children and Families, Department of Mental Health and Addiction Services, Department of Public Health, and Department of Education, as well as representative of home visiting program models.

Home visiting services pair families with trained professionals who provide a range of services including parenting education, connection to community resources, family support and mental health treatment. Programs engage parents spanning the time from pregnancy through the child's early years of life. The state-funded NFN program and three of the four federally-funded home visiting program models (EHS, NFP, and PAT) work with at-risk families with an emphasis on preventing poor child outcomes. These programs enroll mothers during pregnancy and the perinatal period. By contrast, the Child First home visiting program tends to enroll families after the family has experienced violence and/or trauma. Home visiting professionals in *all* programs build on family strengths and provide support to both the child and the caregiver (caregivers include biological parents, as well as foster parents, grandparents, and other relatives as long as they are significant caregivers for the child).

While the home visiting services administered through the OEC probably represent the most direct work with families experiencing domestic violence and the related issues and consequences, there are other activities under the OEC which offer additional avenues to mitigate the effects of domestic violence on children. These activities may include training early care and education providers to recognize the warning signs and symptoms of trauma and domestic violence among the children enrolled in their programs and to respond in an appropriate manner.

Risk to Children of Domestic Violence

The family situations and risk factors that contribute to domestic violence including child maltreatment are complex. One study found that children exposed to IPV are 15 times more likely to be abused than the national average^{vii}. Another estimated a 30-70% overlap of IPV with child abuse^{viii}; another found that battered women were twice as likely to abuse their children compared to women in a comparison groups^{ix}. A recent study published in *Child Abuse and Neglect* found that families who had substantiated reports of abuse or neglect with the state Child Protective Services (CPS) were 8 times more likely to have a history of maternal IPV, compared to families whose cases were not substantiated. Similarly, families with paternal IPV were 11 times more likely, and families in which the mother had a criminal history were 4 and a half times more likely to have cases that were substantiated^x.

The field of research that examines the effects of home visiting on child outcomes, particularly as it relates to IPV, is young. However, the largest study to date looking at home visiting and involvement with Child Protective Services (CPS) as a way to assess child maltreatment, found that enrollment in the statewide Nurturing Families Network home visiting program significantly reduced substantiations of child maltreatment. This study found that the presence of initial investigations was more common among families receiving home visiting compared to a control group (22.9% vs 20.2%). However, families receiving home visiting were 1.5 times (or 33%) less likely to have a substantiation for maltreatment (20.1% vs. 28.5%; $p < .001$) (*pending publication*).

Opportunities for Prevention and Early Intervention

All home visiting models screen for IPV and address child safety in a variety of ways. Staff at Early Head Start (EHS), the Nurturing Families Network, and Nurse-Family Partnership each receives training on domestic violence according to their program model. Staff at each program has close relationships with domestic violence service providers, including shelters. The MIECHV-funded Early Head Start Program has a reciprocal relationship with their local DV services provider, where EHS staff refers women to the DV Program, and the DV Program has, in turn, referred women to EHS for on-going services. Each program also works with families to develop safety plans, which include the children, when IPV is indicated. This type of safety planning is in fact a requirement to receive MIECHV funding.

The Nurturing Families Network (NFN) assesses child risk related to IPV with the Revised Early Identification Screen (REID) and the Kempe Family Stress Checklist Assessment. The Kempe instrument is used to gather information about family history, including IPV history, criminal justice involvement, and other risk factors. The NFN Program also screens for the likelihood of child abuse using the Child Abuse Potential Inventory (CAPI). Each of these instruments is used to inform the work of the home visitor by providing a complete picture of the family, its unique history, circumstances, and strengths.

The NFN programs incorporate the Brazelton Touchpoints approach in their work with parents. The Touchpoints method helps professionals engage parents around key points in their child's development and the parents' interpretations of the child's behavior. It educates parents to identify and expect bursts and regressions in child behavior, thereby reducing parental frustration and self-doubt while fostering parenting skills and the parents' enjoyment of their child.

The Nurturing Families Network also has a policy for families considered to be in "acute status" meaning that they are currently in a crisis state, related to mental health issues, exposure to violence including domestic violence, or substance use. From 2012 through 2014 the percent of families served by NFN who were in an "acute status" hovered between 7% and 8%. Two and one half percent (2.5%) to 3.1% of families were identified as "acute status" due to domestic violence. Similarly, of all families served by MIECHV-funded programs in 2014 (Child First, EHS, NFN, and NFP), 28 of 659 (4.2%) women screened were found to be at risk for or living with IPV.

Each of the three programs discussed above— EHS, NFN, and NFP— identify families in the prenatal and perinatal periods with the goal of preventing and/or ending violence *before* it affects the child, if possible. Each program continues to work with families over time for up to two years or five years, (depending on the program), identifying and addressing issues of IPV as they arise in part by connecting families to community

resources. By contrast, the Child First program serves high risk families identified through the child's fifth year of age, in most cases because the family has already experienced violence and trauma. Children and families may be identified by a provider or be self-referred, most often for child emotional/behavioral problems, multiple challenges which place the child's health or development at risk, or current DCF involvement. The Child First therapeutic intervention focuses on repairing the parent-child relationship, strengthening parent-child attachment, emotional development and mental health, and creating a safe, nurturing environment for both the parent and the child.

Child First is built upon a public health approach and as such, provides both secondary and tertiary prevention/treatment to the identified child, caregivers, and siblings in the family. The intervention takes a two-pronged approach: 1) Stabilizing the family and decreasing the challenges and stress through intensive care coordination, which provides connection to community-based services and supports for all family members. This is the role of the Bachelor's level Care Coordinator. 2) Providing a two-generation psychotherapeutic intervention— trauma-informed Child-Parent Psychotherapy— for both the young child and caregivers, in order to heal from the devastating impact of violence, and promote a nurturing and secure parent-child relationship, which is able to buffer and protect the young developing brain from damage. This is the role of the licensed, Master's level Mental Health/Developmental Clinician.

The Child First home visiting teams are intensively trained in trauma-informed child-parent psychotherapy, developed by Alicia Lieberman and Patricia Van Horn. In their work with the family, the teams use a rigorous assessment protocol, which includes a number of assessment tools for children and their adult caregivers which can assess for risk of domestic violence. Child First teams continuously assess for domestic violence and think collaboratively with the family about risks to their safety. Child First practitioners use the Victim Inventory of Goals, Options, and Risks (VIGOR), a new domestic violence screening tool that includes a safety planning component.

In the Nurturing Families Network, another state-wide effort has been the development of a dedicated fathering home visiting program. The majority of fathers come to the program with strong beliefs about their roles as fathers and the desire to learn how to be better parents, including co-parenting. The work with fathers includes education on child behaviors and their meanings (for example, that babies do not do things intentionally to irritate parents), violence, and masculinity, all with the aim of decreasing frustration and rigid beliefs about child rearing, and creating a safe, nurturing environment. The OEC offers trainings, including "Importance of Engaging Fathers— Real Dads Forever," "Fathers Exploring the Role as Leaders— 24-7," "Fathers as Nurturers— Nurturing Fathers," and "The Intersection between Fatherhood and Domestic Violence." OEC staff have also worked with and benefitted from the work of David Mandel whose international training focuses on improving system responses to domestic violence when children are involved. After years of work with child welfare systems, Mandel has developed the Safe and Together™ model, designed to improve case practice and cross system collaboration in cases of domestic violence which involve children.

Training Recommendations:

- 3.1:** The OEC should work to increase knowledge of the impact of IPV on children, especially within the home visiting programs. Training should include education about the effects of violence on young children, formal and informal risk assessment, a trauma-informed approach, and knowledge of community-based resources and supports. It should also include approaches for talking with children, victims and offenders about domestic violence and safety planning. The OEC is adopting an Early Childhood Professional Core Knowledge and Competency (CKC) framework in which trauma-informed practice shall be addressed and shall be an expected competency across disciplines and early childhood roles, including early childhood education..

Policy Recommendations:

- 3.2:** The OEC should recognize the needs of children living in homes with IPV through its funding, standards, regulation and oversight of programs for young children.

- 3.3:** The OEC should continue to advocate for funding for home visiting. In particular, it should continue to develop and advocate for fathering home visiting services since male involvement is a crucial and under-represented component in the dynamics of IPV.
- 3.4:** Through the home visiting consortium, stakeholders shall identify and/or create processes and policies for families experiencing acute problems related to IPV in their funded programs.
- 3.5:** The OEC shall partner with other systems interfacing with families of young children to identify opportunities to access services for families enrolled in prevention services.
- 3.6:** Invest early in parents and young children. A multi-generational approach to comprehensive and evidence-based services and trauma informed care which promotes positive caretaking, reduces inequities, enhances family functioning, and interrupts the cycle of intergenerational trauma. Continued support and expansion of state and federally funded evidence based home visiting programs that use a two-generational approach to address Adverse Childhood Experiences including domestic violence.
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4. EDUCATION/TEEN DATING VIOLENCE

According to the Connecticut Department of Public Health 2013 Youth Risk Behavior Survey;

- 26% of CT high school students report being verbally or emotionally abused (33.9% female; 19.1% male)
- 9% of CT high school students report being physically hurt on purpose by a dating partner (10.1% female; 7.9% male)
- 11% of CT high school students report being forced by someone they were dating or “going-out with” to do sexual things when they did not want to (15.5 % female; 7.3% male)

Existing Connecticut state statutes are limited in addressing teen dating violence and healthy relationships in school. Connecticut General Statutes (CGS) §10-16b(a) addresses health education in schools and the prescribed course of study related to health and safety. While the statute includes “physical, mental and emotional health,” it does not specifically include teen dating violence, domestic violence or healthy relationships among the four identified related topics; therefore, there is no guarantee that every student receives consistent, if any, education on the topic while in the required health classes. Required in-service training and professional development is addressed in CGS §10-220a(a) with 10 potential topics to include in the in-service training program, one such topic being “health and mental health risk reduction” that has 7 possible sub-topics related to risk-taking behavior, including teen dating violence and domestic violence. Finally, Connecticut’s Safe School Climate (CGS §10-222d, 10-222g, 10-222h, 10-222i, 10-222j, 10-222k) offer limited guidance to schools seeking to address teen dating violence within its student body.

One school-based education model currently utilized in Connecticut is Safe Dates, a ten session Centers for Disease Control evidence based curriculum designed to prevent dating violence. The curriculum helps teens to recognize the difference between caring, supportive relationships and those that are controlling, manipulative, or abusive. Safe Dates can be used as a dating abuse prevention and intervention tool for both male and female middle and high school students. Safe Dates meets the national academic standards for health education grades 6-12 and is designed as a model program by the Substance Abuse and Mental Health Services Administration. Safe Dates was also selected for the National Registry of Evidence-based Programs and Practices.

CCADV has been offering the Safe Dates curriculum and training through a small contract with the Department of Children and Families since the Spring of 2015. As of November 2015, 214 school

counselors, social workers, teachers and CCADV community educators have been trained from nearly 40 different Connecticut school districts leaving them well-positioned to teach the curriculum in their classes.

Classroom Education Recommendations:

- 4.1:** Education related to teen dating violence, domestic violence and healthy relationships is not specifically included in the prescribed course of study outlined in CGS §10-16b(a) resulting in a lack of consistent education among Connecticut's school-aged children. Language should be reviewed and resources should be made available to ensure that grade-appropriate K-12 teen dating violence education and prevention, using evidence-based curricula, is taught in all public schools. Given the evidence-based success of Safe Dates, we strongly recommend that this curriculum be used for health education grades 6-12 and be fully supported by the Connecticut State Department of Education and Department of Children & Families.

Educational Professional Training Recommendations:

- 4.2:** CGS §10-220a(a) is neither sufficient nor reflective of the importance of early intervention to address dating violence and healthy relationships in order to prevent potentially lifelong problems associated with experiencing or witnessing domestic violence. Given statistics that demonstrate that many educators and school employees feel unprepared to address teen dating violence in their schools, existing policies should be reviewed to determine a workable solution to bolstering training and resources for educators and school employees related to teen dating violence and domestic violence. Again, considering the documented success of Safe Dates, this is one potential model that meets both the needs of in-service training for educators/school professionals and in-class education for students.

School Policy Recommendations:

- 4.3:** Connecticut Safe School Climate (CGS §10-222d, 10-222g, 10-222h, 10-222i, 10-222j, 10-222k) should be updated as follows to more comprehensively and effectively address teen dating violence in schools:
- a) CGS §10-222d requires each local and regional school board of education to develop and implement a safe school climate plan to address the existence of bullying and teen dating violence in schools, including a prevention and intervention strategy for employees to deal with bullying and teen dating violence. While there are 18 subdivisions that describe what the Safe School Climate shall include, teen dating violence is specifically referenced in only one (1) subdivision. Yet that section does not prohibit/establish a zero-tolerance policy for teen dating violence similar to the zero-tolerance policy existent for bullying. The exclusion of teen dating violence from the majority of the Safe School Climate plans developed by school boards is a barrier to a coordinated, comprehensive approach to addressing the issue. Language should be reviewed to more thoroughly incorporate the response to teen dating violence in the Safe School Climate plans.
 - b) CGS §10-222g provides a list of potential actions, including a response to teen dating violence, to include in the "prevention and intervention strategy" referenced in §10-222d. None of the potential strategies are required. This section suggests that schools develop rules prohibiting bullying and teen dating violence, conflicting with and causing confusion regarding §10-222d, which requires a zero-tolerance policy for bullying but not for teen dating violence. This section also suggests the inclusion of grade-appropriate K-12 teen dating violence education and prevention curricula, which is not referenced in other statutes regarding course of study,

including §10-16b. These conflicts should be addressed in §10-222d and §10-16b, respectively.

- c) CGS §10-222j allows the State Department of Education to, within available resources, provide annual training to school employees on the prevention, identification and response to school bullying and teen dating violence, and the prevention of and response to youth suicide. Additional funding needs to be allocated to the State Department of Education or Department of Children and Families to strengthen the availability of training for educators and school employees using evidence-based curricula such as Safe Dates.

5. JUDICIAL

IPV training to Enhance Judicial Skills *(overview offered by the National Council of Juvenile and Family Court Judges (NCJFCJ) National Judicial Institute on Domestic Violence)*

The National Council of Juvenile and Family Court Judges (NCJFCJ), established in 1937, is the nation's oldest judicial membership organization, with a primary focus on improving juvenile and family court and system practice in the handling of cases involving children and their families. The NCJFCJ is unique as a leader in providing continuing education, technical assistance, research and policy development in the field of juvenile and family justice.

Since 1994, the NCJFCJ has trained more than 60,000 judicial officers and other stakeholders nationwide in handling of domestic violence. Major focus areas include policy development and implementation, the overlap of domestic violence, child maltreatment and juvenile justice, supervised visitation and exchange, protection orders, full faith and credit, and firearms. In 2011, NCJFCJ was selected by the Office on Violence Against Women (OVW) to provide technical assistance to all OVW technical assistance providers nationwide.

Judges play a key role in increasing victim safety, offering accountability measures to offenders/batterers and enhancing protections to children where family violence is occurring within the home. Domestic violence puts millions of women and their families at risk each year and is one of the single greatest social ills impacting the nation. The NCJFCJ has advanced social change in courts and communities across the country by providing training, technical-assistance, and policy development on issues of family violence through such projects as the federal **Greenbook** initiative.

Existing IPV Training for Connecticut Judges *(overview offered by the Connecticut Judicial Branch)*

Judges receive regular and extensive training on IPV. Furthermore, before judges even take the bench they participate in a day-and-a-half of instruction on topics such as managing the domestic violence docket, programs and assessments relating to IPV, relief from abuse procedures, and a review of relevant Connecticut statutes.

IPV has in fact been "at the forefront" of judicial education over the past ten (10) years, and the Curriculum Committee finds timely and relevant issues to emphasize so as to keep the instruction relevant. For example, judges were recently trained by an expert in family violence and trauma regarding danger assessment and the lethality factors to assess the level of danger in a domestic situation. Additionally, IPV is frequently discussed at the judges' annual two-day institute in June, at regular division meetings and at informal roundtable discussions.

Every division handles domestic violence matters, not just family. So, the training is comprehensive. It's something that the judiciary looks at every day.

Topics covered at the trainings include but are not limited to:

- Children as hidden victims
- Understanding victim and offender behavior
- The unique dynamics of IPV
- Risk assessments and lethality factors
- Characteristics of IPV
- Techniques to use so that the victim is not blamed
- Review of relevant laws
- Role playing in the issuance of orders

Judicial Training Recommendations:

5.1: Judicial training should be foundationally structured to include evidence-based material and curriculum (s) which offer a multi-disciplinary perspective, are highly interactive and provide for accountability to the offender. Training requires on-going work that should be supported by technical assistance with an aim to offer competency around providing a coordinated community response around the issue of domestic violence so that judges do not function in a vacuum. Research-based projects which have served to increase competency and strengthen responses include “System Mapping” and the “Family Court Enhancement Project.”

5.2: Judicial systems across the nation are supported by outside institutions which strengthen results for families who seek support from the system, either voluntarily or involuntarily. The Connecticut Judicial Branch may have opportunity to fortify its current practice through on-going technical assistance around policy development and implementation, tailored training and technical assistance, individualized consultation and education and resource development as a means to build its competency around the complexities of domestic violence. Often these institutions are supported by national partners whose expertise is reflective of evidence-based practice with skilled and proficient guidance that can serve to positively reinforce what is occurring in courts.

5.3: The Judicial Branch should continue to provide and to enhance the training it provides to new judges with at least three (3) days of training on IPV as part of its Pre-Bench Orientation Program. When a judge is transitioning from one divisional assignment to another divisional assignment, the Judicial Branch should continue to provide up to a full day of training on a variety of topics including orders of protection. As part of its continuing education program, the Judicial Branch should continue to provide all judges, including senior judges and judge trial referees, with training on IPV through its annual Connecticut Judges Institute and Roundtable Discussions.

5.4: Training should be enhanced for all professionals who receive state contracts/funding to provide court-ordered or court-appointed advocacy for children and families involved with the court system. For example, this may include court-appointed counsel and guardians ad litem for indigent parties in criminal, child protection, delinquency, probate and family support magistrate matters. At a minimum, training should include:

- a. Current statutes relating to domestic violence including:
 - Criminal statutes;
 - Special rules on protective orders and bond conditions for domestic violence cases
 - Confidentiality laws
 - Family court procedure

- Restraining order process under C.G.S. 46b-15
- Laws relating to child abuse and neglect matters in juvenile court
- Probate procedure relating to transfer of guardianship and termination of parental rights
- b. The impact of trauma, specifically trauma related to being a victim or observing IPV;
- c. Current recommended best practices for treatment of trauma and other issues relating to domestic violence;
- d. Available resources in Connecticut for treatment and other services relating to IPV;
- e. Effective interactions and treatment modalities for offenders.

Interdisciplinary training should be conducted whenever possible to maximize funding sources.

Alert Notification/Global Positioning System (GPS)

The Task Force discussed the Alert Notification/GPS program for IPV offenders in three adult criminal courts (Bridgeport, Danielson, and Hartford). The goal of the Alert Notification/GPS program is to intensely monitor high risk, pre-trial offenders and increase victim safety. This program, administered by the Judicial Branch- Court Support Services Division, is a promising practice that enhances the overall court, law enforcement, and community response to high-risk family violence cases.

Criminal protective orders

A criminal protective order is issued by a criminal judge to protect a family or household member as part of a criminal case.

When deciding whether to issue a protective order, a criminal judge has access to the following information:

- Police report or arrest warrant
- Recommended protective order with specific conditions prepared by a family relations counselor based upon:
 - Assessment of the case
 - Prior history of domestic violence incidents
 - Protection order registry check
 - Input from the victim
 - Evidence-based lethality and risk assessment
- Recommendation by the victim advocate
 - Based upon input from the victim
- Recommendation by the prosecutor representing the state
- Recommendation by the defense counsel representing the defendant

It is important to note that the victim is not a party in a case involving a criminal protective order -- the parties are the state and the defendant. This means that the victim does not have to go to court and address the judge, in front of the defendant, to obtain a criminal protective order.

Civil (family) restraining orders

A civil restraining order is a civil court order to protect a family or household member who has been subjected to a continuous threat of present physical pain or physical injury, stalking or a pattern of threatening, by another family or household member.

When deciding whether to issue a civil restraining order, a family judge has access to the following information:

- The application for relief from abuse that is filled out by an individual seeking protection
- Pursuant to Section 46b-15 of the Connecticut General Statutes, “relevant court records if the records are available to the public”

This means that family judges, in deciding whether to issue a civil restraining order, do **not** have access to the following information:

- Any prior police reports or arrest warrants that did not result in a conviction
- Recommended restraining order with specific conditions prepared by a family relations counselor based upon:
 - Assessment of the case
 - Prior history of domestic violence incidents
 - Evidence-based lethality and risk assessment
- Recommendation by the victim advocate
 - Based upon input from the applicant

It would be beneficial if family judges had access to additional information before the hearing is held on the restraining order, such as:

- Criminal record check of past domestic violence arrests including dismissed and erased records
- Evidence-based lethality and risk assessment conducted by a family relations counselor
- Past participation in any family violence program such as the Family Violence Education Program
- Past substantiation of abuse by the Department of Children and Families affecting a child involved in a domestic violence case
- Protection order registry check

It should be noted that in the vast majority of the cases, both the applicant and the respondent are self-represented and appear without the assistance of an attorney, a victim advocate or any other professional.

Civil orders of protection

A civil order of protection is available for persons who have been the victims of sexual abuse, sexual assault or stalking, and who are not eligible to obtain a civil (family) restraining order.

When deciding whether to issue a civil order of protection, a civil judge has access to the following information:

- The application for a civil order of protection
- The affidavit that accompanies the application
- Pursuant to Section 46b-16a of the Connecticut General Statutes, “relevant court records if the records are available to the public”

This means that civil judges, in deciding whether to issue a civil order of protection, do **not** have access to the following information:

- Any prior police reports or arrest warrants that did not result in a conviction
- Recommended order of protection prepared by a court official

Victim Safety, Information Sharing and Communication Recommendations:

5.5: Amend Section 46b-15 of the Connecticut General Statutes to provide family judges with the following information when deciding whether to grant a civil (family) restraining order:

- Criminal record check of past domestic violence arrests

- Evidence-based lethality and risk assessment conducted by a family relations counselor
- Protection order registry check

The task force also recommends that the workgroup established pursuant to **Recommendation 5.7** to further discuss information sharing should consider whether judges, when determining to grant a civil (family) restraining order, should have access to information that is not publicly available such as:

- Past participation in any family violence program such as the Family Violence Education Program
- Past substantiation of abuse by the Department of Children and Families affecting a child involved in a domestic violence case
- Criminal record check of past domestic violence arrests including dismissed and erased record

5.6: The Task Force recommends the creation of a working group to further discuss how information might appropriately be shared across systems to include child welfare, law enforcement, schools, all judicial divisions including juvenile courts, including the probate courts, and domestic violence advocates in circumstances of family violence. This may include reviewing use of existing forms completed by litigants that indicate other pending court cases, or developing new forms that will facilitate the court receiving information about other pending cases. The working group will discuss and research various methods of information sharing and consider the legal implications of said methods as they relate to confidentiality, and make specific findings and recommendations regarding information sharing across systems available to the Criminal Justice Policy Advisory Commission by July 1, 2016.

5.7: The Task Force recommends that staff, specifically Court Services Officers, in the Superior Court for Juvenile Matters have access to the protective order registry (POR) and receive training on how to use the POR.

5.8: The Task Force recommends that a study be commissioned to analyze the effectiveness of the Alert Notification/GPS monitoring for family violence cases, with a specific focus in which minor children are involved.

6. PROBATE COURT

Connecticut's Probate Courts are built on a 300-year-old foundation of commitment to service, integrity, and the rule of law. Today, in addition to their traditional role of overseeing decedents' estates and trusts, the Probate Courts handle a wide range of sensitive issues affecting children. Such issues include: removal of parent as guardian; termination of parental rights; temporary custody and visitation; adoption; temporary guardianship; paternity; emancipation and DCF voluntary services program.

Training:

One recurring theme from the presentation was that professional training opportunities were invaluable, both with respect to probate judges and court staff. Of course, particularly in difficult budgetary times, training must be efficient, targeted, and offer consistency of message. Judge Knierim stated that the probate courts dedicate "enormous resources" to the issue of training, and that such training includes IPV content experts. At the same time, though, he properly expressed that the probate courts wish to make certain that their training is appropriately focused on the concerns and issues of the communities served by them.

Training Recommendations:

- 6.1:** A specific probate court training “module” should be developed to address the issue of domestic violence and, in particular, IPV that affects minor children. The development of such module would be the responsibility of the Office of the Probate Court Administrator (“OPCA”), working in conjunction with, among others, designees of the Connecticut Coalition Against Domestic Violence and, as appropriate, its member organizations. It is contemplated that, in preparing the module, the OPCA would be guided by the established experience of Connecticut’s probate courts, as well as the experiences of relevant community service providers.
- 6.2:** The training module would further recognize the differing missions of judges, probate court officers working in the regional children’s probate courts, and other probate court personnel, and would tailor the offered training to the subject audience.
- 6.3:** At present, Connecticut’s superior court judges have access to training offered by the National Judicial Institute on Family Violence (“NJIFV”). NJIFV training, which is provided through a partnership funded by the U.S. Department of Justice and Office on Violence Against Women, thus minimizing the expense associated therewith, should similarly be provided to Connecticut’s probate court judges.

Restraining Orders and the Issue of Standing:

Under existing Connecticut law, children do have standing to seek civil restraining orders (“CRO”). See Conn. Gen. Stat. § 46b-38a (2) (B). However, while children do have legal standing, they lack the ability to initiate court proceedings in their own name. Instead, such proceedings must be commenced by a parent or other legal guardian. There are, of course, situations where a parent may, despite the existence of ongoing violence, decline to pursue a CRO on a child’s behalf. In such a case, while the child may have a legal “right,” s/he lacks, under present law, an effective legal remedy. Indeed, Judge Knierim offered that there have even been circumstances where an appointed guardian declined to pursue a CRO, even though such was arguably in the child’s best interests. And, importantly, Judge Knierim also pointed out that the child’s appointed attorney – unlike his/her appointed guardian – lacks the legal authority to commence an action to obtain a CRO on their behalf.

Restraining Orders and Issue of Standing Recommendations:

- 6.4:** The Task Force identified the importance, moving forward, that policy related to children and access to relief through civil restraining orders should ensure that any minor child have appropriate opportunity for such an order.

Data Sharing Between Probate, Family and Juvenile Courts:

The Task Force was also presented with information that probate courts are often entirely dependent upon the parties to self-identify other relevant proceedings affecting the family, whether in family court, juvenile court, or otherwise. It was disclosed that the probate courts simply do not have electronic access to the records of these other branches of the judiciary. Judge Knierim stated that complete electronic access to all of the files and documents of these other courts would likely be cost-prohibitive, he recommended having the ability to access a names database so as to identify the mere existence of a case would be enormously helpful. Armed with this information, Judge Knierim observed that probate judges could then, at a minimum, begin a more effective inquiry process of the parties with, as necessary, appropriate direct follow-up with the other relevant courts.

Data Sharing Recommendation:

- 6.5:** The established working group should consider if Connecticut's probate court judges and staff should have the opportunity to access established and enhanced data available through a judicial database that would allow them to determine the existence of any other pending proceedings involving the parties presently appearing before such probate judges.^{xi}

7. CHILD WELFARE**Department of Children & Families**

The Department of Children & Families (DCF, The Department), the Connecticut Children's Medical Center – Injury Prevention Center (IPC), an Intimate Partner Violence-Family Assessment Response (IPV-FAIR) provider, and Cynthia Mahon, AAG presented to the Taskforce on November 10, 2015. The presentation provided an overview of the DCF mission and legislative mandates, The Department's practice transformation, efforts specific to meeting the needs of families impacted by IPV relevant data, and recommendations for the Taskforce to consider.

According to the DCF, its mission statement encapsulates the overarching core purpose and focus of The Department: "Working together with families and communities for children who are healthy, safe, smart and strong." The Department's legislative mandates include: prevention, child protective services, children's behavioral health, education services, and juvenile justice.

Atty Mahon provided an overview of the legal mandates as well as the legal/court process. Her discussion included three Connecticut General Statutes that are relevant to this policy area:

- CGS §17A-101: requires that certain individuals report suspected child abuse and neglect.
- CGS §46B-124B: allows for cross-system information sharing. Atty Mahon suggested review of the sharing system as one of the recommendations for the task force to consider.
- CGS §17A-28; 46b-124: reflecting the definitions, confidentiality and access to records.

Using the Strengthening Families Practice Model, The Department has embarked on several practice transformations to better serve the children and families of Connecticut. The three practices changes most relevant to The Department's response to IPV include:

- Fatherhood Engagement – increasing involvement of fathers & their family members, including increasing services for Dads.
- Teaming Continuum including Considered Removal/Child & Family Teamings – mitigating safety factors to prevent removal by identifying and utilizing the family's natural supports and ensuring that children reside safely with families whenever possible and appropriate and outcomes.
- Trauma-informed Practice – increasing workforce awareness, knowledge and skills in order to recognize and respond to the impact of trauma on child development, build capacity to routinely screen for trauma exposure and related symptoms, have evidence based trauma-specific treatment available to families, and ongoing evaluation.

In 2013, DCF formed the Office of Intimate Partner Violence and Substance Use Treatment & Recovery with the mission to establish a comprehensive response to families impacted by IPV. Over the prior 9 years, the Department had established a foundation for working with families with IPV, using the Safe & Together Model and provider-based domestic violence consultants. In 2013, utilizing the Greenbook Initiative as the guiding framework to develop interventions and measure progress to improve responses to families experiencing DV and child maltreatment, the Department moved forward by creating the first ever IPV Program Development and Oversight Coordinator staff position and created internal IPV Specialists for all Area Offices.

The Department has also prioritized and emphasized: increasing the capacity to respond to families impacted by IPV; training the DCF workforce in best practices in responding to IPV; assessing and meeting the needs of low, moderate and high risk families through a complete service array; and collecting relevant and meaningful data to inform practice and continue with ongoing evaluation and adaptation. The best practices and evidence-based models which the Department has supported include: expanded use of the Protective Order Registry, the Safe Dates Teen Violence Prevention Model, Moms' Empowerment/Kids Club, the VIGOR Safety Plan, increased access to trauma informed care for children, and a safe sleep initiative.

In October 2014, the Department developed a partnership with IPC with the ultimate goal of increasing the DCF's understanding of IPV-impacted families involved in the child welfare system. As part of this task, the IPC has been assisting the Department with training initiatives, procedures and policy, data collection and analysis, and evaluation and recommendations. Some of the initial first year activities have included comprehensive case/chart reviews, focus groups, review of protocols and practices, the design/development/implementation of training, evaluation design and implementation of an intervention called Intimate Partner Violence-Family Assessment Intervention Response (FAIR), and national and international reviews of best practices around screening and assessing for IPV within child protective systems.

In July 2015, the Department launched IPV-FAIR: a statewide, clinic and home-based intervention designed to engage and assess all family members impacted by IPV and involved in the child welfare system. FAIR includes comprehensive assessment and treatment planning, safety planning, psychoeducation, dyadic and trauma clinical interventions, parent education, and skill building. It also includes case management and advocacy services, such as assistance and support in navigating the court system, connections to appropriate supports such as basic needs, and linkages to additional clinical interventions. Within the FAIR Model, the providers may also utilize the Promising Practice of Fathers for Change (FFC). FFC is a clinical program designed to enhance parenting motivation and increase responsibility for fathers through weekly individual sessions. When appropriate, co-parenting sessions, child-parent play assessments, and restorative parenting topics are incorporated. With the IPC, the Department has looked at state, national, and international best practice literature to inform decision making and data gathering.

Workforce Capacity Recommendations:

- 7.1:** The Department shall implement a training component for staff of the Emergency Mobile Psychiatric Services (EMPS) on domestic violence. EMPS delivers a range of crisis response and stabilization services to children, youth, their families and caregivers including children residing in relative, adoptive and foster care homes. The EMPS provider is responsible for assuring that the client receives appropriate care during the crisis period. An IPV lens offers staff the competencies to address those families impacted by IPV.
- 7.2:** Workforce development, both within the Department and in other disciplines where children are visible, should include enhanced screening protocols at multiple levels to effectively detect children and adolescents who may have current or past exposure to IPV and who may need further assessment for problems related to IPV exposure. For example, within DCF there are many opportunities to identify possible violence (e.g. Careline referral, investigation, FAIR intake, the multidisciplinary evaluation – inclusive of a battery of screening tools). Often, children exposed to IPV do not have contact with the child welfare system, thus screening and identification must exist in other settings where children are visible.
- 7.3:** Training on the link of animal cruelty, IPV, and child abuse should be disseminated across disciplines. The Department should continue to support and train on PA 14-70 – An act concerning cross-reporting of child abuse and animal cruelty and PA 15-208 – An Act concerning animal-assisted therapy services. Given the evidence-based intersection

between animal cruelty, IPV, and child abuse, the task force supports the consideration of policy which strengthens opportunity for enhanced prevention or intervention activities.

- 7.4:** A cross-training structure should be used wherever possible to encourage systems/disciplines learning from one another and building effective working relationships.

Data Infrastructure Recommendations:

- 7.5:** Leverage existing structures, such as PA 13-178 and the subsequent 15-27 legislation that requires the cataloging of service capacity and utilization, to answer such questions as availability of trauma focused services for children. Also, state agencies are now required to submit data into the CT Data Portal. Greater access to such information can assist in making best decisions about service array needs.

- 7.6:** Ensure data collection efforts reflect a racial lens and health disparity data.

Implementation of Data Driven Practice Recommendations:

- 7.7:** Explore the opportunity to pilot an expansion of the Multidisciplinary Teams to include Domestic Violence cases.

- 7.8:** Conduct fiscal mapping process across state systems to specifically identify the funding for IPV related services. Fiscal mapping is a mechanism to identify how policy areas are funded. DCF is presently conducting this activity for substance use and mental health services funded by the Department and will be incorporating IPV services into this activity. Fiscal mapping is underway related to two federal grants and the Children's Behavioral Health Plan which will cut across multiple state agencies and funding streams.

- 7.9:** The Department and partners across the state should continue to pursue collaborative funding opportunities to enhance service capacity.

Public Awareness Recommendations:

- 7.10:** Increase the prevention efforts, such as Safe Dates training curricula on adolescent dating violence and healthy relationships.

Child Witness to Violence Project

Betsy McAlister Groves, former director and founder of the Children Witness to Violence Project at Boston Medical Center, provided the task force with a broader understanding of how system policy and practice may serve to protect children from domestic violence. The Children Witness to Violence Project has worked in Connecticut with CCADV to train advocates in regard to how to support children and the non-offending parent who are experiencing domestic violence in the home. The Project provides counseling services to children ages 8 years and younger (and their families) who have witnessed significant violence. Approximately 85% of its caseload stems from children/families impacted by domestic violence and 80% of the families they see are not DCF involved. Referrals to the Project come from medical providers, neighborhood clinics and other hospitals in the city of Boston. The project is a voluntary agency in that clients access services on a voluntary basis. Lessons learned from the Project include:

- Being the bystander to violence may be as traumatizing for a child as being the direct victim.
- Domestic violence is a particularly toxic form of trauma for young children.

- Supporting the non-offending parent and the parent-child relationship is an essential ingredient to helping children affected by domestic violence.

A focus area of the therapy offered by the Project involves working with the non-offending parent and the child as this is a particularly appropriate intervention for children affected by domestic violence, especially for young children because so much of what needs to happen for these children also needs to happen for the non-offending parent and the family. McAlister Groves noted that supporting the non-offending parent and the parent-child relationship is an essential ingredient to helping children affected by domestic violence. Very young children – who are disproportionately represented in the population of children exposed to domestic violence – depend on their caregivers for physical and psychological survival. Young children recover from traumatic experiences in the context of caregiving relationships. In many ways, the best way to help the child is to help the non-abusing parent access safety and support.

McAlister Groves also discussed the work that the Project is doing with the Massachusetts DCF in regard to how they work on the nexus of care to address the challenges that families face where there are significant concerns in regard to the caregiver and family violence. The Massachusetts DCF went through a two-year process to examine whether mandated reporting would be required for all cases where children witness domestic violence. DCF convened a task force which involved community-based meetings, systems partners and families involved in voluntary services. The process yielded the development of “Promising Approaches,” from Massachusetts DCF. The purpose of “Promising Approaches,” is to provide a framework for mandated reporters to create family centered approaches when domestic violence is identified and to offer guidelines to assist mandated reporters to assess, accurately and sympathetically the impact of domestic violence on children. “Promising Approaches,” offers a framework for mandated reporters which indicates that they should be aware that every circumstance involving domestic violence does not always merit intervention by the child protection system. Often, the caretaker is over-whelmed by the complexity of the home conditions and is unable to take action. Filing reports in these circumstances can inadvertently penalize the caretaker for a perceived inability to keep the children safe. Frequently, the fearful environment created by a perpetrator undermines the ability of the caretaker, and the caretaker’s family and friends, to intervene to protect the children. Prior to filing a report the mandated reporter should assess:

- Child’s current functioning
- Changes in child’s behavior
- Changes in the child’s functioning as a result of offender actions.

According to “Promising Approaches,” mandated reporters should give due consideration to the family environment and to the negative impact of the violence on the child, and file a report on behalf of the child, naming the offending caretaker as the perpetrator of violence.

Mandated Reporter Recommendations:

7.11: Connecticut’s Department of Children and Families should consider the development of formal guidance for mandated reporters in relation to children and family violence. Such guidance would serve to enhance the Department’s and other systems’ ability to protect children experiencing family violence. Guidance would also emphasize strategies for how to best integrate knowledge around the intersection of family violence and child welfare and assist staff in the development of safe interventions that decrease risk and keep children with the non-abusive parent, when it is possible. The development process should be inclusive of a task force or work group initiative which offers input and expertise from stakeholders. Mandated reporter training curricula should offer guidance and evidence-based information and strategies in regard to child welfare and family violence which support formal policy and guidance from Connecticut’s Department of Children and Families. The Department should continue to evaluate its mandated reporting training and avail its resources. The Department also encourages that institutions that engage children regularly (e.g. schools, hospitals) ensure that all employed mandated reporters have undergone the DCF mandated reporter training.

MODEL POLICY

The Task Force is commissioned to offer guidance in regard to the development of statewide model policy for use by the Department of Children and Families and its contracting organizations, the Department of Mental Health and Addiction Services, and its contracting organizations, health care professionals, guardians ad litem, attorneys for minor children, law enforcement and the Judicial Branch, when responding to minors exposed to family violence. In that regard, the Task Force chose to align its findings and recommendations with national best practice models most recently offered through, *“Safe, Health, and Ready to Learn: Policy Recommendations to Ensure Children Thrive in Supportive Communities Free from Violence and Trauma.”* According to this report, seven over-arching goals capture universal guidance around policy solutions which serve to prevent and address childhood exposure to violence and trauma. While it would be difficult to provide one universal policy for all systems in Connecticut to utilize when responding to children exposed to family violence, it is the recommendation of the Task Force that the seven core elements from this report be incorporated into policy and practice on this issue in our state. In summary, key recommendations for meaningful strategy include:

1. Invest early in parents and young children
 - a. A multi-generational approach to comprehensive and evidence-based services and trauma informed care promotes positive caretaking, reduces inequities, enhances family functioning, and interrupts the cycle of intergenerational trauma. Continued support and expansion of state and federally funded evidence-based home visiting programs that use a two-generational approach to addressing Adverse Childhood Experience including domestic violence.
2. Help Schools promote positive school climates, be trauma sensitive, and raise achievement.
 - a. Make investments in resources and incentives which increase opportunity for states and local jurisdictions to create connected communities and positive school climates that are trauma-sensitive to keep students healthy and in school, involved in positive social networks and out of the juvenile justice system.
3. Train educators, health care-workers, and other child-serving professionals about preventing and responding to youth violence and trauma.
 - a. States and other accrediting bodies should support training and certification of child-and-youth-serving professionals to effectively respond to children’s exposure to violence with a coordinated and trauma-informed approach.
4. Prevent violence and trauma.
 - a. States and local governments should increase incentives and expand violence prevention efforts to reduce children’s exposure to violence.
5. Improve intra- and inter-governmental coordination and alignment.
 - a. State and local governments should better coordinate youth violence prevention and early intervention approaches among themselves and with non-governmental organization, particularly as it relates to school/community and public/private sector coordination.
6. Increase the availability of trauma-informed services for children and families.
 - a. It is time to incentivize and fund states and localities to scale up the availability of trauma-informed services. These services should support the implementation of two-generation, trauma-informed approaches, coordinate efforts among schools, homes, and communities to ensure gender-specific and culturally competent practices.
7. Increase public-awareness and knowledge of childhood violence and trauma.
 - a. State governments should support public education and engagement campaigns to increase awareness of the adverse effects of childhood exposure to violence and trauma.

ENDNOTES

ⁱ CT Department of Public Safety, State Police, 2013 Family Violence Arrest Annual Report (published May 2015)

ⁱⁱ http://www.ct.gov/post/lib/post/general_notices/domestic_violence_model_policy_9-13_adopted.pdf

ⁱⁱⁱ Supra note 1

^{iv} <https://www.cga.ct.gov/2009/rpt/2009-R-0349.htm>

^v Ibid

^{vi} <http://www.dpsdata.ct.gov/dps/ucr/data/2013/2013%20Family%20Violence%20Arrest%20Report.pdf>

^{vii} Osofsky, 2003

^{viii} Edleson, 1999

^{ix} McCloskey, 1995

^x Duffy, J.Y., et al. Child maltreatment and risk patterns among participants in a child abuse prevention program. *Child Abuse & Neglect* (2014).

^{xi} The database herein referenced is that which would be established in accordance with the Task Force's recommendations concerning the Judiciary.

APPENDICES

The Task Force held an open public comment period from December 21, 2015 through January 4, 2016. The public comment period was noticed in the General Assembly Bulletin and the Task Force co-chairs, Karen Jarmoc and Garry Lapidus, issued a press release notifying the public. Members of the public were directed to submit comments to MEDV@cga.ct.gov.

The following appendices include all public comment received by the deadline of 4:00pm on Monday, January 4, 2016. The opinions contained in the public comments are solely those of the commenter and are not necessarily representative of the position of the Task Force to Study the Statewide Response to Minors Exposed to Domestic Violence or its individually appointed members.

APPENDIX A**Aaron P. Wenzloff, Esq., Staff Attorney, New Haven Legal Assistance Association**

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January 4, 2016

**COMMENTS ON THE FINDINGS & RECOMMENDATIONS
OF THE TASK FORCE TO STUDY THE STATEWIDE RESPONSE
TO MINORS EXPOSED TO FAMILY VIOLENCE**

I am writing to provide comments in response to the Draft Report of the Task Force to Study the Statewide Response to Minors Exposed to Family Violence. I am a staff attorney at New Haven Legal Assistance Association ("NHLAA") in New Haven, Connecticut. Our attorneys, staff, and volunteers providing free legal representation to low-income populations, the elderly, the disabled, and other disadvantaged groups. Many of our attorneys also conduct policy advocacy, legal reform initiatives, and legal education to advance the interests of our clients.

Our family law attorneys prioritize representing and advocating on behalf of low-income victims of domestic violence in our state. We believe that we have important observations to share based on our experiences assisting victims in Family Court, most of whom are parents of children who have been exposed to domestic violence.

We applaud the efforts of the Task Force to address the compelling needs of the most vulnerable victims of domestic violence: children. Family violence is a serious problem in the state of Connecticut, and we appreciate any efforts to protect victims and their children, increase resources for stabilizing families, and assisting to restore respect and dignity to those who have suffered from domestic abuse. In particular, the Task Force's careful attention to domestic violence as a public health problem is a welcome, and much-needed, focus for statewide efforts.

Our comments are primarily related to the Task Force's recommendations regarding the Family Court system and its impact on children, although many of our attorneys also represent victims of domestic violence or children exposed to domestic violence in other areas, such as juvenile court, probate court, or the criminal court system. Therefore, our comments are most closely tied to the findings and recommendations included on pages 15 through 19 of the Task Force's Report.

These comments will first respond directly to some of the proposed recommendations in the Task Force's report, and, second, offer comments on the overall thrust of the Task Force's recommendations about the Judicial Branch, particularly on critical aspects we feel are missing from the Task Force's Report.

Specific Comments on the Task Force's Proposed Recommendations*1. Training*

We strongly support the Task Force recommendation that the Judicial Branch continue to provide and enhance training to judges on domestic violence. We also urge the Task Force to recommend, specifically, that such training also continue to include family relations officers and, importantly, require training on domestic violence specifically in the context of divorce, custody, visitation, child support, and other "routine" family law cases, in addition to criminal and restraining order cases.

Similarly, although not mentioned in the Task Force's recommendations, more extensive training on domestic violence should be part of on-going training for guardians ad litem and attorneys for the minor child who provide representation in family court cases, such as divorce and custody cases. Such training should specifically address safety planning when creating parenting access plans and custody arrangements.

2. Provide additional information to judges when deciding whether to grant a civil (family) restraining order

We are concerned about the Task Force recommendation that certain additional information be made available to the court prior to a §46b-15 restraining order hearing. Additional exploration of this idea should be undertaken before such a recommendation is made.

The Task Force report recommends that family judges be provided with "a criminal record check of past domestic violence arrests including dismissed and erased records", "...past participation in any family violence program", "...past substantiation of abuse by [DCF]", and "protection order registry check." Presumably, the purpose for providing this information to the court prior to a hearing on a restraining order is to give the court more information in order to make a better decision about whether and how to issue or continue a restraining order.

Although, in theory, providing this additional information would seem to be helpful in reaching just results, we have several concerns about how and when such information is made available to the court. These include:

- Not all of the information included in the Task Force's recommendation is always admissible under the Connecticut Rules of Evidence, and, when it is not, it should not be available for the court to use in rendering a decision. We are concerned that enhancing Family Courts' access to information beyond the scope and methods of introduction permitted by the Rules of Evidence is likely to have a detrimental effect on the justice provided in those courts.
- First, providing additional information to the court prior to a §46b-15 restraining order hearing (either before or after the decision on the ex parte application) is problematic because it obscures the reason for the court's decision in granting or denying a restraining order. Without an opportunity to present and rebut information at a hearing, by the parties or their counsel, it would be unclear as to what additional information the court had reviewed and how it was used in rendering a decision.
- The additional information described by the Task Force, even if admissible at a hearing may not be accessible to both parties prior to a hearing, particularly, erased or nailed criminal records. In those circumstances, the parties might not be given a fair opportunity to prepare their case if they do not have access to the records on which the court might base its decision.
- Abiding by the Rules of Evidence is important for safeguarding the procedural rights of all parties, but also, specifically, for protecting the rights of victims of domestic violence. Domestic violence takes many forms; one of those forms is the frivolous and bad-faith use of

the police and judicial apparatus to perpetrate further abuse against survivors of domestic violence. Where unsubstantiated criminal charges have resulted in a nolle or dismissal, the dispositions of the criminal case should be respected. Allowing family judges exceptional access to otherwise inaccessible records would enable judges to draw conclusions based on partial information or on information that is more prejudicial than probative. Victims of domestic violence and their children may be particularly vulnerable to the negative effects of this proposed change.

3. Notice to court of other related cases

We disagree with the Task Force's recommendation that a new form be created to require family court litigants to disclose "any pending case in any other court that involves the same parties, child, or children, or any preexisting order in another case that impacts the care, guardianship, custody or visitation of any child involved in the action being commenced." There already is a form routinely used for this purpose: JD-FM-164, Affidavit Concerning Children. This form requires the parties in any family case involving custody, visitation, or support to provide information about whether they have been involved as a party, witness, or in any other capacity, in any other case concerning custody of or visitation, and whether the parties know of any other case, civil or criminal, that could affect the current case, including enforcement cases, family violence, protective order, termination of parental rights, or adoption cases.

For clarification, it may be necessary for the Connecticut Practice Book (P.B. § 25-57) or statute (Conn. Gen. Stat. § 46b-115s) governing the use of this form be updated to reflect that it is also to be used in all applications for restraining orders under § 46b-15. However, the existing form would seem to accomplish the purpose sought by the Task Force.

4. Develop a child registry

We are troubled by the recommendation to create a child registry system. Specifically, this suggestion proposes the provision of an abundance of information that could have an unjustifiably intrusive effect on the civil liberties of the affected children and their parents. Like the proposal regarding expanded access to criminal records, this proposal elides important evidentiary concerns about the outcomes of the cases that would trigger the inclusion of a child's name in the registry.

Moreover, however, it seems as though the registry envisioned would not be restricted to victims of domestic violence, but rather, would encompass all children involved in a broad range of civil and criminal cases. The registry, therefore, is likely to be over-inclusive, and may well do more harm than good. It is also unclear how the registry proposed would represent an improvement over the already existing Child Abuse and Neglect Registry.

Lastly, family court judges already have access to information about pending criminal cases, and both family court judges and criminal court judges routinely take into account orders emanating from other courts when issuing their own orders.

General Comments on the Task Force's Findings and Recommendations

Overall, the Task Force recommendations should include more suggestions about ways to improve the process and outcomes for victims of domestic violence and their children in "routine" family cases that impact children, i.e. divorce, custody, and visitation cases. The primary thrust of the Task Force's recommendations seem to focus on improving decision-making in restraining order and criminal cases involving domestic violence. Yet, for many victims of domestic violence, the initiation of a criminal case or a restraining order case against an abuser is just the beginning of a long, difficult process that continues in family court. Research has shown that physical abuse,

stalking, and harassment continue at significant rates postseparation and may even become more severe." Jaffe et al., *Parenting Arrangements After Domestic Violence: Safety as a Priority in Judging Children's Best Interests*, Journal of the Center for Families, Children & the Courts, 82 (2005).

Moreover, many abusers use family court, including divorce, custody, and visitation cases, as a means to perpetuate abuse against their victims, which, in turn, impacts the safety and well-being of children. For example, abusers may threaten to pursue sole custody to intimidate victims, use visitation time or exchanges of the children to continue their abuse or harassment of victims, or attempt to undermine the victim's parenting role during and after a family court case.

Consequently, the Task Force recommendations should include recommendations for how family courts can do a better job identifying domestic violence victims and their children in family cases and then crafting safe orders that protect children from ongoing exposure to emotional and physical abuse between parents. These recommendations should also address how family courts can effectively resolve difficult cases over time, since relationships between abusers and their victims will often continue in the parenting relationship long after any criminal or restraining order case has ended. Judicial training is one important component of these recommendations, but the Task Force should also consider:

- Detailed training of GALs/AMCs and Family Relations Officers about domestic violence and how to assist in establishing safe parenting access plans and custody agreements in abusive relationships;
- Suggestions about how to increase the number of and improve access to affordable supervised visitation sites for children exposed to domestic violence;
- A proposal for a stronger legal presumption against awarding sole or joint custody (whether physical or legal) of a minor child or unsupervised visitation with a minor child to a parent who has been convicted of a crime related to domestic violence. At present, domestic violence figures only as a single factor in the Connecticut custody statute's non-exhaustive list of factors to be considered when making determinations about the best interests of the child (Conn. Gen. Stat. § 46b-56(c)(14)). Where domestic violence has been conclusively demonstrated between the parents, a presumption in favor of the non-abusive parent would provide important protections for the child, while avoiding the procedural pitfalls discussed above.

Further, the Task Force should strongly consider incorporating recommendations to expand economic resources for victims of domestic violence, which indirectly, but significantly, benefit children exposed to domestic violence. For example, the Task Force might consider recommending:

- Improved access to counseling and therapy services for children who have been exposed to domestic violence, including low-cost services or services readily covered by insurance providers;
- Improved access to quality child care to litigants, particularly so victims can get or remain employed or attend court;
- Encouraging judges to more frequently award or enforce relief that will enable survivors to establish or continue their employment, including stronger, faster child support enforcement;
- Access to a no-cost or affordable psychiatric evaluation in cases where the results of such an evaluation would impact the court's determinations about custody and visitation in cases involving allegations of abuse;
- Allocating additional resources to programs that help stabilize families in crisis because of domestic violence, such as rent bank programs, security deposit assistance programs, and legal protections for families at risk of losing their housing as a result of domestic

violence or its collateral consequences (e.g. the loss of an abusive parent's income to contribute to household expenses, even if such loss is only temporary).

We hope these comments are helpful to you as you prepare a final report on this important issue.

Very truly yours,

Aaron P. Wenzloff

Staff Attorney

APPENDIX B

Joan S. Meier, Esq., Professor of Clinical Law and Legal Director, Domestic Violence Legal Empowerment and Appeals Project, George Washington University Law School

TO: Task Force to Study the Statewide Response to Minors Exposed to Domestic Violence
Findings & Recommendations

FROM: Professor Joan Meier, George Washington University Law School

RE: Comments regarding Task Force Findings & Recommendations

DATE: January 4, 2016

Introduction

To the Task Force:

I have observed your proceedings over the past year with great interest, as the issues with which Connecticut family courts are struggling are universally shared across the country (and the world). I have been teaching about domestic violence and the law for over 25 years, including representing clients seeking protection orders and custody in court, and 12 years ago I launched an appellate initiative, the Domestic Violence Legal Empowerment and Appeals Project (DV LEAP), to focus on appellate advocacy on behalf of victims of abuse.

Although I launched DV LEAP in 2004 with no intention of focusing on custody litigation, the deluge of pleas for help DV LEAP has received has caused us to devote roughly half of our resources to this problem. We hear weekly from multiple parents struggling to keep their children safe in the context of custody litigation, who too often find that judges, evaluators, and even child welfare agencies, are unduly skeptical of their reports of abuse, their children's reports of abuse, and the jarring and traumatic impact on the entire family of a parent's perpetration of domestic violence and psychological abuse. We routinely train judges, psychologists, lawyers and others on these issues, and we hear some of the sources of skepticism from these audiences, as well as from within individual litigation.

I offer these comments to the Connecticut Task Force, understanding that your focus is far broader, but asking you to consider prioritizing the problems in family courts, that are resulting in not only children's ongoing abuse, or loss of their attachment and loving parent, but in some cases, their lives. Again, I note that these problems and mistakes are not limited to Connecticut courts, but you now have an opportunity to address them forthrightly, in a manner that could teach others.

Empirical Evidence and Scholarly Reports on the Problem

Over the past 30 years scholars and practitioners have raised alarms regarding family courts' treatment of mothers and children who allege a father is abusive in custody and visitation litigation. Many have reported that family courts are awarding unfettered access or custody to abusive fathers, (Edleson, J., 2006; Goldfarb, S., 2008; Bancroft & Silverman, 2012), and increasingly cutting children completely off from their protective mothers. (Neustein & Leshner, 2005; Petition in Accordance with Inter-American Commission on Human Rights, 2007; Meier, 2010). This has been observed especially where mothers allege child sexual abuse. (Faller & DeVoe, 1995; Stahly et al, 2014; Neustein, A. & Goetting, A., 1999). Domestic violence organizations are being flooded with pleas for help from battered women litigating custody, when court evaluators and judges reject their claims of abuse and maximize fathers' access to

children instead. (Meier, 2010). A wide variety of scholars and practitioners report that custody courts commonly do not recognize domestic violence and child abuse (Jaffe, Crooks & Poisson, 2003), fail to understand their implications for children and parenting (Stark, 2009; Dalton, Carbon & Olesen, 2003), and increasingly, turn against mothers and children who insist on pressing claims of abuse by a father in custody litigation. (Neustein & Leshner, 2005; Stahly, 2013; Meier, 2009, 2010; Fernandes, 2010).

Current trends appear to include - in increasing numbers of cases – the transfer of custody from mothers reporting abuse to the allegedly abusive fathers. This is estimated to occur around the country in the tens of thousands per year. (Leadership Council, 2008). The results for many children include ongoing abuse, loss of a secure parental attachment, and at worst, loss of their lives. (Bartlow, in press; Goldstein, B., 2013). Sadly, some of the high profile homicide cases come from Connecticut. See <http://www.courant.com/news/connecticut/hc-father-pleads-not-guilty-baby-thrown-off-bridge-20150910-story.html>. Although litigants often speculate that the problem is particular to one jurisdiction or another, the problems have been observed nationwide (Jaffe, Crooks & Poisson, 2003; Dalton, Carbon & Olesen, 2003), and globally. (Gardner, Sauber & Lorandos, 2006; Meier, 2013).

Empirical Evidence is Limited but Growing

My own pilot study, which was subsequently funded by the National Institute of Justice for a three-year expanded study, looked at published opinions in custody cases involving alienation allegations. In addition to compelling findings regarding the dominance of the gendered use of alienation labels (see below), we found that custody transfers from mothers alleging abuse to the alleged abuser were quite common: [INSERT DATA]. In particular, when child sexual abuse was alleged, of 2X cases, all but two alleging parents lost custody to the alleged abuser. CITE.

Published early research has identified courts' preference for fathers, in contrast to widespread assumptions that mothers are favored in custody litigation. (Supreme Judicial Court of Massachusetts, 1990). Additional small studies have found a pattern of family court failures to consider evidence of intimate partner violence, unfriendly treatment of mothers and particularly those alleging abuse, and awards of physical custody to perpetrators of intimate partner violence. (Slote et al, 2005; Bemiller, 2008; Meier, 2003). Another empirical study found that the prevalence of court preferences for joint custody and "friendly parent" principles, outweighed judicial consideration of abuse claims. (Morrill et al, 2005). These principles have been adopted explicitly by many state legislatures but are also implicitly valued by most family courts.

Studies of Custody Evaluators and Abuse

In the past ten years, a handful of studies has begun to systematically and empirically analyze custody evaluation practices in cases involving domestic violence or child abuse allegations. These studies confirm that many custody evaluators actually lack meaningful knowledge or expertise in domestic violence and child abuse, and often make recommendations that do not take abuse into account. (Saunders, Faller & Tolman, 2011; Davis, O'Sullivan, Susser & Fields, 2011; Logan, Walker, Jordan & Horvath, 2002; Pence, Davis, Beardslee & Gamache, 2012). Several studies have also independently found that custody evaluators tend to fall into two groups: those who understand domestic violence and abuse and believe it is important in the custody context, and those who lack such understanding, are skeptical of abuse allegations and believe they are evidence of alienation (Saunders, Faller & Tolman, 2011; Haselschwerdt and Hardesty, 2010; Erickson and O'Sullivan, 2010). Evaluators in the latter category tend to have "patriarchal" beliefs, which dictate their interpretations of facts. (Saunders, Faller & Tolman, 2011). One study of New York cases found that most custody evaluators' recommendations were unsafe for children in homes where abuse was not only alleged - but in most cases - substantiated. (Davis, O'Sullivan, Susser & Fields, 2011).

Parental Alienation Theory is a Key Factor in the Discrediting of Abuse Claims

A primary mechanism which gives evaluators and courts a quasi-scientific rationale for rejecting abuse allegations is the theory of “parental alienation (PA),” originally called “parental alienation syndrome (PAS),” and more recently also called “child alienation,” or “alienation.” (Meier, 2013; Silberg, Dallam & Samson, 2013; Erickson, 2010). PAS, a construct invented and promoted by Richard Gardner, described a “syndrome” whereby vengeful mothers employed child abuse allegations in litigation as a powerful weapon to punish ex-husbands and ensure custody to themselves. (Gardner, 1992a; 1992b). Gardner claimed that child sexual abuse allegations were rampant in custody litigation, and that the vast majority of such claims are false, designed by the mother to “alienate” the child from the father and drive him out of the child’s life. (Gardner, 1987, 1991). Gardner also characterized PAS as profoundly destructive to children’s mental health and as risking their relationships with their (purportedly falsely accused) fathers for life. (Gardner, 1992a, 1992b). Recommended remedies to PAS could be “draconian,” including a complete cutoff from the mother in order to “de-program” the child. (Gardner, 1992a). PAS quickly became widely incorporated into custody litigation when any abuse – not just child sexual abuse – was alleged. (Meier, 2009).

PAS was explicitly invented by Gardner as a rationale for denying child sexual abuse; he explained it in part by gender stereotypes such as “hell hath no fury like a woman scorned.” (Gardner, 1987, 1992a). As a “syndrome,” PAS lacked any scientific or empirical foundation, and has today been largely - although by no means completely - rejected by experts and scholars, and to a lesser degree, courts. (American Psychological Association, 1996; Myers, Berliner, Briere, Hendrix, Jenny, and Reid, 2002; Emery, Otto & O’Donohue, 2005; Dalton, Drozd & Wong, 2006; *Snyder v Cedars*, 2009; *People v. Fortin*, 2001).

However, the discrediting of PAS has not ended reliance on the concept of “parental alienation” in family courts. On the contrary, scholars and forensic evaluators continue to give substantial attention to parental alienation, which they contend is distinct from PAS. (Johnston & Kelly, 2004a; Fidler & Bala, 2010a). Whether PA is really different from PAS, particularly in how it is used in court, is debated. (Erickson, 2010; Meier, 2013). However, there is not much doubt that parental alienation¹ remains a dominant issue in many if not most custody cases in which a mother has alleged a father is abusive. (Fidler & Bala, 2010a, 2010b; Johnston, 2005; Johnston, Walters & Olesen, 2005; Gould, 2006; Saunders, Faller & Tolman, 2011; Bancroft & Silverman, 2012). Connecticut family courts are known to frequently utilize alienation labels and rely on experts who apply alienation labels to allegations of abuse.

PA’s role in custody and abuse cases has been cause for concern to those who work with abuse survivors. PA theory implicitly re-frames a mother who states that she seeks to protect her child from abuse as a pathological or vengeful liar, who is “emotionally abusing” her children by falsely teaching them to hate and fear their father. (Jaffe, Crooks & Poisson, 2003; Stark, 2009; Meier, 2009, 2010). The PA label thus diverts courts’ attention away from assessing whether a father is abusive in favor of focusing on a supposedly malevolent or pathological mother and/or child. (Bancroft & Silverman, 2012). Indeed, evaluators’ characterizations of mothers as “alienators” often leads to rejection of mothers’ allegations of abuse even when the abuse has never been ruled out. (Erickson, 2010; Meier, 2013). Even expert (*Bhatia v. Debek*, 2007) or comprehensive Guardian Ad Litem *validations* (Sealed Case, Brief in Support of Appellant, 2010) of child abuse have been negated by labeling the mother an “alienator.” For all these reasons, leading commentators have called the use of “parental alienation” claims against mothers in custody and abuse litigation “a national crisis.” (Bancroft & Silverman, 168, 2012).

¹ Parental alienation is also spoken of as “child alienation” and “alienation;” in referring to “PA” we intend to capture all references to “alienation” of a child from a parent in custody and visitation litigation.

While empirical proof of these critiques is sparse, one small study of 18 published and unpublished Minnesota parental alienation cases concluded that these courts “exhibit anti- mother gender bias,” that the use of alienation has had an unfair impact on women, and that many of the cases involved switches of custody to the father. (Berg, R., 2011).

Another study in progress holds promise as providing empirical support for the domestic violence field’s claims about parental alienation. Joyanna Silberg and colleagues have been analyzing “turned-around cases,” i.e., cases in which a first court refused to believe alleged abuse and sent a child into unprotected care of an abuser, and a second court corrected that ruling and validated the abuse. Silberg’s and colleagues’ research to date has indicated that parental alienation labeling plays a significant role in the erroneous and harmful first outcomes. (Silberg, Dallam & Samson, 2013).

Finally, my own pilot research for my NIJ study produced several findings consistent with the field’s critiques. Among other things, the study of 240 published opinions in cases with alienation allegations from around the country found that:

- Fathers who alleged alienation were over twice as likely to receive a custody outcome in their favor as mothers who alleged alienation, a statistically significant result
- Even when courts ruled *against* fathers’ alienation claim against the mother, fathers were statistically more likely to win than mothers
- Even where courts *validated* domestic violence allegations against fathers, if mother was accused of alienation, the fathers received a custody outcome in their favor 53 % of the time;
- When a mother alleged child sexual abuse, custody was switched to the alleged abuser 88% of the time;
- When a mother alleged child abuse, custody was switched to the alleged abuser 80% of the time;
- When a mother alleged domestic violence, custody was switched to the alleged abuser 47% of the time;
- When a court found that *both* the father was an abuser and the mother had committed alienation, the father won *every time* (n = 7);
- Fathers won 72% of cases where mothers and/or children alleged abuse.

Recommendations

While the above data and description of the problems in family courts is not limited to Connecticut, I am familiar with a number of cases from Connecticut involving these issues, and in which the mother either lost custody or was otherwise penalized after reporting her child’s own disclosures of abuse. Sadly, in one recent case, after a mother’s warnings were unheeded, the father threw the baby off a bridge, to his death. <http://www.courant.com/news/connecticut/hc-father-pleads-not-guilty-baby-thrown-off-bridge-20150910-story.html>. In another a father who had just been released from incarceration, was awarded a switch of custody of the 5-year-old from the mother. The father was then charged with sexual assault, murder and rape of members of another family. The child is now with neither parent. http://articles.courant.com/2007-07-27/news/0707270506_1_family-court-custody-child-support.

There can be no question that Connecticut courts, like most others, are committing some troubling errors that can be devastating to children. I thus humbly recommend that a number of modest steps, contained a Joint Resolution currently circulating in Congress, be taken to reduce the risk of error in these extremely high risk cases in family court:

- Make child safety the first priority of custody and visitation adjudications and require courts to resolve abuse claims and safety risks before evaluating or adjudicating the best interests of the child;

- Permit courts to consider opinions by third party professionals about adult or child abuse allegations in child custody cases only when the professional possesses expertise in the relevant type of abuse, trauma, and the behaviors of victims and perpetrators; and
- Discourage reliance on quasi-scientific theories or labels in court unless they meet legal standards for admissibility of scientific evidence.

Thank you for the opportunity to submit these comments.

Joan Meier

APPENDIX C**Barry Goldstein, Domestic Violence Author, Speaker, Advocate**

Making the Health and Safety of Children the First Priority

My name is Barry Goldstein and I have worked in the DV movement since 1983 as a board member, lawyer, writer, batterer program instructor and supervisor, speaker, advocate, expert witness and Research Director for the Stop Abuse Campaign. I have written some of the leading books about DV and custody that are based on current scientific research. I appreciate the work the task force is doing and especially like your repeated mention of important terms like multi-disciplinary approach, evidence based and trauma informed. A full integration of these important concepts would dramatically improve the lives of Connecticut's children. At the same time multi-disciplinary cannot mean limiting input to professionals with expertise in law and mental health; evidence based is not reality when critical current research like ACE and Saunders have not been integrated into standard custody court practices and trauma-informed must mean that the focus is on protecting children from adverse childhood experiences (ACE) and helping them heal when they have been exposed to ACEs. Trauma-informed also means that society responds to the tragedies like the murder of Aaden Moreno by creating reforms that can prevent such tragedies.

The courts in Connecticut developed responses to domestic violence that were not evidence based for a very good reason—there was no research at the time. They developed responses based on popular assumptions that DV was caused by mental illness or substance abuse. This led courts to turn to mental health professionals as if they were the experts in DV. They developed practices based on the assumption that only physical abuse was harmful and the risk ended when the relationship was over. All of these assumptions proved wrong, but the practices based on these 1970s assumptions continue to undermine the courts' ability to protect children.

Critical Current Scientific Research

There is a lot of valuable research that can improve our response to DV, but I want to focus on ACE (Adverse Childhood Experiences) and the Saunders' Study. ACE comes from the Centers for Disease Control and Prevention, and its findings have been confirmed and expanded in five later studies. Saunders comes from the National Institute of Justice (US Justice Department) so I am speaking about research with very strong credibility.

The ACE Research found that children exposed to domestic violence and child abuse will live shorter lives and suffer more illness and injuries throughout their lives. Aside from the immediate risk of bodily harm, there is nothing that goes more to the essence of the best interests of children. Significantly physical assault is not needed to create these catastrophic consequences. The essence of DV is that abusers use a variety of tactics to coerce and intimidate their partners to do what the abuser wants. This inevitably creates fear in the direct victim and the children. The children are afraid for themselves and for their mother. Living with this fear causes the worst type of stress because they have no control over when the abuser engages in these scary tactics. Courts that tend to focus on physical abuse and individual incidents are only looking at what acts a parent committed. In doing so they miss the pattern and most important for the well-being of children they fail to focus on who is afraid. A victim might lash out at the abuser in frustration or self-defense and the abuser may embellish or make up assault claims so that courts mistakenly treat his abuse as if it were mutual. In the Ray Rice case both parties were initially arrested. Only one parent is afraid and the children are afraid for that parent. And usually the victim is the primary attachment figure that the children most rely on to meet their needs.

Just as the Surgeon General's report linking cancer and smoking demonstrated the enormous health consequences for our tolerance of smoking, the ACE Research demonstrates the enormous consequences of tolerating and minimizing DV and child abuse. Our present level of cancer, heart disease, diabetes, mental illness, substance abuse, crime, school drop-out, suicide and other health and

social problems is based on our long tolerance of these ACEs. When custody courts fail to recognize or minimize abuse issues and focus on less important issues they are maintaining the present level of illness and social problems with unspeakable human consequences. The courts in Connecticut are not using trauma-informed practices and we know this because ACE has not yet become central to the discussion of DV and child abuse issues.

The Saunders' study looked at the knowledge of evaluators, judges and lawyers regarding DV. They found that DV advocates have far more of the specific knowledge courts need to respond to DV cases than evaluators, judges or lawyers. This is one of the reasons a multi-disciplinary approach is so important and must include genuine DV experts when there are reports or information about possible DV. It is useful for other court professionals to receive training regarding DV but that does not provide them with the level of expertise needed to respond effectively to potential DV cases.

One of the problems we have seen is that DV training means different things to different professionals. The Saunders' study found that the courts need knowledge in four very specific areas that include screening for DV, risk assessment, post-separation violence and the impact of DV on children. We have seen many professionals discredit true reports of abuse based on information that is not probative such as a victim returning to her abuser, failing to follow through on a petition for a protective order and the lack of police or medical records. All of these are common responses from victims for safety and other good reasons. At the same time many court professionals fail to look for the pattern of coercive and controlling tactics. Professionals without knowledge of post-separation violence tend to assume the danger ends when the parties separate or after a few years without further physical abuse. These mistaken assumptions routinely lead courts to disbelieve or minimize true abuse reports. This is especially problematical for judges because they may be unaware the professionals they are relying on based their recommendations on information that is not probative.

The Saunders' study found that evaluators, judges and lawyers who do not have the specific knowledge and training tend to focus on the myth that mothers frequently make false reports, unscientific alienation theories and the assumptions that mother's attempts to protect their children actually harm the children. These mistaken beliefs lead to recommendations that harm children.

The Saunders' study also has an important section about the extreme cases in which a court disbelieves mothers' reports of abuse and then limits mothers who are the primary attachment figures and always took good care of the children to supervised or no visitation. Dr. Saunders' refers to these as "harmful outcome" cases. These decisions are always wrong because the harm of denying a child a normal relationship with their primary attachment figure, a harm that includes increased risk of depression, low self-esteem and suicide when older is greater than any benefit the court thought it was providing. The Saunders' study found these extreme outcomes are caused by the use of very flawed practices so that often the opposite result would have benefited the children.

Research on Child Murders: Erring on the Side of Risk

One of the systemic problems with custody courts is that they tend to look at each case and each issue separately and thus miss the patterns that can help officials recognize problems. The tragic, but preventable murder of Aaden Moreno illustrates the need to look at research about child murders. In a recent two-year period we found news stories about 175 children murdered by fathers in contested custody cases. Dr. Dianne Bartlow interviewed judges and court administrators in the communities where these tragedies were committed. The judges who participated tended to be those with the best training and most interest in DV which is why they took the time to be interviewed.

Dr. Bartlow asked the question that should be the focus of court officials in response to these murders. What reforms did the courts in these communities implement in response to the tragedies? The surprising answer was nothing because they all assumed the tragedy in their community was an exception.

Unfortunately the response to Aaden Moreno was similar. Instead of focusing on what reforms could be implemented to better protect children, the court system sought to justify the actions of Judge Barry Pinkus. **I have no doubt that Judge Pinkus was sincerely horrified at the outcome and was simply**

following common practices, but the murder could have been prevented. The defensive response claimed the evidence did not support the requirement for a continuous threat of physical pain or injury. This mistaken assumption is based on the lack of an evidence based approach and failure to use a multi-disciplinary response. If Judge Pinkus had received necessary training from DV advocates or could have consulted with an advocate, he would have learned that abusers often use physical violence only once or a few times, but that is enough to make the victim aware of what he is capable of. The other non-physical tactics serve as a reminder of the continuous risk of physical pain or injury.

One of the tragedies considered in the Bartlow research was a case involving Katie Tagle. Ms. Tagle sought a protective order based on threats by the father to kill Baby Wyatt. Judge Lemkau repeatedly said he believed the mother was lying and gave the father the access he needed to kill Wyatt. Judge Lemkau apologized to the mother, expressed how sorry he was about the murder but said there was nothing he could have done based on the circumstances. In a sense, he and Judge Pinkus are correct, as long as we continue the outdated and discredited practices that are commonly used in custody courts, we cannot protect the children.

One of the points some of the good judges who participated in the Bartlow research made was the importance of erring on the side of safety. I recently wrote a series of articles about this concept, because so many of the standard practices tend to err on the side of risk. Most custody cases are settled more or less amicably. Even cases involving abusive fathers often settle because the fathers still love their children and are not willing to hurt them by denying them a relationship with the mother. These cases are often settled with the abuser gaining an unfair financial settlement in return for the children living with their primary attachment figure. The problem is the 3.8% of cases that go to trial and often far beyond. Court professionals are taught to treat these as “high conflict” cases by which they mean the parents are angry with each other and act out in ways that hurt the children.

An evidence-based approach would recognize that between 75-90% of contested custody are really DV cases involving the worst abusers—abusers who believe she has no right to leave, so they are entitled to use any tactics necessary to regain what they believe is their right to control her. “Fathers’ Rights” groups which are really controlled by the worst abusers encourage members to seek custody as a way to regain control and punish victims for leaving. A cottage industry of psychologists and lawyers has developed to help abusive fathers win custody. We are dealing with DV cases and economic abuse is an important part of DV. The cottage industry understands that abusers control the family resources so the best way to make large incomes is to support practices that help abusers.

The unscientific alienation theories referenced by the Saunders’ study were concocted to give the cottage industry a way to support its clients. It is based on the myth that most abuse reports are false and the remedy is to create “harmful outcome” cases- again, referenced by the Saunders’ research. Too often courts use these biased professionals as if they were neutral, and their misinformation poisons other cases. Treating these bogus professionals as if they were credible contributes to widespread concerns about corruption.

The mistaken “high conflict” analysis contributes to approaches that err on the side of risking children. Instead of pressuring abusers to change their behavior if they want a relationship with the children, courts routinely pressure victims and their children to accommodate the abuser. When victims object to interacting with their abuser, they are treated as uncooperative and often punished. In reality punishing the victims is also punishing the children.

Conclusions

I appreciate that court officials are proud of the difficult work they do and want to believe they are doing a good job. It is normal to be defensive in response to criticism, but one of the first things I learned in the batterer program I teach in is that defensive responses always lose. The task force spoke of the training judicial officers receive, but clearly there is a disconnect between whatever training is provided and the actual results. I respect that court officials in Connecticut believe they are doing a good job under difficult circumstances, but this is not supported by any evidence based analysis.

Like the good judges in the Bartlow research, the Connecticut Judiciary responded to the Aaden Moreno tragedy by defensively seeking to avoid responsibility rather than an inquiry about what can be done

differently. More often, the same mistakes that lead to child murders result in children living with abusers and suffering longer-term but still harmful consequences. In other words reforms that would immediately save the lives of children like Aaden will also benefit thousands of children whose names we will never know.

Nationally, the statistics show that every year 58,000 children are sent for custody or unprotected visitation with dangerous abusers. Although mothers make deliberate false reports of abuse less than 2% of the time, in cases involving reports of child sexual abuse, the alleged abusers win custody 85% of the time. The ACE research found that at least 22% of our children are sexually abused by the time they reach eighteen. Similar statistics are not new, but by eliminating any possibility of false reports the ACE research is compelling on this issue. Clearly society must improve the response to child sexual abuse.

Lest defenders try to suggest the national statistics don't apply to Connecticut, the standard practices are incompatible with any assumption that children are safe in Connecticut's courts.

Connecticut is not using a multi-disciplinary approach: The task force wisely encouraged court professionals to learn about DV from DV advocates. But right now most training of judges is done by other judges, lawyers train lawyers and psychologists train psychologists. Expert reports and testimony come mostly from mental health professionals. Children will be better protected when judges consider what specific expertise is needed instead of just turning to mental health professionals.

A recent tragedy in Westchester County, New York illustrates the problem of limiting an inquiry to mental health approaches. A decorated, recently retired police officer killed his two teenage daughters while they were sleeping before committing suicide. All the reports were that he was a wonderful man and father so much of the focus of the reporting concerned how he could have committed such a horrendous act. The local Gannett Newspaper assigned a reporter to try to answer this question.

The reporter spoke to law enforcement professionals, some of whom knew the officer and they couldn't fathom why he would do this. The problem was that most abusers act very differently with the rest of the world than they do with their immediate family. The reporter interviewed various mental health professionals. They tried to concoct some unlikely psychological explanation but even they admitted their speculation was unlikely. Then the reporter interviewed me. I was able to draw from the Bartlow research about the pattern of child murders in contested custody cases. The most dangerous abusers are those who believe their partner has no right to leave. It turned out his wife had recently requested a separation and made a report to the police.

We desperately want to be able to prevent the kind of tragedy that occurred in Harrison, NY, but we must be able to understand the cause in order to prevent future tragedies. The mental health professionals could not understand the cause because they were limited to psychological explanations, and DV is not caused by mental illness. Courts must have access to DV expertise if they are going to recognize and respond effectively to possible DV cases.

The Connecticut courts have been slow to integrate important research like ACE and Saunders into their response to custody cases. This means they are not using evidence-based practices. The inevitable result is courts failing to recognize and believe true reports of abuse; minimizing the significance of a pattern of DV; and focusing on far less important issues.

The courts are willing to consider unscientific alienation theories that were concocted not based on any research but rather the beliefs, biases and experiences of the founder of the cottage industry. These beliefs include many statements to the effect that sex between adults and children can be acceptable. I suspect few judges would want to be associated with such beliefs if they knew the origin of these bogus theories. While bogus theories are allowed to poison the system, important, peer reviewed scientific research from the most credible sources is not used.

The Saunders' findings about harmful outcome cases are critical to understanding the problems with the court response to abuse cases. Harmful outcome cases are all too common in Connecticut. The

existence of these cases continues only because flawed practices are permitted to continue, but the harm is even greater.

I have heard all too many stories from battered mothers and children about the impact of these harmful outcome cases. The pain and the suffering are unspeakable. The children are forced to endure horrific abuse and denied a relationship with their loving mothers. Abusers use the power provided by the courts to undermine the mothers' relationships. I don't know if the worst thing in the world for mothers is being denied any meaningful relationship with their children or knowing their children are being tortured. It is these horrifically mishandled cases that lead to the widespread belief that the custody courts are corrupt. It is hard to imagine any other explanation when courts seem to ignore overwhelming evidence of abuse and repeatedly retaliate and punish victims for trying to protect their children. As an expert I can recognize the many unintentional mistakes that lead courts to impose these tragedies, but it has to stop. Courts cannot protect children when they are not trauma informed. The ACE research demonstrates that exposure to DV and child abuse is more consequential than any of the other factors the courts are asked to consider. And physical abuse is not required to create the catastrophic consequences. But when court professionals are largely unaware of the consequences and don't know best practices to recognize DV, they can't protect the children.

The precious children of Connecticut will never be safe in its courts until they integrate and prioritize evidence based practices, multi-disciplinary approaches and trauma informed responses. Fortunately there is a direct way to make sure the children are protected.

The Solution

The Safe Child Act is a modern, evidence-based solution to the problems custody courts face in responding to domestic violence and child abuse cases. It requires what should be obvious; that the health and safety of children must be the first priority in all custody and visitation decisions. This is accomplished by integrating important scientific research like ACE and Saunders, relying on a more multi-disciplinary approach when specific expertise is needed, and barring unscientific theories that only poison the process.

The Task Force has emphasized the need for training of judges and other professionals, but the research demonstrates present training approaches have not been effective. Professionals need to unlearn misinformation based on earlier mistaken assumptions and deliberately promoted by the cottage industry that makes its money helping abusers.

The National Council of Juvenile and Family Court Judges recently invited me as one of the experts to discuss child custody evaluations. I asked a judge from Colorado how a new law that had some aspects of the Safe Child Act was working. He said judges who previously sought to avoid training were begging to attend trainings about how to implement the new law. In other words passing the Safe Child Act will cause judges to want the information needed to protect Connecticut's children.

I have noticed that there has been a lot of anger and controversy in recent discussions in the legislature about custody court reforms. Victims have angrily complained about widespread corruption and court professionals have responded with defensiveness and anger. While there is corruption within the cottage industry, I have seen no proof that judges are being paid off. Instead, the appearance stems from outrageous decisions that seem to have no basis in the evidence or the well-being of children and so create the appearance of corruption. The Safe Child Act will eliminate the outdated and discredited practices that sully the reputation of the court system and undermine the public's faith in the judiciary.

Lawyers on both sides of a case and the judges often phrase their arguments in terms of the best interests of children, but the Safe Child Act will actually make a wonderful difference in children's lives. The lead author of the original ACE Study said that prevention is the best use for his research. The Safe Child Act creates objective standards supported by evidence based research to determine the well-being of children. Connecticut's children will live longer, healthier and more satisfying lives when the Safe Child Act is passed. I have been in tears too many times hearing the horrific stories that could have been

prevented. It is up to the legislature to make sure the custody court system is not just about the judges, lawyers, evaluators or abusers. We must protect our children.

APPENDIX D

Melanie Blow

It is an honor to submit testimony to a group of people who are so obviously and deeply concerned about children's well-being.

The Adverse Childhood Experience study from the CDC proves that preventing abuse from starting must always be our top priority. Always. This committee cannot ignore primary prevention of domestic violence when discussing the impact of domestic violence on children. When we can't prevent ACEs, we must focus on preventing increased ACE scores. And we must ensure children who have suffered ACEs are cared for by people who will treat their trauma, not ignore it. Domestic violence crime is preventable. Preventing it prevents children from being exposed to it.

We urge this committee to implement domestic violence best practices that focus on zero tolerance, batterer accountability and a coordinated community response. These best practices, collectively known as The Quincy Solution, ensure abusers experience consequences if they abuse, making them less likely to do so. These best practices drastically reduce the rates of DV homicide and domestic violence crime in communities where they are implemented. They make DV victims feel safer and more validated. This means they are more likely to call the police, who will ensure the abusers experience consequences for their abuse.

We also urge the committee to support legislation ensuring that domestic violence stays outside of the courtroom. The Safe Child Act ensures that the health and safety of children is the top priority in family and custody courts. This ensures that the child's ACE score gets more consideration than their parents' credit score. It ensures people who abuse their children or partners aren't granted custody or unsupervised visitation of their children- this prevents ACE scores from escalating And it ensures abused mothers will never need to worry that leaving their abuser will mean losing custody of their child to him.

These changes sound simple, and essentially they are. But simple changes can save lives. Little Aaden Moreno was killed in 2015 after a judge didn't understand how much danger he and his mother were in when his mother applied for an order of protection. On some level, the judge believed that he knew how to assess how much risk Aaden and his mother were in when he didn't. He didn't purposely put a child at risk, but he didn't know how much he didn't know about domestic violence. Legally, he knew enough. And that is the crux of the problem.

Domestic violence is an epidemic, not an inevitability. By using tools we know work, we can prevent much domestic violence, prevent escalating ACE scores, and minimize the damage caused by these traumas. Connecticut's children deserve no less.

APPENDIX E

Anonymous

Testimony

January 4, 2016

Anonymous Protective Mother in Connecticut Family Court

1. Domestic Violence = High Conflict Custody Case (References below)

Current reliable scientific studies suggest that divorces marked by ongoing disputes over the custody and care of children, both inside and outside the court, often reveal a history of DV in the family and a likelihood that the abuse will continue after the separation.

It is common knowledge that the most dangerous time for a woman victim of DV is when she leaves an abusive relationship. The danger occurs once an abuser recognizes that he has lost control over his victim and he continues to seek control over her in other ways. One effective abuser tactic is to threaten to take the children away from her; legally through the divorce process or physically by kidnapping or harming them. In “The Impact of Wife Abuse on Custody and Access” (2004), Martha Shaffer suggests that abusers use the threats of custody battles as “weapons of intimidation and coercion.” The most convenient, efficient, and legal way to maintain control over an ex-spouse or intimate partner after she leaves is to shift his abuse to a new arena: the family court. The abuser lies to court officials to portray the mother as mentally unstable to care for her children. Further, the abuser’s punishment is swift and severe in the form of a flurry of Contempt Motions alleging wrong-doing. The sole purpose of Contempt Motions is to punish his ex-partner by bringing her back to the courtroom over and over again where he can personally witness her anxiety and fear.

Bottom Line = The abuser’s litigious behavior constitutes harassment, stalking, coercion, intimidation, of his victim and children directly and indirectly through third parties involved in family court. This abuse in family court happens under the auspices and Court Orders of a Judge and court professionals, both ex parte and with an appearance of Due Process.

<https://stopabusecampaign.com/recipe-for-disaster/>

2. Domestic Violence = Abuser Awarded Sole Custody of Children Absent Abuse, Neglect and/or Abandonment by Mother

What matters most to a stable mother is the safety and happiness of her children. The abuser knows this and uses this vulnerability to abuse her by exploiting the children. A truly loving, caring, emotionally healthy and father can be part of his children’s lives without abusing the children’s mother in court by means of protracted litigation. Research shows the abusive father’s goal is to diminish, destroy, punish, and eliminate his victim if she says, “no” to him and “no” to a family court system forcing her to reunite with her abuser. The custody battle is family abuse; and it is not “in the best interests of the child.”

The abuser petitions the Court for sole custody of the children. This is a common tactic, serving as punishment for leaving and/or and trying to force the mother to return to him. For many protective

mothers, her knowledge and conclusions are based on previous experience with him. She knows he continues to repeat his emotionally, psychologically, sometimes physically and sexually abusive behaviors because she lived this; her children report the same after time with their father. Unfortunately, a mother's normal reaction to a highly abnormal situation is often misinterpreted as "alienating, histrionic, paranoid" behavior.

Ultimately, the worst abusers sever children from their primary caregiver then petition the court for child support orders that are purposely constructed well beyond a mother's financial means. There is only one consequence for nonpayment of child support in CT – incarceration.

Bottom Line = A loving mother is harshly judged for fighting to protect her children from further harm; however, a father's aggressive battle for sole custody is often misinterpreted by Court officials as a sign of a loving, concerned dad who simply wants to be a part of his children's lives. This is a logical fallacy.

3. Domestic Violence = Inadequately Trained Court Professionals Continuing to Blame Mothers for Parental Alienation Syndrome and Punish Children

According to a recent CT Mirror Op-Ed, when Connecticut Judges are appointed, they are required to attend a three-day session which includes limited DV training. The DV curriculum is currently prepared by Connecticut Judges, not DV experts. The National Council of Juvenile and Family Court Judges has operated the National Judicial Institute on Domestic Violence in partnership with the U.S. Department of Justice Office on Violence Against Women since 1998. Important to note that only five of Connecticut's 288 judges have participated in this free training since 2007.

By implementing outdated and/or inadequate training, family court judges' response to alleged DV in custody cases is often based on personal biased assumptions: DV is possibly caused by mental disorders, substance abuse and/or the actions of the victim. Professionals without DV training tend to believe the myth that mothers frequently make false allegations, support unscientific alienation (PAS) theories and believe mothers' attempts to protect their children are actually harmful to the children. If DV advocates are not appointed to represent a victim (Currently in Connecticut, DV advocates are only assigned for criminal cases, not for family court), Judges turn to unqualified self-appointed Forensic mental health professionals to conduct an evaluation to provide context and recommendations. In addition, DV advocates have zero authority to provide context and recommendations. They are not permitted to speak at all. Currently, Connecticut Judges and the "go-to list" of forensic psychologists, GAL and AMCs appear to ignore updated factually proven, effective methods for understanding the causes of DV, recognizing observable patterns of DV behavior, and/ or thoroughly and properly investigating DV accusations. This has led to Orders for custody evaluations, reports and recommendations that do not address the often hidden and underlying coercion and control that exists in a DV intimate relationship. DV advocates have better training and expertise than any of the court professionals on the specific topics most needed.

Bottom Line = 1) Connecticut Superior Court Judicial training should be based on current and relevant evidence-based research and curricula. In 2012, the U. S. Department of Justice

released a groundbreaking study by Dr. Daniel Saunders. - the standard and required training received by judges, lawyers and evaluators does not qualify these professionals to handle DV cases. These professionals need specific training in topics that include DV screening, risk assessment, post-separation violence and the impact of DV on children. created by professionals who focus on exactly this misinformation. Saunders found that these wrong beliefs lead to outcomes that are harmful to children.

2) Address Coercion and Control as DV through legislation to protect victims.

<http://www.npr.org/sections/thetwo-way/2015/12/29/461411532/england-and-wales-expand-the-meaning-of-domestic-abuse>

4. Domestic Violence = Protracted litigation to continue to harass and abuse a protective mother.

If DV exists in family dynamics prior to a custody dispute, the adversarial nature of family court provides a perfect forum for continued abuse through litigation.

The Abuser:

Uses the court system improperly through multiple court applications – sometimes to different jurisdictions; or insincere applications for short leave or ex parte applications.

Uses the process to frighten, humiliate, and traumatize the mother. Often the abuser will exploit a mother's history of a psychiatric injury like PTSD; a managed mental disorder like postpartum depression or anxiety; or recovered substance abuse against her. Some abusers even make unsubstantiated allegations or will use patriarchal cultural values against her.

Manufactures evidence or a crisis to create evidence of his abuse by the victim, i.e., he may start seeing the couples counselor on his own, disclosing violent episodes she inflicts on him, hiring an unethical private investigator to fabricate false "evidence" to set up the mother for felony convictions.

Financially abuses her – court-related abuse and harassment is a tool to delay child support or other maintenance; some responding advocates and other workers suggest the court processing time is used to liquidate assets or to cause her financial hardship. They also use this to drive up the costs of her lawyer – setting up and then failing to attend discoveries or making multiple offers. Uses public servants/services to harass her – police and child protection authorities are often used in this ploy. A strategy is to not knock or buzz her door when they are supposed to pick up their children, but to call police and say the mother is denying access. It takes up to 90 days for the victim to collect the paperwork to show that she was not denying access, but by then there can already be an existing order against her.

Undermines his abuse of her – abusers will portray themselves as a victim of the abuse, some will force her to defend herself and call the police to allege an assault or file a false restraining order against the victim

RESEARCH INDICATING THAT THE MAJORITY OF DIVORCE CASES THAT GO TO
COURT AS “HIGH CONFLICT” CONTESTED CUSTODY CASES HAVE A HISTORY OF
DOMESTIC VIOLENCE

Compiled by Professor Joan S. Meier, Esq.
George Washington University Law School

I. Janet Johnston's publications

Janet Johnston is best known as a researcher of high conflict divorce and parental alienation. Not a particular friend of domestic violence advocates or perspectives, she has been one of the first to note that domestic violence issues should be seen as the norm, not the exception, in custody litigation.

Johnston has noted that approximately 80% of divorce cases are settled, either upfront, or as the case moves through the process. Studies have found that only approximately 20% of divorcing or separating families take the case to court. Only approximately 4-5% ultimately go to trial, with most cases settling at some point earlier in the process.

- Janet R. Johnston et al, “Allegations and Substantiations of Abuse in Custody-Disputing Families,” *Family Court Review*, Vol. 43, No. 2, April 2005, 284-294, p. 284;
- Janet R. Johnston, “High-Conflict Divorce,” *The Future of Children*, Vol. 4, No. 1, Spring 1994, 165-182, p. 167 both citing large study by Maccoby and Mnookin, *dividing the child: social and legal dilemmas of custody*. Cambridge, MA: Harvard U. Press (1992).

Johnston cites another study done in California by Depner and colleagues, which found that, among custody litigants referred to mediation, “[physical aggression had occurred between 75% and 70% of the parents . . . even though the couples had been separated. . . [for an average of 30-42 months]”. Furthermore, [i]n 35% of the first sample and 48% of the second, [the violence] was denoted as severe and involved battering and threatening to use or using a weapon.”

Johnston (1994), *supra*, citing Depner et al., “Building a uniform statistical reporting system: A snapshot of California Family Court Services,” *Family and Conciliation Courts Review* (1992) 30: 185-206

After surveying the research, Johnston concludes: “Taken all together these studies suggest that, in divorces marked by ongoing disputes over the custody and care of children, both inside and outside the court, there is often a history of domestic violence in the family and a likelihood that the violence will continue after the separation.”

-*Id.* (1994) at p. 169.

It has previously been observed, based on research which predates the domestic violence/parental alienation battles that are now a feature of the field, that “multiple allegations of abuse are a feature of those higher conflict families” whose cases become contested custody litigation.

- Johnston (2005), *supra* (citing Maccoby and Mnookin (1992))

II. Peter Jaffe's compilation of studies

Peter Jaffe is one of the world's leading experts on children, domestic violence, and custody. His latest publication on this subject states the following:

"Myth: Domestic violence is rarely a problem for divorcing couples involved in a child custody dispute."

Fact: The majority of parents in "high-conflict divorces" involving child custody disputes report a history of domestic violence."

- Peter Jaffe, Michelle Zerwer, and Samantha Poisson, "ACCESS DENIED: The Barriers of Violence and Poverty for Abused Women and their Children After Separation" (2004), p. 1

Jaffe et al also list the following studies (with the following descriptions) as supporting the position that most custody litigants have had a history of domestic violence: In a review of parents referred for child custody evaluations by the court, domestic violence was raised in 75% of the cases.

- Jaffe, P.G. & Austin, G. (1995). The Impact of Witnessing Violence on Children in Custody and Visitation Disputes. Paper presented at the Fourth International Family Violence Research Conference, Durham NH (Rep. No. July 1995)

Of 2,500 families entering mediation in CA, approximately three quarters of parents indicated that domestic violence had occurred during the relationship.

Hirst, 2002

Between 70-75% of parents referred by the family court for counseling because of failed mediation or continuing disputes over the care of their children's, physical aggression had taken place.

- Johnston & Campbell, (1988), *Impasses of Divorce: The dynamics and resolution of family conflict*. New York, NY, USA: The Free Press.

Attempts to leave a violent partner with children, is one of the most significant factors associated with severe domestic violence and death.

- Websdale, N. (1999). *Understanding Domestic Homicide*. Boston, MA: University Press.

A majority of separating parents are able to develop a post-separation parenting plan for their children with minimal intervention of the family court system. However, in 20% of the cases greater intervention was required by lawyers, court-related personnel (such as mediators and evaluators) and judges. In the

majority of these cases, which are commonly referred to as "high-conflict," domestic violence is a significant issue.

- Johnston, J.R. (1994). "High-conflict divorce." *Future of Children*, 4, 165-182. - all cited in Jaffe et al, *ACCESS DENIED*, supra, at p. 1.

III. National Center for State Courts

Finally, studies conducted by the National Center for State Courts (NCSC), looking solely at court records, have found documented evidence of domestic violence in 20-55% of contested custody cases.

The NCSC study, looking only at documented domestic violence in custody court records, found that 24% of court records contained some evidence of domestic violence in Louisville; 27% in Baltimore; and 55% of Las Vegas cases indicated domestic violence

- Susan Keilitz et al, *Domestic Violence and Child Custody Disputes: A Resource Handbook for Judges and Court Managers*, prepared for the National Center for State Courts; State Justice Institute," NCSC Publication Number R- 202, p. 5

The same study found that a screening process (utilized by the mediation program) "revealed a much higher incidence of domestic violence than a review of court records alone would have indicated."

- *Id.* at 7.

IV. Custody Courts Regularly Fail to Note or Are Lacking Information about history of Domestic Violence

Peter Jaffe and Robert Geffner have stated that "'non identification of domestic violence in divorce cases' is a prevalent and problematic issue."

- Kernic et al, "Children in the Crossfire: Child Custody Determinations Among Couples With a History of Intimate Partner Violence," *violence against women*, Vol. 11, No. 8, August 2005, 991-1021, 1013, citing Jaffe & Geffner, "Child custody disputes and domestic violence: Critical issues for mental health, social service, and legal professionals," in Holden et al (Eds.), *children exposed to marital violence: theory, research, and applied issues*, pp. 371-396, Washington, DC: American Psychological Association

Kernic et al, from the Harborview Injury Prevention & Research Center in Seattle, go on to state that "[our study provides strong support for this assertion." This study looked at divorce cases, including both

those with a documented, substantiated, and/or alleged history of domestic violence, and those without. The study found that in 47.6% of cases with a documented, substantiated history, no mention of the abuse was found in the divorce case files.

- Id. at 1005.

The same study found that “the court was made aware of less than one fourth of those cases with a substantiated history of intimate partner violence.”

- Id. at 1016.

In the same study, fathers with a history of committing abuse were denied child visitation in only 17% of cases. Mothers in these cases were no more likely to obtain custody than mothers in non-abuse cases. This study found that mothers were “more likely” than fathers to be awarded sole custody, but does not identify what proportion of cases resulted in equal sharing of physical custody (which is available in Washington even when one parent is designated “primary”).

- Id. at 1014-1015.

The Virginia Commission on Domestic Violence Prevention commissioned a study of these issues at University of Virginia in 1997-98. The study found that in custody cases where there was also a domestic abuse case in court, only 25% of the custody files referenced the existence of the domestic abuse case.

_____ - www.courts.state.va.us/fvp/history.html

APPENDIX F

Joseph J. Kaliko, President, The Needs Clearing House, Inc.

The state response in the case of the private organization Kids in Crisis, is nothing less than deplorable!

Funding was just cut months after the execution of a new state contract for this 37 year old organization specialized in addressing the very subject of your report!

The state should restore the funding for KIC and not destroy the public private partnership.

Even without restoring funds, the reallocation of emergency respite beds to KIC from the underused pool of 54 beds statewide (none in SW Fairfield County where KIC is located), would enable this resource to continue to provide for minors who are the victims of family domestic violence.

I pray someone reads this plea and takes action!

Joseph J Kaliko, President
The Needs Clearing House, Inc.
www.theneedsclearinghouse.org

APPENDIX G

Laura Quigley

RE: Suggestions for Conn. Coalition Against Domestic Violence Recommendations During Public Comment Period

Here are a couple of suggestions - I hope they can be helpful!

An anonymous tip phone line available for friends, relatives, neighbors, etc. to use to report concerns about an unsafe home environment for children as related to Domestic Violence. It would be most beneficial to advertise the availability of that phone line to all CT citizens. Along with the usual forums (radio, newspapers, TV, internet) it would be helpful at the beginning of each school year to have a flyer distributed to each student to bring home as a means of awareness also. After all, it does take a village!

Also, I think schools could instruct children about abuse and how to get assistance with such situations if needed- all done in age appropriate lessons - so that children can be armed with knowledge.

Lastly, as important as it is to teach little ones about abuse and that they can reach out to others for help, additional focus is needed to prevent abuse in the first place and it starts with the children themselves. Some children have no positive role models at home and need to learn skills for handling negative emotions (anger, frustration, disappointments etc.) and just as important, they need to feel that they are cared about and have value. 'The "chain" of abuse should be broken at inception.

Best wishes for this incentive - it is for a great cause.

Thank you.
Laura Quigley

APPENDIX H

Child First

Child First

An Evidence-Based, Trauma-Informed Model Serving Young Children and Families Exposed to Domestic Violence

Child First is a Health and Human Services designated evidence-based, two-generation, home visiting model, targeting the most vulnerable, very young children and their families, most of whom have experienced violence and trauma. In 2005 in Connecticut, a SAMHSA funded randomized controlled trial demonstrated that Child First was able to decrease DCF involvement by 39%, sustained at 33% at three years. Child First also decreased child emotional/behavior problems (42%), language delays (68%), and maternal mental health problems (64%) (*Child Development*, 2011). Child First is the only evidence-based Maternal, Infant, and Early Childhood Home Visiting (MIECHV) model that specifically targets this multi-challenged population (often with domestic violence, abuse and neglect, maternal depression, substance abuse, homelessness, and poverty). Child First provides a comprehensive intervention, including trauma-informed psychotherapeutic services and family connection to a broad array of needed services and supports. Child First has 15 CT affiliate sites and is now replicating nationally.

The theory of change underlying the Child First intervention is based upon the most current brain science on the impact of toxic stress and adversity on the developing brains and metabolic function of very young children. Adversity (particularly witnessing of violence to primary caregivers) has a potentially devastating and life-long impact on child mental health, development (executive functioning, cognition, and language development), and physical health. Extreme stress and trauma are able to change the way that DNA is expressed (called “epigenetic modification”) and turn on and off critical genes changing the trajectory of a child’s life. Very young children are both the most vulnerable and the most frequently exposed to this trauma. It is critical to intervene as early as possible in order to prevent serious, long-term, negative outcomes.

Child First is built upon a public health approach and as such, provides both secondary and tertiary prevention/treatment to both the identified child, caregivers, and siblings in the family. The intervention therefore takes a two-pronged approach: 1) Stabilizing the family and decreasing the challenges and stress through intensive care coordination, which provides connection to community-based services and supports for all family members (including health providers, housing, early intervention, early care and education, domestic violence shelters, legal/court system, adult mental health/substance abuse services, adult education, job training). This is the role of the Bachelor’s level Care Coordinator. 2) Providing a two-generation psychotherapeutic intervention – trauma-informed Child-Parent Psychotherapy – for both the young child and caregivers, in order to heal from the devastating impact of violence, and promote a nurturing and secure parent-child relationship, which is able to buffer and protect the young developing brain from damage. This is the role of the licensed, Master’s level Mental Health/Developmental Clinician. They work as a Clinical Team in the home with the family.

Screening and Referral

Child First serves high risk families identified in pregnancy through five years of age. Children and families may be identified by any provider or self-referred, most often for child emotional/behavioral problems, families with multiple challenges which place the child's health or development at risk, or current DCF involvement. At this time, over 50% of Child First families are open DCF cases when referred, and another 25% have had past involvement with DCF. Referrals also come from pediatrics, early care and education, early intervention, schools, mental health providers, shelters, courts, and parents themselves. (See pg. 6) Ninety-eight percent of caregivers have experienced significant trauma, including domestic violence (Life Symptom Checklist – from NCTSN), as have 84% of young children (Traumatic Events Screening Inventory – from NCTSN). Experience of multiple forms of trauma are common, contributing to the dose effect of adversity so well documented in the ACEs study. (Felitti, et al.) All children with DCF involvement or acute circumstances (among them abuse/neglect, DV, homelessness) are given priority with attempted response within 24-48 hours. Child First works diligently at engagement of high need families, including multiple attempts by phone, letter, and in person over four weeks. Whenever indicated, a “warm hand-off” is facilitated between the trusted referrer (e.g., pediatrician or early care provider) in a location that is comfortable for the family.

There is a need for screening to identify young children who have witnessed violence with age appropriate screening tools, including children as young as 6 months of age. Furthermore, although parents often indicate that a child who is home “sleeping” or “is too young to know what is going on” is not effected. However, research shows that these children are usually awake, hear everything, and are often severely impacted. Hence, counts of young children who witness DV are significantly underrepresented.

Recommendations:

1) Research should be done to identify a screening tool(s) or process that is appropriate for very young children, including those under 12 months of age. This should identify the occurrence of DV, other risks in the environment that might compound the effect of such a trauma (e.g., maternal depression, substance use, unstable housing), as well as behavioral/emotional symptoms that a child may be demonstrating or newly developed. Based on the initial screen, more in-depth screening or assessment would be necessary to determine what level of intervention would be indicated for the child and family.

Screening for IPV should be a routine component of:

- Pediatric primary care – This is a trusted environment with opportunity for early identification and engagement, with a warm hand-off to a clinician, if needed.
- Obstetrics – This is an opportunity to prevent childhood exposure to DV through very early identification, potentially preventing childhood exposure.
- Emergency care (ER) for any child or parent injury – This is an opportunity for identification within a caregiving environment where there is trust that needs will be met.
- Birth to Three early intervention – Many children develop cognitive and language delays because they are in environments with toxic stress – like DV – without the buffer of strong, protective, nurturing relationships. This provides a powerful opportunity for identification within a trusted relationship.
- Early care and education – This provides a powerful opportunity for identification within a trusted relationship.
- DCF referral – Very high incidence of child abuse with DV – 80% of children who were physically abused witnessed DV “very often.”

2) Consider screening in special education, family shelters, family resource centers, WIC, and adult mental health and substance abuse programs.

Home-based Intervention

All Child First Mental Health Clinicians are Master's level, licensed providers who have been intensively trained in trauma-informed Child-Parent Psychotherapy by Chandra Ghosh-Ippen, Ph.D. (NCTSN, Director of Training for CPP, and Co-author of the new edition of Don't Hit My Mommy – the CPP Training

Manual). All staff are “rostered,” (meaning on the official registry of national CPP providers, or in the process of rostering). (See Training below.)

Child First has a rigorous assessment protocol, which includes a number of assessment tools for children and/or their adult caregivers which can help us assess if there may be a risk of domestic violence.

ASSESSMENT PROTOCOL:

Social-Emotional and Behavioral Concerns:

Ages and Stages - Social Emotional (ASQ-SE)

Brief Infant-Toddler Social & Emotional Assessment (BITSEA)

Preschool and Kindergarten Behavior Scales-Second Edition (PKBS-2) – teacher and parent

Traumatic Events Screening Inventory-Parent Report Revised (TESI-PRR)

Caregiver-Child Interaction Scale (CCIS)

Caregiver Strengths and Challenges:

Parent Questionnaire (PQ)

Abidin Parenting Stress Index – Fourth Edition (PSI-4)

Center for Epidemiology Scale-Depression (CESD-R)

Life Stressor Checklist – Revised (LSC-R)

PTSD Checklist – Civilian Version (PCL-C)

A comprehensive, well-coordinated, family-driven Plan of Care, is developed in partnership with the family, which is highly individualized and based on family strengths, priorities, culture, and needs. This includes a safety plan, when needed. (All Child First staff receive VIGOR training.) All caregivers are involved in treatment (if possible), including concurrent treatment with primary caregiver (usually birth mother), father (even if out of the home), foster parents, and any others as appropriate. Dyadic, two-generation treatment is always conducted, with the addition of collateral sessions with the primary caregiver(s) alone. Families may be seen multiple times per week, if needed. Care Coordinators work simultaneously to stabilize the family and connect to needed community-based services and supports (formal and informal). Length of intervention is usually 6-12 months, but may vary significantly based on the unique needs of the child and family.

The Child First intervention is usually in the home, but may be in any other setting desired by the parent, especially when domestic violence is present. A number of years ago, Bridgeport Child First Clinical Teams were the only outside providers allowed to provide services in the Domestic Violence Shelter. (Child First then trained new staff who were employed by the shelter.) Child First staff will continue serving families when they transition to new housing (even if outside the immediate catchment area). If the family moves to a more distant area, they may be transferred through a warm hand-off to a new Child First affiliate in that region. Child First also provides mental health consultation to teachers and care providers in early care and education and school settings, so that they can better understand the meaning of the child's behavior and promote optimal development. Furthermore, Child First staff work to promote the executive functioning and emotional self-regulation of both the parent and child (so often impacted by trauma) so that able to thoughtfully plan, organize, problem solve, and succeed.

Child First outcomes are very strong for children and caregivers. Assessments are completed at baseline, 6 months, and discharge. The most relevant outcomes for the past year are as follows:

OUTCOMES:

<u>Measure</u>	<u>P value</u>	<u>Cohen's d (Effect size)</u>
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Parent stress (PSI-4)	0.0041	1.5630
Maternal depression (CES-D)	0.0000	0.7774
Child behavior problems (BITSEA and PKBS-2)	0.0000	0.7243
Child social skills (BITSEA and PKBS-2)	0.0000	1.0678
Parent-child interaction (CCIS)	0.0000	0.8736

Recommendations:

- 1) Young children who have witnessed intimate partner violence and have other significant stressors in their lives should be served through an evidence-based, psychotherapeutic intervention that specifically targets very young children and their caregivers – a two generation intervention. Models that target older children, do not include the caregiver (who is the source of safety and security for the young child), or which provide only education are not appropriate. Child First has consistently found that families with DV have multiple other challenges that need a very comprehensive approach to care. This is an opportunity to build a secure attachment between parent and child that will protect the child (both in terms of brain development and physical harm) from future traumas. Child First is an evidence-based model, which embeds trauma-informed CPP and which also includes a comprehensive assessment and connection to a broad array of services and supports for all other family members.
- 2) There should be close collaboration between the Child First affiliate providers and CCADV, IPV-FAIR, EMPS, police, DV shelters, and the court system so that children can be referred to Child First for therapeutic intervention when needed.
- 3) A continuum of service options should be in place so that each child and family in CT is able to receive services and supports that match the type and intensity of need of that unique family. There is no dearth of needy families. It is important to understand what type and intensity of intervention a specific family needs as well as the unique expertise of each service and where it falls on the continuum of care. This is the most effective strategy and will prevent later major expenditures. (It should be noted that although Child First and Nurturing Families are both home visiting services, there are major differences in the models. Nurturing Families identifies prenatally and in infancy up to 3 months of age, and provides an educational (Parents as Teachers) model delivered by Bachelor's level and paraprofessional home visitors. Child First identifies prenatally up to 6 years of age, and provides a psychotherapeutic model (trauma-informed Child-Parent Psychotherapy) delivered by a Master's level, licensed Mental Health Clinician, with extensive experience working with DCF families. It also provides a dedicated Care Coordinator to connect all family members with needed services and supports. Both models work diligently to serve fathers as well.)
- 4) Develop a statewide triage and referral system so that children and families are referred to specific interventions based upon the type and level of need.
- 5) Child First Clinical Teams should be able to provide services within DV shelters with extremely close collaboration with their staff. The Teams can continue working with families when they re-locate, or they can be transferred to another Child First site in another part of the state.

Training and Consultation

All Child First staff go through very intensive training with ongoing clinical consultation. Staff participate in a 12 month Child First Learning Collaborative with a minimum of 12 days of interactive training (4 multi-day sessions) and also complete multiple on-line Distance Learning modules. They also participate in an 18 month trauma-informed CPP training (3 multi-day sessions) with biweekly consultation calls from an expert CPP trainer (Ghosh-Ippen). In addition, all Child First staff participate in site-based, reflective, clinical consultation with the CT Child First Clinical Director weekly for six months (Clinical Director receives individual consultation and all staff receive group consultation), then bi-weekly, site-based consultation for six months, and then ongoing biweekly, individual, reflective consultation for the site

Clinical Director. Furthermore, all staff at affiliate sites receive individual, Team, and group reflective consultation on a weekly basis from their own Child First Clinical Director for a total of 3.5 hours each week.

Recommendation:

- 1) Training for pediatricians so that they understand the impact of violence on the developing brain and physiologic impact on the developing child. They should know how to sensitively conduct a screening protocol, provide appropriate psychoeducation and parent guidance, and know who, how, and to whom to refer when children and families need services.
- 2) Train DCF social workers, early care and education providers, and courts (among others) so that they understand the powerful, negative impact of DV on young children's development, know screening protocols, and know how to refer to appropriate services to help these families.

Capacity and Funding

Child First has a footprint in each DCF Area, with a total of 40 Clinical Teams of licensed Mental Health Clinicians and Care Coordinators at 15 different affiliate agencies (mental health clinics or hospitals). However, only about 50% of CT towns are currently covered. Total number of children and their families served last year were 1,027, with a minimum of two individuals (young child and primary caregiver = 2,054) and an average of four individuals (4,108) served within each family. In all families, the father is involved in treatment, if at all possible. Current statewide waiting lists for services total about 300 families, with the greatest demand in the large urban communities, where there are only two Clinical Teams in each affiliate agency and waitlists can be 40-60 families (e.g., Hartford, Waterbury, New Britain). This waitlist is after triage to any other possible program. Child First is an extremely appropriate two-generation, evidence-based model for young children and their caregivers who have experienced intimate partner violence. However, capacity is very limited.

Child First affiliate sites in CT are funded by multiple sources: DCF (9 sites), the Maternal Infant and Early Childhood Home Visiting (MIECHV) grant now managed by the Office of Early Childhood (5 sites plus expansion capacity at 3 sites), and a federal Project LAUNCH grant (1 site). Philanthropy has added funding for additional Teams in a few sites. This Task Force could make a substantial difference in decisions about future expansion of services.

Recommendation:

- 1) Increase capacity to provide Child First services to any young child and family in the state by providing new or increase existing funding streams for current affiliate sites. (The existing footprint of affiliate Child First agencies can cover the state.) Among those funding sources that may be targeted are:
 - a) Medicaid reimbursement:
 - Home-based Rehabilitation Option
 - EPSDT
 - DMHAS Mental Health Home
 - b) MIECHV competitive grant (FOA in Spring 2016)
 - c) VOCA funds
 - d) CAPTA funds
 - e) Increase in DCF funding (especially for high need urban centers with long waiting lists and low capacity)

Sources of Child First Referrals

- Parents or other primary caregivers

- Birth to Three
- Court system
- Department of Children and Families (DCF)
- Department of Developmental Services (DDS)
- Department of Social Services (DSS)
- Department of Mental Health and Addiction Services (DMHAS)
- Domestic violence agency
- Early childhood education or child care
- Emergency Mobile Psychiatric Services
- Faith based organization
- Family resource or support center
- Help Me Grow (HMG) or 211
- Home visiting (including Nurturing, Healthy Start, PAT, parent aide)
- Mental health provider – child
- Mental health provider – adult
- Mental health consultation: Early Childhood Consultation Partnership
- Obstetric provider
- Pediatric provider
- School
- Shelter
- Substance abuse program
- Systems of Care (DCF)
- WIC

Common Reasons for Referral to Child First

- Child behavioral or emotional concerns – either in the classroom or in the home
- Child exposure to domestic violence
- Child abuse or neglect
- Risk of child out-of-home placement
- Child development or educational concerns
- Risk of child expulsion from early care or school
- Risk of family eviction
- Major child and family health concerns
- Parent/caregiver mental health problems
- Parent/caregiver substance abuse
- Parent support and education needs
- Basic needs unmet (housing, heat, food, TANF, HUSKY, SNAP)
- Complex family with multiple challenges in need of assessment and service

APPENDIX I

David Carr, M.A.

December 22, 2015

RESPONSE AND RECOMMENDATIONS

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

Draft Copy Published Jan 2015

TO: MEDV@cga.ct.gov

From: David Carr, M.A.

Greetings, I happened to find a newspaper story about this Task Force and read the report. My interest is based on my personal commitment to caring about others, my experience as a trained Marriage & Family Therapist, my experience working with adjudicated youth in residential wilderness placement, and my experience working with CT-DCF from 1995-1996 as an In Home Services Clinician and Team Leader.

My epistemology of intervention is a family based, multi-generational framing of identified problems, genogram construction, and strategic, solution focused intervention. Children are often diagnosed as the Identified Patient because they present evidence of trauma, and deserve protection. The family of origin is the true client and the child, an innocent emotional barometer. My experience shows me that family of origin issues, inter generational value transmissions, dysfunctional, inter-generational adult child behavior, and unresolved issues in the family are frequently the precipitants of trauma. Adult child survivors experiencing unresolved trauma may act out through violence, substance abuse or abandonment.

I response to the report, I have highlighted a few places where I observed individual, non systemic focus by the writers. This work is my attempt to highlight the importance of looking beyond the IP to the physical and emotional environment in which they must live. I trust my following reflections (A through S) will be seen as a contribution and expansion of the Task Force's work, not a criticism.

a)(pg6;Par5)Dr. Grasso stated that cognitive behavioral therapy is the usual treatment for trauma, including trauma related to domestic violence **David Carr proposes multi-generational family therapy can identify the family as the client, directing the clinical focus to surround the child and their experiential /emotional environment.**

b)(Rec 1.1)Develop and employ policies that includeuniversal screening protocols....to effectively identify children with direct and/or indirect exposure to IPV, as well as adversity, trauma, and maltreatment, which often concur with IPV. **David Carr proposes In-Home Therapy family assessment utilizing emotional field genograms**

c)(Rec 1.5) Partner with co-located behavioral health care professionals trained to assess and treat psychological problems associated with children's exposure to IPV in order to optimize referral and connection to services treat psychological problems associated with children's exposure to IPV in order to

optimize referral and connection to services. **David Carr notes there is no mention of impact on family or community system, Focus is limited to children here.**

d)(Rec1.5)It is critical that health care providers be trained on how to approach victims with compassion and under standing in order to build the trust necessary to disclose abuse. **David Carr proposes In-Home Therapy family assessment utilizing relational genograms as a family joining, assessment and treatment planning method**

e)It is this work that has identified important consequences of abuse for children and adults, and has outlined appropriate and innovative interventions (Not defined in this report)

f)(Rec:1.7)We must learn more about the impact of toxic stress on children. **David Carr notices no mention of toxic stress impact on family or community system, Focus is limited to individuals here**

g) .(Rec: 1.7)..and the use of pets to abuse and control family members (not understood).

h)(pg7; Par4).The Nurturing Families Program is available in some CT hospitals....NFP involvement with eligible families decreases subsequent (CPS).

i) (pg 8 Par1)Providers should also be trained on polyvictimization of children and the co-occurrence of maltreatment and IPV.. **David Carr proposes Multiple trauma of the same child by multiple people is likely a systemic family therapy issue that could be identified in a genogram**

j)(pg8;Par3)Representative Diana Urban noted on the August 12th task force meeting that we must learn more about the impact of toxic stress on children, **David Carr observes no mention of toxic stress impact on family or community system, Focus is limited to individuals here**

k)(pg8;Par5)Parents are often unaware of the effect that IPV can have on their children. As violence is normalized, individuals often do not realize that their relationships are abusive. **David Carr observes no mention of family relational history therapy here.**

l) (pg 9;Par1)State standards guiding these teams clearly state that domestic violence is one of the primary problems they should address. **David Carr observes no mention of family/systemic intervention or therapy here.**

m)(pg9;Par1)T here is designated state funding to support forensic interviews and medical evaluation in cases of suspected sexual abuse, but this funding may not be used for evaluation of other forms of maltreatment. **David Carr's assessment utilizes relational genograms interviews to identify conflictual multi-generational histories**

NOTE: According to Connecticut's 2013 Family Violence Offense Report: 60% of calls in Eastern Connecticut are family violence. 15% of calls in Central Connecticut, and 45% of calls in Western Connecticut are family violence. There were 18,437 incidents of family violence in which at least one person was arrested during 2013.

n)(pg 10;Par1) There are several models of Trauma - Focused Evidenced Based Practices for children exposed to intimate partner violence being used in Connecticut to include TF-CBT, TARGET, CFTSI, CBITS, MATCH, and EMDR.Common elements include education about trauma and effects, gradual exposure, emotion regulation, cognition and caregiverchild communication/support. — **David Carr observes no mention of multi-gen systemic intervention here.**

o)(pg10;Par 5) In making their decision whether to arrest, the police may not take into account the relationship of the victim and suspect or whether the victim wants the suspect arrested . **David Carr observes Discussion of systemic power, and perception of safety belongings and historic internalization of violence as intimate, dysfunctional systemic symptoms.**

p)(Rec2.7) Appropriate agencies in mental health, child welfare, and law enforcement should work collaboratively to identify opportunities to more fully offer children trauma informed services and a response at the scene of a family violence incident and to develop strategies which measure impact. **David Carr observes no mention of family/systemic intervention. The child lives in the family, naming only the child as the Identified Client (IC) is ineffective as the whole family system is impacted, and the shared victim of violence.**

q)(pg 13;Par6) While the statute includes “physical, mental and emotional health,” it does not specifically include teen dating violence, domestic violence or healthy relationships among the four identified related topics. **David Carr observes no mention of multi-generational transmission of violence as a relational code of behavior**

r)(Rec4.2) Given statistics that demonstrate that many educators and school employees feel unprepared to address teen dating violence in their schools. **David Carr observes no mention of multi-generational transmission of violence as an identified related topic.**

s)(Rec4.3) CGS §10-222g provides a list of potential actions, including a response to teen dating violence, to include in the “prevention and intervention strategy” referenced in §10—22d. **David Carr observes no mention of “identification contributing factors” as a precursor to prevention and intervention**

David Carr FULLY Supports “A multi-generational approach to comprehensive and evidence based service (pg26) that identifies and interrupts the cycle of multi generational and blended family experiences of violence as a personal expression of stress and ineffectual problem solving skills

In closing, I left Boys Village in 1996 because DCF did not support systemic interventions in my case management, and changed the nature of my employment agreement, which was confirmed by the Dept of Labor in my unemployment claim. When I left, I sought other systemic family work, but was unable to secure employment due to the nature of HMO reimbursement policies favoring LICSW over MFT 19 years ago. I imagined eventually the wisdom of systemic family therapy would be accepted, and I believe the time has arrived, since I understand DCF and other state human services agencies began reimbursing MFTs in 2015. I would like to explore my observations with interested people.

Sincerely,

David Carr, MA

APPENDIX J

Earl Richards

Director: **MEMO**

Here is a "not-so-nice" letter about how women and children are treated in this society; and how the police, the family courts, the Children's Aid Society, the legal profession and the social services fail them. Should there be a shortage of funds for women and children's shelters in your area; you might be interested in showing a photocopy of this letter to lobby for funds from community service groups, foundations, charitable trusts, governments, businesses, philanthropists, churches, corporations, etc., or to create awareness.

Earl Richards

Dr. Elliot T. Barker, M.D., D.Psych., F.R.C.P (C)
President Canadian Society for the Prevention
of Cruelty to Children (CSPCC)
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Earl G. Richards
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10 NOV 2015
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Having been a battered, abused, neglected and deprived child in Barrie, Ontario, between 1956 and 1965, I would be interested in becoming a member of CSPCC.

My father, David Richards, used to come home drunk to 4 Dufferin Street, Barrie. After a bout of evening drinking at the Simcoe Hotel, he would shout all night, arguing and fighting with my mother. If he wasn't shouting all night, then he would have the record player blasting. This caused unbearable mental torture and made it impossible to sleep. Thus, for years on end I went to school dead tired and in dread of repeating the same experience each night. I suffered emotional abuse about which your organization is concerned. My father used to beat my mother all the time, about three to five nights a week from 1956 to 1962. It was not uncommon for me to see my mother with black eyes, broken glasses and blue and black bruises on her arms. Sometimes he would punch holes in the gypsum board walls and punch out windows in the winter. During that period of time, I must have phoned the Barrie Police about 200 times. The police failed to report the child abuse to the Children's Aid Society (CAS). I told my father to "settle down and shut up" in the middle of the night. This drunken louse was wild and crazy. He used my home for a flop house. Sometimes he would beat my mother so severely that she would have to leave the house and walk 12 blocks to a friend's house on Caroline Street, in bitter cold weather, with temperatures at 30 degrees (F), below zero. There were no battered wives transition houses in those days. He would beat her when he was drunk and when he was sober, you could not get him to talk. I spent the first 17 years of my life living with him and he never once said a nice word to me, a further example of the psychological and emotional abuse that I endured. The main reason why this abuse dragged on for nine years was because in those days, you could not get a divorce and because the CAS workers and the social workers did not check on my brothers and me. If he had killed my mother the police would have done something, but the police would do nothing for the beatings. If there was no weapon, the police would not get involved. The only ground for divorce was adultery, as per Matthew 19:9. In reality, in those

days, the only way to get out of a marriage was "faked adultery". My mother, timid and intimidated, would be too shy to feign adultery and to testify in court. Physical brutality never became the grounds for divorce until 1968 when Prime Minister Pierre E. Trudeau pushed the Divorce Law Reform Bill through the Parliament. Physical brutality did not become grounds for immediate divorce until June 1986, thirty years too late. My mother was trapped by inadequate, antiquated divorce laws. Her parents lived about 3 miles away (Shanty Bay). They never checked on the condition of their grandchildren.

This violent situation ended temporarily on October 16, 1962 at Family Court, with Judge Marjorie Hamilton presiding and the family law lawyer, Bruce Owen, representing us; at least, that's what I think he was doing in the court. To make a long story short, the Barrie Family Court Judge put my father in jail for six months on a non-support charge and not on the numerous charges of assault causing bodily harm. My father needed professional, mental health counseling, not a jail sentence. It was a relief to get him out of the house. He spent the welfare money to "guzzle his guts" with beer and on cigarettes and not on his family. This was one way to stop the violence, temporarily because divorces were impossible. Obviously, what we were saying to the court was, "We children are hungry; for Christ sake do something". I was 15 years old and very skinny. In 1957, Don Jackson of the Barrie CAS came around and he stated "that we children would be taken out of the house", but there was no follow-up and there was no due diligence. Jackson never checked out the condition of us children. Jackson did not know the difference between sociology and social work. Hamilton was a political appointee without any experience and qualifications in family matters as she did not seem to have any common sense and insight. This makes me very hesitant about getting married. Do divorce court judges and divorce lawyers have any more common sense than family court judges and family law lawyers? There is no family life left when kids are starving. The institution of marriage wears no awe-inspiring robe of virtue with me. I don't want my life, income, investments, estates, capital and assets to come under the control of any type of judge and lawyer again with absolute power and authority with no accountability by the public and the press. The Family Court enjoys absolute immunity from civil prosecution. There should be some form of legislated supervision over the conduct and wanton power of incompetent and corrupt family courts, in the public interest and in the children's interest. The Family Court failed to carry out the duty to inform the CAS about the child abuse. Who is going to charge the Family Court with "child endangerment"?

The Judge asked Owen if we were getting enough to eat, then Owen asked my mother, and she said, "That she did not know". Why did Hamilton, Owen and the court reporter just sit there and stare at us while my brothers and I starved? The judge and the lawyer, failed to carry-out the duty to report the child abuse and neglect to the CAS. This line of questioning was ridiculous; why didn't they ask my brothers and me if we were getting enough to eat? If we were getting enough to eat, then what were we doing in court? wasting our time, putting-up with stupid questions. In fact, the judge and the lawyer didn't have to ask her, all they had to do was look at me (the evidence and the witness). As was previously stated, I was very thin and frail, that would have told the judge and the lawyer that we were not getting enough to eat. If the parents are not aware that their children are not getting enough to eat, then a maintenance order is irrelevant; a maintenance order isn't worth the paper it is written on because nobody enforces it. For several years, I thought a family court judge's decision was not appealable, because Owen did not appeal the negligent decision before the next meal hour. You do not award custody of children to an unfit mother who does not know whether her children are getting enough to eat. Owen did not protect us children from the absurd decision. In fact, Owen had a contemptuous, disregarding attitude toward my mother when she stated she was unaware that her children were hungry. Someone in the court should have contacted the CAS. But who is going to make the Barrie CAS take us children out of the house, the CAS doesn't have to if they don't feel like it. The CAS's and the family courts are powerful, secret societies which should be accountable to the taxpaying public for their actions and decisions. In Barrie Family Court, there were unfit parents, a numbskull lawyer who did not want to have too much to do with his clients, and a lamebrain, negligent judge. Alcoholic judges should not be presiding over children. It was a sad case of justice denied. My brothers and I were hungry waiting for the court appearance and hungry for years after. The Family Court did not inform the welfare department and the CAS that there were hungry children waiting for a court appearance. Family and divorce problems do not belong under the jurisdiction of the legal profession when hungry children are involved. As soon as I said that I spent 3 days living on preserves of strawberries and raspberries, someone in this farce and fraud of a family court should have removed us children from the house. My father needed psychological counseling and alcoholic treatment,

and not a jail term. With my father in jail for six months, how is my mother supposed to get-by for six months? This period of incarceration had nothing to do with getting my brothers and I fed. The brain-dead court reporter did not report the child abuse to the CAS.

When David Richards left jail in April 1963 guess what Hamilton, Owen, the CAS, the Barrie Police and the Barrie Social Services Department did? These individuals and the organizations did nothing. The best solution against family violence and wife-beating is to prevent it from happening in the first place. There was no police protection standing by, no CAS protection and no Family Court protection standing by. No one in that court ever thought that a witness might need checking-on and protection against reprisals. My father blamed me for putting him in jail and not the judge or lawyer who failed to appeal the decision. His hatred and vindictiveness was directed at me, not the judge. Do you know what I did? I kicked the living hell out of my father 315 times during the next 14 months. I told him every time he came home drunk and disorderly and started barking and hollering and waking me up in the middle of the night to drive me crazy with his shouting and arguing, I would come down the stairs the moment I woke and beat him. This is what I did for the next 14 months, when I was 16 and 17 years old. He didn't know how to listen. I would punch him in the face until he fell to the kitchen floor and then kick his face and ribcages in. To earn a junior matriculation, it was "hard rock slugging", on an empty stomach. When these beatings were finished, mentally and physically exhausted I would leave him lying on the kitchen floor, then try to get some sleep, so I could go to school at 9:00 AM. These beatings were administered after midnight when the hotels were closed. There are two things you don't do; you don't turn your back on it and you don't let it up for the kitchen floor; because he will bite chunk out of your chest, you just kick it. It helps to stop from going insane and gives him something to talk about at the hotel later in the day. The closest I came to killing him was cracking some ribs. Francine Hughes, Mary Winkler and Jane Stafford had more "guts" than I ever had. If I could have my way, I would have put a noose around his neck and hoist him up on a telephone pole in the front of the Barrie CAS building. It would have been no problem killing him. I could have smashed him on the head with a crow bar, a pipe wrench, a claw hammer, a baseball bat, a steel pipe, a ball peen hammer, a shovel, a sledgehammer, a tire iron, a concrete block, a rolling pin. There were a wide variety of kitchen and hunting knives in the house. Beside the base of the basement steps in the house, there is a 90-degree concrete corner. It would have been easy to throw him down the stairs into the concrete corner while he was in a drunken stupor. I could have poured some fuel oil on him and set a match to the oil and burned the house down and perhaps the fire department might do something about child abuse and neglect, because the Barrie CAS, the social workers, the Barrie Police and the Family Court were not interested. The reason for not killing him was because I did not want to have a criminal record for the rest of my life. I would never get a passport. If I would have killed my father it would have been a case of battered child syndrome.

Judges did not have too much use for kids in those days, and if they are anything like Hamilton, not too much common sense. So that is another reason for not killing him; I did not want to entrust my life to a judge. All the family court had to do was get us children fed, which they failed to do. So some family courts can become "kangaroo courts", because of the feudalistic divine right of family court judges. We children were not the victims of institutional patriarchy, we were victims of court stupidity. The court transcripts cannot be found, which prevents due process of charging the Family Court with felony child abuse and child endangerment. The secrecy of the family court covers-up the negligence, the obstruction of justice, the altering of evidence, the corruption, the laziness, the incompetence and the lack of due diligence of the family court, the CAS workers and the social workers and covers-up the lack of qualifications of unregistered social workers and uncertified CAS workers. This secrecy and lack of public accountability prevents a legislative audit of how the tax payer dollars are used and prevents a public evaluation on the integrity of the family court to ensure that the decisions are based on the evidence and on the law, not on a bribe and not on negligence.

One night in 1957, when I was with my twin brothers, my father threatened to shoot us all, he was quite naturally drunk. The following day I took the bolts out of the .22 rifle and the .32 Special rifle and all the ammunition in the house and threw them in the creek four blocks away. My mind was brutalized in my teenage and pre-teenage years before I could speak and understand words and comprehend ideas and concepts. Whether David Richards was either in or out of jail, we were still on welfare. Convicted and all known wife beaters should be put on the "dangerous offenders" list and should be prohibited from owning

firearms and explosives.

When this whino-whelp left the jail in April 1963, we were not looking forward to his return and my mother was entering her eighth month of pregnancy. The barrier stopping her from being beaten was me. She was a physical and nervous wreck trapped by unrealistic divorce laws. She was trapped by the desertion laws because with her grade school education she was not aware of the fine legal definition/principle of constructive desertion. If physical brutality was grounds for divorce prior to 1968, my mother did not seem to know about it. In my mother's mind, it took years to get a divorce. When my brother was born on June 7, 1963, he was born with an enlarged heart. This meant he had to go to the Sick Children's Hospital in Toronto and have his heart checked every six months for the first 7 years of his life. The enlarged heart was caused by my mother's nervousness which was caused by my father's shouting, slamming doors and general carousing which increased her heartbeat causing an increase in her blood pressure and a causal effect on the heart of the baby inside her. The problem of wife-beating transcends professional boundaries. Fortunately, when David Richards got out of jail I was bigger than he was, so during the final months of her pregnancy he did not beat her, but she took loud verbal abuse. Even today, she frequently goes to the hospital for operations for ulcers. In Sweden, a social worker has the authority from the state to take children away from a similar situation to that which I experienced in my childhood; an action the negligent Barrie Family Court did not have the common sense or intelligence to do and the Barrie CAS and social workers were too lazy to check on the household conditions, i.e., no food or heat in the house and too lazy to check on the children.

Abuse starts early, not only at home and on the streets, but in the schools. In 1952 in grade 1, Winston Law, the Principal of the Prince of Wales School, threatened all of us small children with the strap which caused more behavioral damage and behavioral adjustments for me than the actual physical strapping I received from him in Grade 7. If he wanted to try something like that now, he will get a swift steel-capped boot up the backside. In Sweden, the Parliament passed a law making it illegal to hit children at home and at school. Is it still permissible to strap children or is corporal punishment a criminal offence?

You might find this very strange or difficult to believe, but the fighting and beatings that went on between my parents and the beatings I administered to David Richards I thought was normal behavior in my teenage and pre-teenage years. I was slapped by my mother when I was small, if she wanted to do that now, she would get a swift steel-capped boot up the backside. Corporal punishment and spankings are one of the causes of wife-beating and leads to the physical abuse of children, and creates school yard bullies. I never felt any attachment or bonding to my parents. When I was 13, David Richards punched me in the head. I phoned the Barrie Police and they did about as much as the CAS which is farce and a sham. The police failed to carry-out the duty to report the abuse and assault to the CAS, since the Barrie Police were too lazy to investigate the assault causing bodily harm. A punch in the head is not corporal punishment; it is assault causing bodily harm. The law is as good as those who enforce it.

When I was a child I did not really understand what the CAS was all about and still do not. The CAS does not extend its services to children in need. The CAS cannot be aware of all the child abuse and neglect, but I don't understand why they don't follow-up the child abuse and neglect situations that appear to the police, in the family courts, on the streets, in homes that they investigate, and the children listed on the welfare rolls. When David Richards came out of jail, Judge Hamilton ordered him to pay so much support money; but it was never enforced and we were still hungry on welfare. Whoever was supposed to enforce the maintenance order did not do their job? The social workers and the CAS workers did not carry-out their duties with due diligence to ensure that the welfare money was spent on us children. The Director of Social Work did not check on us children to ensure that the social workers were doing their job. The house was always cold in the winter and my mother had a sick baby to look after. What did I have to do to my father to get some food out of him? Kick his brains out! As for feeding his children, he did not seem to know that was one of his responsibilities as a father, I guess somebody forgot to tell him.

On July 19, 1979, at 57 years of age, he died from a perforated ulcer; I can't say that I missed him. I found out about the death a few months later. He did not have a normal life, since he was an abused child. In October 1976, his sister in central Saskatchewan (Spalding) said that when he was small his father used to throw him outside of the house into a snow bank and kick him. The scars of a violent childhood never heal. It was just the way she said it - like it was perfectly normal and that there was

nothing with treating children like that. My mother was an abused child, too. She was the oldest and had to do all the farm work and if she didn't, she would be rapped on the head with a broom handle and threatened with no meals by her parents. My father was more retarded than the borderline retardation of my mother. If my parents are partially retarded and feeble-minded with Grade 7 education, why am I not like them? I have a Bachelor of Commerce Degree from Dalhousie University and am a graduate of Air Force Staff School. My father never snapped out of the abuse and neglect he received in his childhood. He was a drunken, raving, psychopathic lunatic and a sober, silent, paranoid schizophrenic.

In the 1940's, those crazy churches would marry just about anything because they didn't know what they were talking about. Both my parents have suffered from infantilism. I am a product of forced motherhood and ignorance of birth control. In April 1979, I went to Barrie and my youngest brother (born 1963) was in the Royal Victoria Hospital. My mother was there and we got in a verbal fight. I told her I wished I was never born and then my 15 year old brother screamed out the same thing. Children having children. My mother could not believe it. The Bible and religion are not relevant to my life and they are a failure like the CAS, the Police, the Family Court, the social services and the legal profession. The Welfare Department, the Family Court and the CAS are filled up with "deadwood" from the same political party who are collecting their salaries from the taxpayers, but were not providing the services that they were paid for, because they do not know what they are doing, they have no common sense, no intelligence and they are lazy and clueless.

In September 1964, at 17 year of age, I left; I could not take any more. I was a nervous wreck, mentally and physically exhausted, suffering from chronic malnutrition, incurable insomnia and passive tuberculosis. Guess how long my mother lasted? Six months! During that period of time he must have beaten her up so hard and so often that she finally left in February 1965. My mother was not pregnant, because I was not there to pound him down. Perhaps, some people are not familiar with mother-bashing, my brothers knew all about wife-beating, when they were six years old, and I knew all about wife-beating, when I was nine years old. These final beatings against my mother were not provoked. Peace bonds are useless. All of this domestic violence occurred within a legal framework of unrealistic divorce laws. Twenty-two years later in June 1986, physical brutality and mental cruelty finally became grounds for immediate divorce. Spouse abuse, domestic disputes, gender violence and intimate partner violence are euphemisms for wife-beating. My mother, my twin brothers and my 20 month old brother moved without police protection and without CAS protection into a filthy apartment on Mary Street, owned by an anonymous landlord, compliments of the Welfare Department of the City of Barrie. It is astounding that the social workers and the CAS would permit a mother with a 20 month old baby to move into such a dirty place. This filthy apartment is where mothers and babies should be removed from, not put in. There were no battered women's transition houses in those days. Governments have a duty to protect the law-abiding citizens by funding prisons to keep the criminals and murderers in, and by funding battered women's shelters, to keep the good people in, and the criminals and murderers out. Severely beaten women and wives living under death threats should be permitted to disappear forever into the witness protection program, because the wife does not have to kill her spouse to protect herself, or be killed herself.

So that's the way it was growing up in Barrie, Ontario, and I still do not consider myself to be a normal person (borderline syndrome), principally because of an incompetent, negligent judge and lawyer with no insight and foresight, and lazy, negligent CAS workers and social workers who did not check on the condition of the children of town drunks. If the social workers and the CAS workers do not know enough to check on the children, then, what is their "Raison d'etre?" Even today, I still do not sleep normally. If you want to use this letter for the CSPCC Journal and any professional publications or newspapers, or for any reason, you have my permission free of charge. In summation, Canadian society does not have much use for children.

Yours sincerely,

E.G. Richards
Board of Directors (Honorary)
Texhoma Domestic Violence Victims Institute

Board of Directors
Men of Justice www.mojac.info

FAMILY AND CHILDREN'S SERVICES

OF THE

COUNTY OF SIMCOE

Incorporated as The Children's Aid Society of the County of Simcoe

COUNTY ADMINISTRATION CENTRE
OF
MIOHURST, ONTARIO L0L 1X0
owl 72M587

REPLY ATTENTION

August 15, 1984

Mr. Earl G. Richards
1374 Robie Street
Halifax, Nova Scotia
B3H 3E2

Dear Mr. Richards:

We cannot provide you with copies of our files. On reviewing the file, I found that this agency investigated on four occasions - 1957, 1959, 1961 and 1963. At no time did the Social Worker find the children to be at risk. As you are aware, your father was violent when under the influence of alcohol. However, our records do not show that violence was directed at the children.

Yours very truly,

Mrs. Heather Henderson,
Intake Worker.

Violence is a criminal act and the CAS never reported the violence to the police. It was impossible for the violence not to be directed at us children, because the house was too small, as anyone can see. It was absurd to decide whether the violence was directed at us children without asking us, and when my brother and I were starving and freezing to death. The Barrie CAS was negligent because they did not have enough common sense and intelligence to open the kitchen cupboards and refrigerator doors to see that there was nothing inside. I was the oldest child and at no time did the CAS consult with my brothers and my self. A CAS watchdog is needed to oversee its activities. The Barrie CAS destroyed the Richards' Family file, without the Richards Family permission, to destroy the evidence and to cover-up their negligence and their lack of due diligence. The CAS is more interested in controlling and intimidating the parent than checking on the children.

E.G. Richards

DIRECT LINES THROUGHOUT SIMCOE COUNTY
NORTH 626-3341 NORTH-EAST 835-2746 EAST 32S-1006
°THE^,tSE

SOUTH 458-t305
ZENITH

WEST 428-3140

APPENDIX K

Elizabeth Richter

To the Honorable Members of This Committee:

To start, I would like to share that as a child I was present during many incidents of domestic violence in my home, which explains my current intense interest in the subject matter of this task force. One of the most vivid memories I have at age 12 is of being in the emergency room when a doctor approached me and asked me to explain what had happened to my mother because he didn't believe that the injuries she had sustained came from falling against a door knob. Since I'd had my parents drill me on how I'd be punished if I ever spoke of what went on in my home, I refused to answer at the time, which left me feeling very guilty and traumatized. So I personally know what it is like to be in the shoes of these children about whom we are speaking and I believe that the interests of children are central to any discussion in regard to domestic violence.

I want to thank each and every one of you individually for your service on this task force and also thank the various presenters who took the time to share their insights with the task force. The current focus of this task force is very timely and welcome to members of the community who have long endured the damage that results from domestic violence, particularly those who are struggling with custody issues in family court. As one expert stated, "Domestic Violence puts millions of women and children at risk each year and it is one of the single greatest social ills impacting the nation." The impact on children can be profound. As the task force report states, in 11% of DV incidents in 2012 children were present and involved in the these incidents, while in 20% of the incidents children were not involved or present. However, I assume we can expect that on one level or another, children experience the shock waves of these DV incidents even when they are not present. It is worth noting that other studies report that an even greater cohort of children are exposed to DV than the task force has indicated. Further, as the task force report indicated the impact on children as the result of this exposure to DV is extremely damaging, i.e., "children exposed to domestic violence may show increased aggression, persistent sleep problems, increased anxiety, difficulty with peer relationships and diminished capacity to concentrate in school" as well as a core loss of a sense of security in the world around them.

My interest regarding this Task Force is in connection to the inadequate response of the CT Judicial Branch to regard to the issue of domestic violence. These areas are as follows:

Description of Victims of DV Acts as a Barrier: On a personal level, my primary exposure to the issue of DV occurred during my time in family court when I filed for divorce, an experience which lasted from 2006

up until 2012. During the time that I was in family court, attorneys, judges and court personnel refused to acknowledge my experience of DV. In particular, when I reported the abuse to the GAL in my case, she responded, "All women claim abuse." This was a former head of the Family Relations Division in New Britain. Since that time, I have seen many cases where legal professionals and judges have responded to DV cases with indifference and disregard. It is my view that some of this puzzling response is related to how these legal professionals define a victim of DV. The definition they have received from DV professionals is that a DV victim is the passive recipient of batterer violence who would not fight back. They also presume that a victim would deny the abuse and would be reluctant to speak of it, and that such a victim would necessarily wish to return to her abuser, not divorce him or her. While some victims of domestic violence meet this definition, not all of them do. Unfortunately, if you do not meet this widely disseminated description of a DV victim, if you actually assertively engage in defending yourself from DV and seek to divorce your abuser, legal professionals are unlikely to believe your reports of abuse. This means that if you speak up and state that you are a victim of DV in family court, you are unlikely to be believed simply by virtue of your ability to speak of it.

I believe this characterization of the DV victim as passive victims has undercut the ability of the legal profession and the CT Judicial Branch to identify DV victims properly. The problem arises from the fact that while time has marched on and our understanding of who the victims of DV are has become more complex and enriched, task forces such as this one continue to depend on DV literature that is at least ten or more years old, particularly when it comes to how they characterize DV victims. Since DV became such a significant issue in the 70s and 80s, a new generation has grown up which, through extensive education and the widespread availability of PSAs and movies regarding DV, has become considerably educated on what DV is. This means that the victims of domestic violence are not as afraid of the stigma of DV as a previous generation has been. This is a culture where in literature and within the film industries taboo subjects that few people used to speak of out loud are now the subject of living room conversation--pretty much there are no holds barred. This means that while the more traditional intimidated and silenced DV victim continues to exist, there are many more victims who are willing to speak up and who feel it is their duty to speak up. Many victims fight back in the face of batterer violence, but doing so does not make them any less victims. These individuals' experiences should not be denied and ignored as they have been in connection to family court matters, and victims should not be revictimized and retraumatized by ignorant denials, simply because they break the mold of a past, more traditional, conservative generation. Why is this important to children? This is important to children because when they observe their parents being subjected to ongoing, unhindered abuse through the actions of a batterer, and an indifferent family court system, such children endure the trauma which has been reported in this task force as being so harmful to their young minds and bodies.

Psychological, as well as Physical Abuse: Not only is there a problem with defining who is a victim, there is an additional problem when it comes to defining what DV is. Currently, our CT statutes solely define DV in terms of physical injury or a threat of physical injury between members of a household or family. Yet, the June 2015 report on DV presented by the CT Academy of Science and Engineering specifically states that the issue of DV goes beyond physical violence. On page 4, that report states, "Although the literature primarily focuses on physical and/or sexual abuse, research suggests that psychological abuse appears to have as great a negative impact, if not more, on mental health and

physical health." The report continues on to state that "an additional 14-17% of women have experienced psychological abuse alone." While work on DV in this task force thus far has solely focused on physical violence, the evidence is clear that psychological abuse is equally, if not more, damaging. These results concur with the discussion found in Dr. Evan Stark's book "Coercive Control" published on January 1, 2007. Furthermore, the Academy's report points out that "psychological abuse often precedes physical abuse" which indicates that taking decisive steps to intervene in the presence of psychological abuse could prevent harm that could occur from later physical violence. Ignoring psychological abuse, which is the current approach taken now, particularly in family court in connection to custody issues, is simply irresponsible and inhumane. We need to have specific legislation attached to CT DV statutes that directly addresses psychological abuse as well as physical abuse in order to protect both DV victims and their children.

Even without statutory changes, in family court, Judges and attorneys can go a long way towards eliminating much of this psychological abuse simply by insisting that perpetrators obey court orders. Unfortunately, Judges repeatedly see abusers violating court orders and yet fail to hold them in contempt, despite knowing very well what is going on. Examples of such wrongdoing would be refusing to pay child support as court ordered, refusing to pay for heat and hot water--particularly in the middle of winter--as court ordered, refusing to pay for electricity as court ordered, refusing to pay for telephone services as court ordered, refusing to pay rent or mortgage as court ordered, or refusing to obey access plans regarding the children as court ordered. Perpetrators have indulged in this kind of nonsense for years with judges allowing them to avoid the consequences. It is time to put a stop to such behavior because it ultimately leaves children insecure and at risk in their own homes where they live on a daily basis and puts the parent who is being victimized under stress such that attention that by rights belongs to taking care of the children ends up being diverted to issues of survival.

An Unacceptably High Dual Arrest Rate: Closely allied to the issue of identifying the victims of DV is the problem of CT's unusually high dual arrest rate. Again, the CT Judicial Branch comes across as the wrongdoer in this situation since it has blocked attempts to resolve this matter. I personally consider the Judicial Branch's actions in this matter extremely outrageous and typical of a Judicial System which has shown great insensitivity to the issue of DV on an ongoing basis. The facts are as follows. According to a 2011 study, CT "has the unwelcome distinction of having the highest domestic violence dual arrest rate in the nation." The article reports CT's dual arrest rate as ranging "between 20% to 40% from 1988 to the present." As a point of comparison, the article indicated that the nearby state of Rhode Island has a rate between 2-5% and the national rate is around 3.8%. Apparently, the reason why CT has such a high dual arrest rate, according to this report, is because CT is pretty much the last State in the nation that has a "mandatory arrest law *without a companion primary aggressor provision*." However, in 2004 when the Judiciary Committee attempted to insert a primary aggressor provision in the CT Statutes on DV, according to journalist Chase Wright of "The Hour" the CT Judicial Branch intervened and had the provision removed. Just to inform you of how this problem has continued to fester as the result of the Judicial Branch's irresponsible actions, according to the Family Violence Arrests Annual Report of 2013, published by Commissioner Dora B. Schriro of the CT Department of Emergency Services and Public Protection, the dual arrest rate in CT for the year 2013 was 39% indicating that the rate has shown no signs of slowing down. In the last few years, large numbers of family court victims, many including DV victims, have stepped forward to state that the CT Judicial Branch has treated them harshly and unfairly. This extremely high dual arrest rate, and the CT Judicial Branch's gratuitous intervention in 2004 which

has kept it high, indicate that the Branch has an unacceptable attitude of indifference towards family violence and the children who suffer from the consequences of this violence. This must change.

Final Issues: I have also spoken many times in other contexts in regard to the multiple cases in the State of CT where victims of DV who reported abuse were subsequently accused of PAS for speaking of the abuse and denied all access to their children. I would again like to draw your attention to this issue. Furthermore, many family court victims have spoken about the fact that the CT Judicial Branch does not comply with Federal ADA law. It is essential that victims of DV and their affected children who have thereby become disabled, or who have been disabled ongoing, have the necessary modifications they need in order to access the legal proceedings in their cases. Thus far, the CT Judicial Branch has failed to do this. Not only is the CT Judicial Branch's refusal to comply with ADA law a violation of federal ADA law and a violation of the constitutional and human rights of our most vulnerable, it is also foolish, short sighted, and bottom line negligent. I would urge this task force to address this issue as well.

I do apologize here that, to a certain extent, I am focusing more the CT Judicial Branch's weaknesses rather than its strengths. The Judicial Branch's call for more information sharing within its own departments and with other agencies are well taken. It is my belief that there is a pressing need for additional advocates in family court to assist victims in filling out forms to obtain restraining orders and in articulating their experiences of DV to the judge. I also agree with the CT Judicial Branch that it would be helpful to have the Family Relations Division screen applicants for restraining orders for DV in advance of court proceedings. I appreciate the CT Judicial Branch for taking the positive step of self scrutiny in this area.

Sincerely,

Elizabeth A. Richter

APPENDIX L

Hector Morera

Comments on Draft Findings and Recommendations by the Task Force to Study the Statewide Response to Minors Exposed to Domestic Violence dated January 2016

Human Services Committee
Room 2000, Legislative Office
Building Hartford, CT 06106

Monday, January 4,

2016 Dear Task Force

Members:

Hi, my name is Hector Morera and I would like to provide comments on the Draft Findings and Recommendations by the Task Force to Study the Statewide Response to Minors Exposed to Domestic Violence. First I would like to say that I am NOT an expert on Intimate Partner Violence (IPV) nor am I an expert on child development. However, as an active advocate for Family Court Reform, I have spoken to many real victims of IPV (and those falsely accused of IPV) and have seen how the courts have mishandled this matter on numerous fronts and the detrimental effect it has had on children.

Item 1 – Discussion of FFC and other Fatherhood initiatives. As a father, I firmly believe that a father should be involved in their children's lives even if he does not get along with the mother of their child(ren). However, there is a conspiracy theory floating around that the Judicial Branch has a financial incentive to give abusive fathers custody. This theory is supported in part by an MOU between the Federal Government and the State of CT which outlines provisions for financial incentives and by several highly publicized cases. As a father and one who grew up in the poor, inner city, I support 1000% giving fathers who were not raised in a nurturing environment nor taught proper parenting skills by their own parents a second chance to develop those skills. However, I have seen where this appears to have backfired many times. In one example, a woman with a permanent criminal protective order in place against the father of their child claimed she was coerced by a Family Relations officer into signing an agreement for joint legal custody to the father of their child. I tend to believe her as she had no incentive to sign an agreement giving him joint legal custody. In addition, I spoke to this woman many times and she did not appear to have a mental health condition which she claims Family Relations was using as coercion. More importantly, I witnessed that the father of their child did not use his joint custody to be involved in his child's life but rather to further harass the mother by contacting the child's school and doctor to controvert the mother. Although the father would use his joint custody status to interject himself (usually in opposition to the mother), he stopped showing up to pick up their child for his regular visits. The mother ended up going to court to have his visitation changed because of his complete lack of using joint custody to foster a relationship with his child. I have many other similar examples. It should be mandated that the court review certain cases periodically to ensure that a father with proven abusive behavior is not using the children as proxies to continue the abuse against the mother

but for its intended purpose of providing a father figure in the child's life.. I am not exactly sure what the best mechanism to accomplish this goal would be but some mechanism should be put in place. This of course should also apply if the abusive person is the mother.

Item 2 –Discussions of Co-Parenting: There was a case I followed in which a mother who was clearly the primary attachment figure of the child involved refused to attend co-parenting sessions with the father that were ordered by the court. The father had been previously arrested for IPV and was allowed to pursue accelerated rehabilitation, especially in light of the fact that the mother refused to testify against the father. A not uncommon scenario. She appears to suffer from severe PTSD from the alleged abuse and could not face the father of the child. Because she could not be in the same room with the father, she was viewed as an obstructionist to co-parenting and lost custody of their son. She eventually was removed from their son's life entirely. The trauma to a child of having the primary attachment figure removed from their life in this manner most likely will have lasting negative effects on this child. There are many other things wrong with this case. Most importantly, PTSD is recognized as a disability. The Judicial Branch is obligated to provide accommodations for ALL disabilities as per the 2008 ADA. Forcing this mother into therapy with someone who triggered her PTSD without accommodating her disability is a violation of the ADA, an accusation myself and others have leveled against the judicial branch in the past. Besides the ADA issue, the court refused to look at alternative scenarios. I spoke to a well known Guardian Ad Litem (GAL) about this issue. He stated that in these instances "parallel parenting" may have been more appropriate. Why didn't the court pursue this alternative before traumatizing this child? The following are some links to information on "parallel parenting". I firmly believe the court must STOP punishing parents in this manner under the guise that co-parenting is the ONLY solution.

1. <https://www.psychologytoday.com/blog/co-parenting-after-divorce/201309/parallel-parenting-after-divorce>
2. <http://www.parentingafterdivorce.com/pdfs/ParallelParentingForHighConflictFamilies.pdf>
3. http://circuit8.org/parallel_parenting
4. <http://parentsinconflict.info/parallel-parenting-vs-coparenting-for-parents-in-conflict-part-2/>

Item 3- Establishment of Standards: I have seen a complete lack of uniformity of practiced standards in the mental health profession. In the 2015 Legislative session, the Public Health Committee conducted a public hearing for a bill I asked a member of that committee to introduce, HB 6267. It would've established a Task Force to study the use of mental health professionals in Family Courts. Sadly it never made it out of committee due to opposition from the mental health community, in particular those who make their livelihoods related to the courts. I was very glad to hear Dr. Grasso speak about the ACE Study. But this is not enough. As a licensed professional engineer, I have clearly established standards that I must follow and reference. Any recommendations must include the requirements that certain standards are to be used in any evaluation / mitigation and the parents involved should be afforded the opportunity to be provided educational information on those standards to ensure that they are being. I am not the only one who has made this observation. The American Academy of Matrimonial lawyers have expressed their concern of the lack of uniformly followed standards. It's one thing to question which methodology constitutes "best practices". It's entirely a different matter to not follow an established methodology nor educate the parties involved.

Item 4 – Data sharing recommendations made throughout the report are potential source of problems. The parties involved must be afforded the opportunity to subpoena the source of any data used. Currently, self-represented parties must request subpoenas from the Court. Many times, those subpoenas are not granted and the self-represented party's hands are tied (metaphorically speaking). It's not unheard of that the Courts cherry-pick information to use against a litigant. For example in one case I followed, a mother's hands were tied in a family court case. The Family Relations report referred

to one statement in an old DCF report about past drug use. The FR report did not include any other statements regarding the extensive drug rehabilitation treatment that the mother underwent subsequently and for which she had been drug free for a substantial time at the point she was attempting to obtain more access time with her son. However, the courts refused to allow her to subpoena the remainder of the report which would have provided documentation of her rehabilitation. As such, an outdated statement was used against her inappropriately by the Courts. This is not acceptable. In addition, it should be noted that in some cases, recommendations made by the Judicial Branch appear to violate current statutes such as CGS 54-142 and need to be reconciled with the requirements of the Code of Evidence, in particular Article IV –Relevancy.

I fully understand that one of the biggest problems facing our courts, law enforcement officials and any advocate is discerning fact from fiction. But establishing standards and holding everyone accountable to those standards is paramount. And as stated in the recommendations, any recommended standard must be grounded in evidence-based best practices.

As the current recommendations are not in the form of specific language for a statute, my comments above were general in nature. However, I will follow any proposed Bills that may come from these recommendations and at any future public hearings provide comments on any specific language.

Thank you for your consideration of my comments.

Hector Morera

APPENDIX M

Anonymous

I'm a practicing litigation attorney from a respectable middle class happy family in Europe. I had been married young to a wonderful man who is still my friend. We had divorced after seven years of happy marriage as we grew apart. During the pendency of that divorce, I met the abuser. I was promptly swept away from my friends and family by the abusers charm and I married him. My friends and family were edged out at first, then he took control of the finances, then he deprived me of food and then started depriving me of sleep. He locked me in a room. My confidence was chipped away over time until I believed I couldn't survive without him. Its hard to believe how I fell under his power. Unless you have been in an abusive relationship, I don't think you can understand.

The abuse started when I was pregnant. We went to therapy with his longstanding therapist Sullivan. She asked to see us separately and tried to warn me saying "I know him for years, you need to leave him. It will be harder to leave once the baby is born". I told him what she had said afterwards and she was fired and I stayed. However, when the abuse started effecting our son, I tried to leave. He put petrol in the brake fluid of my car after taking out a \$4M life insurance policy on me with Lincoln Financial and \$1M life insurance policy on our then 6 year old son. Brake tampering was confirmed by both Hillside Auto and the GEICO investigator and he was the only person who had lifted the hood on my car since I purchased it months prior. He started being nice to me and I asked the police not to arrest him. I knew he wouldn't kill me if there was a report on him as he would be a suspect.

When his behavior started effecting my son more, I got some of my voice back with the assistance of a babysitter Wendy who had witnessed the household dynamic. I prepared separation papers. I served them on him. He responded by filing for divorce, but kept begging me to stay. He was sending love letters to me. He was being nice. Then one Saturday night/Sunday morning he surprised me by cutting himself with a razor a tiny bit over the lip and called the police on me. He threatened the young policemen that he would have him fired if I was not arrested. The police said that they could see how he was angry and that he had abused me over time, but they have to do a dual arrest when threatened. They asked me if there was anyone I could leave my son with, but I didn't want to wake up the babysitter who was an elderly lady with a family of her own. I was docile from abuse and was more naive than I am now. I was weak, abused, sleep deprived and I weighed only 89lbs.

I was subsequently barred from my own house, accused of being a threat to my son (who had not been with my ex for longer than 30 minutes before) and put into the domestic violence family prevention program. I was too weak and too poor to fight a criminal case and I was told that doing the program would end it and have no legal effect on my custody case. I was far more concerned about protecting my son than proving a truth for myself. Furthermore, my ex had withdrawn every penny from our bank account before he orchestrated the strategic arrest, leaving me penniless. I couldn't leave the state with my son and knew nobody in state other than him. He had destroyed my life's artwork (my primary hobby) to emotionally hurt me. He had withheld my personal belongings, but for what I could gather up in a few hours (of course I focused on gathering things my son would need). I got an apartment, with the help of the babysitter and her family and my parents wired money for me. I was learning to survive. Meanwhile,

my ex would call me and let me listen to my son cry hysterically for me and then tell me he'd make it stop if I went back to him. I consulted with an attorney, who sent me to interval house, who in turn told me that if I went back I'd eventually leave in a body bag. I cried on the days of the 5-2-2-5 that I did not have my son. It took me every bit of strength I had not to go back to abuse. But he now used my son to continue to control me.

While my son was with my ex on his parenting time thereafter he was hospitalized approximately ten times. The EMT Walker, The Hartford Police Captain Buyak and Moore, the babysitter Wendy and the neurologist Ascadi all expressed concerns about my ex. He was arrested and charged with felony child abuse. For the criminal court my ex just paid a different neurologist who had met my ex once to write a letter saying he was the treating neurologist and that my ex was a role model father, which gave enough reasonable doubt for the prosecutor to nolle the felony case against my ex (which arrest and charges had nothing to do with me). DCF said that the Family court was involved so the overall risk was low.

I felt that the Family Court was largely used as the arms of my exes abuse. My ex lied to the police to make 13 arrest attempts on me (all his arrest attempts were DISMISSED) to attempt to use it as leverage in the family court. He projected his own actions onto me in hundreds of court pleadings and tried to make my emotional weakness from his abuse grounds for claiming he was the better parent (ie he was trying to reap rewards from his seeds of abuse). He would file motions to be returnable on days I had work so I couldn't get to work to financially control me. He also played games like serving me papers at a wrong address and handing me a motion for discovery while filing a motion for contempt - On the return date of what I thought was the discovery motion but was a contempt motion, he claimed I had not paid a life insurance premium on a policy he took out on me as agent and beneficiary. The life insurance premium had been paid, but they forced a false confession out of me in court after a hearing which lasted all day in which he was represented by 4 attorneys and I was both unprepared and self represented. Later on, he would claim there was an Amber Alert processed on me in an ex parte motion (there was no Amber Alert) to take custody of my son away from me for ten (10) months. He knew what was important to me and he went after it and used the Family Court as a vehicle for his abuse and coercive control via our son.

My current advise to anybody suffering under domestic violence is to stay in the abusive relationship to protect your children from the inside. While you must appear loving and loyal to your abuser to survive, you must also grow secret lifelines to the outside world. When your children are old enough, quietly execute your exit strategy while giving the abuser false hope of reconciliation (which makes them nice to you as they try to charm you back) until you are at an emotionally and physically safe distance. The most important thing to remember is to never tell anybody in a position of authority about the abuse, as your children will lose their mother if you do. Reports of abuse are routinely translated by abusers into parental alienation... to take your children away and control you via proxy of your children.

I only tell my story (which I have compartmentalized so this is very hard for me to write) because I hope it will help you craft legislation to protect others trying to survive domestic violence. I survived and am largely out from under his control, although I am still in weekly therapy.

Please redact my email address as I have my son back and don't want to lose him again.

Anonymous

APPENDIX N

Pamela Eisenlohr

TO MEMBERS OF THE TASK FORCE TO STUDY THE STATEWIDE RESPONSE TO MINORS
EXPOSED TO DOMESTIC VIOLENCE;

My name is Pamela Eisenlohr, I have been proclaimed to have the largest custody file in Litchfield, CT. I have appealed to the CT Appellate Court three times so far with little results no matter how much professional information and documentation and real law that I submit. Below are the two latest memorandums listed on the AC website with little explanation or reason as to why I have not been able to see my daughter since she was taken from my custody in November 2010.

MEMORANDUM OF DECISION APPEAL #2

SCOTT EISENLOHR v. PAMELA EISENLOHR
(AC 36302)

Gruendel, Beach and Lavery, Js.

Argued October 8—officially released October 28, 2014

Defendant's appeal from the Superior Court in the
judicial district of Litchfield, Danaher, J.

Per Curiam. The judgment is affirmed.

MEMORANDUM OF DECISION APPEAL #3

SCOTT W. EISENLOHR v. PAMELA EISENLOHR
(AC 37155)

Alvord, Prescott and Bear, Js.

Argued October 15—officially released November 3, 2015

Defendant's appeal from the Superior Court in the
judicial district of Litchfield, Danaher, J.

Per Curiam. The judgment is affirmed.

In my case and many that I have reviewed; in nearly every facet of the family courts in Connecticut have been well known to discredit parents that speak out against domestic violence on them and their children, offer proof and history of domestic violence - the result is almost always the loss of custody of your child and the loss of your parental rights. With so many tasks forces and investigations focused on our family courts should draw real results in correction and for protection of these parents and especially the children. The courts have failed us and have often put aside real medical reports over what a Judge opines verse the child's real interest.

In my case; my daughter and I have been victimized over and over again and so have the many professionals and doctors that reported that my child and myself were abused and continue to be abused by my Ex or discredited by the very Judges that are supposed to protect us (abused). Since my daughter and I have been separated, I have seen her become numb, distant, jumpy, angry, and closed. She and I have both been traumatized and the courts have ignored this. These will be lifelong

scars for both of us. To date; my daughter has been placed with her abuser, and now it turns out that he has abused his new wife, an alcoholic.

Thank you for for mission of concern.

Pamela D. Eisenlohr

APPENDIX O

Jacqueline Davis

I am a survivor of domestic abuse and have worked very closely with the Connecticut Coalition Against Domestic Violence, as well as with my local chapter of this organization, The Susan B. Anthony Project. I am a Special Education teacher and director. I left my abuser, who I resided with, on September 22, 2014 with my then 9 month old son. At that time, I was terrified, and had very little knowledge of what to do to protect myself and my son. My son's father and I were never married, but we owned many assets together, at his pressuring. The actual abuse began when I was pregnant and continued in escalation throughout my pregnancy and after our baby boy was born. He tried hitting me with a metal pipe when I was 37 weeks pregnant, and spit in my face in front of our son when he was six months old, as two examples. I never called the police or reported any incidents, because I was scared and didn't know how to get myself out of the situation I got myself into. With the support of Susan B. Anthony and a therapist, I decided to leave when my ex was at work. When he discovered I was gone, he made threats of killing himself and threats of hurting me. I filed for, and was granted, an Ex Parte Restraining Order. When we had to appear in court to decide whether the Restraining Order would be extended, my ex claimed I made everything up and I was the actual abuser. I was put on the stand and had to testify about my experiences. My abuser cross-examined me, as he had no lawyer at the time. This was the worst day of my life. I was granted a one year Restraining Order, in which he was to have no contact whatsoever with me, and was allowed supervised visitation with our 9 month old son. At that time, I had no idea what I was getting myself into.

A year and change later, I reflect back on what I had to be subjected to: monthly or sometimes weekly court dates that put my job and financial stability in jeopardy, constant fear at drop off and pick up when my abuser would try to speak to me, an incident of stalking, and having to continually face my abuser in court. My abuser is also an alcoholic. My attorney and I spent the last year and four months trying to prove my abuser's alcoholism, as that posed as a direct threat to my less than one year old son. My son's Guardian Ad Litem put Soberlink in place, a tamper-proof monitoring device to determine whether my ex was an abuser, even though bank statements weren't enough to prove that he was (he went out drinking every night). My ex failed eight Soberlink tests, and was denied unsupervised visitation of my son after these failings. He still upheld he wasn't a danger to me, and he wasn't an alcoholic. After the courts recommended alcohol treatment, my ex contacted me against the Restraining Order rules, threatened me, and was arrested. Instead of being charged with a felony here, my ex's charges were dismissed after he took a 9 week course on domestic violence "education." Despite taking this class, whenever we were in court, my ex would treat me with the same disrespect and abusive language that he had always used. I knew this program did nothing to change his patterns of abuse, and that put both myself and my son at risk.

Despite my attorney's best efforts, and the GAL for my son saying my ex is dangerous and an alcoholic, the judge in our custody trial determined that I had not proven that he was a true danger to my son, and granted unsupervised overnight visits with my now two year old son, which had never happened ever before. My attorney, my son's GAL, my family, and support network are all still stunned that the judge made such a dangerously poor and irresponsible decision. Now, I live in fear every time my son goes over to his father's home, which is about to be seized by the bank. I had filed for an extension of the restraining order, due to the felony arrest, but the judge denied that. Instead, she said the restraining

order had not allowed us to effectively co-parent. This wording by the judge suggested to me that co-parenting with an abuser is considered more important in civil court than the safety of my son and I.

The judge has also ordered us to attend a minimum of four months of co-parenting counseling, at our shared expense, which I cannot believe. I must pick my son up from my ex's home after every visit. We are only allowed to communicate about our son in writing through Our Family Wizard, a portal for these types of situations. I received the judgment on December 24, 2015, and since this agreement went into effect, I continue to be verbally abused, manipulated, and bullied by my abuser. Every pick up has been threatening in nature, and although I was given final decision making for legal matters regarding our son, my ex threatens to take me back to court when I exercise reasonable final decision-making.

I believe the civil court system has placed both myself and my son in harm's way by forcing unsupervised visitation with an abusive man who is also an alcoholic. I live in fear that something dangerous will happen to my son, yet I do not have the financial means to press forward yet. Plus, I have been told by my attorney that there is a low likelihood that we could win an appeal at this point. Ultimately, I just have to wait until something bad happens to my son. This is beyond irresponsible, dangerous, and just devastating, coming from a mother who only wants to protect her 2 year old son. I have no idea how this is going to ever work, and feel the current methods the civil court system uses to establish custody in relation to domestic violence situations is antiquated, unjust to the survivors, and even more unjust to the children involved. All I want to be able to do is protect my child, and the state has taken that right away from me.

APPENDIX P

Sharlene Kerelejza, Chrysalis Domestic Violence Services

First, this is exceptional, helpful, and I'm so glad that everyone dedicated so much time and energy to create something so necessary, so I would like to extend my gratitude. I appreciate the recommendations from service provision through criminal justice response as well.

One piece that wasn't directly addressed, that I believe to be critical, is the notion of "failure to protect," and how our state uses that in many ways to continue to blame the victim. This can often result in the victimized parent being too afraid to seek help because they are afraid of a DCF report, and of being seen as the "weak" one that "let" this happen. This is often reinforced by substantiations of neglect by DCF, by allegations during high conflict divorce and custody proceedings (and rulings that punish the victim through decreased custody and/or visitation), and even by service providers in making additional reports or in passing judgment.

If we look to make referrals to DCF or EMPS from the scene of violence if a child is present mandatory, and we are also looking to increase the potential charge or sentence if domestic violence occurs in front of a child, we need to look at this issue. My fear is that we will disproportionately apply our increased reports/sentences/judgment on the victim and not offender. Because the dual arrest rate in CT is so high (20% as compared to the national average of 10%), victims can realistically receive these extra charges/sentences.

I wonder if we can find a way to keep a finger on the pulse of this particular issue (through training, public policy/legislation or evaluation and review?), to ensure that victims are not further punished, and then by extension their children.

Thank you again for all of your efforts! I look forward to seeing how this evolves.

Sharlene

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