

upon further examination

**2014 Findings & Recommendations
Connecticut Domestic Violence
Fatality Review Committee**



Connecticut Coalition Against Domestic Violence

upon **further examination**

2014 Findings and Recommendations of the Connecticut Domestic Violence Fatality Review Committee

This report is a product of the Connecticut Domestic Violence Fatality Review Committee, a collaboration of private, public and nonprofit organizations.

Written by Connecticut Coalition Against Domestic Violence
Wethersfield, CT

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This report is dedicated to the victims of fatal and near-fatal intimate partner violence in 2012.

For fourteen years the Connecticut Domestic Violence Fatality Review Committee (Committee) has been working to prevent future deaths by conducting multi-disciplinary, systemic examinations of intimate partner homicides in our state. We do this with the utmost respect for those individuals who have lost their lives and the family and friends who are left behind after their deaths. It is our belief that their deaths are not just tragedies to be mourned, but instead represent important opportunities from which to learn and change how we as a community work to prevent and respond to intimate partner violence.

Between 2000 and 2012¹, Connecticut averaged fourteen (14) homicides annually stemming from intimate partner violence. In 2012, eleven (11) individuals were victims of intimate partner homicide.² The Committee defines intimate partner fatalities as those deaths that arise from an individual's efforts to assert power and control over a current or former intimate partner (e.g., current or former spouse, current or former girlfriend/boyfriend, individuals who share a child in common). Domestic violence is a pattern of coercive, controlling behavior that takes many forms including physical, emotional, psychological, verbal, sexual, technological and financial. It can impact a person regardless of age, gender, gender-identity, race, ethnicity, religion, sexual orientation, socio-economic status or education.

The Committee, led by Connecticut Coalition Against Domestic Violence (CCADV), is comprised of experts in the areas of victim advocacy, social services, healthcare, offender education, law enforcement, and the criminal justice system. Each year it conducts extensive

reviews of at least four (4) homicides stemming from intimate partner violence. In 2013 the Committee began reviewing near-fatal incidents of intimate partner violence, also referred to as "critical events." The goal of these reviews is to examine what policies and practices increased or decreased the survivor's safety leading up to a near-fatal incident. The Committee reviewed five (5) near-fatal cases.

A retrospective examination of these fatalities and near-fatalities allows the Committee to comprehensively analyze the strengths and challenges of the community's response to domestic violence. This is done without assigning blame to individuals, agencies or institutions with which the victim or perpetrator had contact. Instead, it is a reflective review of existing gaps in services, policies, training, resources, etc. with the goal being to eliminate those gaps so that future deaths may be prevented. The recommendations contained in this report are based on the findings of one (1) or more of the cases reviewed.

It is the ultimate goal of the Committee to honor all victims of intimate partner violence, including those who lost their lives or nearly lost their lives. We seek to do this by making positive and practical recommendations for action and policy change. We believe that even one death is too many. We believe that having even one victim remain in an abusive relationship because she or he does not know where to go for help is too many. And it is our hope that the following report and recommendations invigorate everyone to be vigilant about signs of abuse and to create change in their community.



Connecticut has averaged
14 INTIMATE PARTNER VIOLENCE HOMICIDES EACH YEAR
between 2000 - 2012
(86% of the victims were female)

Mission

The Connecticut Domestic Violence Fatality Review Committee seeks to prevent future deaths by conducting multi-disciplinary, systemic examinations of violent intimate partner fatalities and near-fatalities in a confidential, reflective, and culturally-sensitive environment that will lead to recommendations for positive social and systems change.

Objectives

The Committee’s objectives are to:

- Enhance the safety of victims and accountability of offenders
- Identify systemic gaps and barriers to service
- Implement coordinated community responses
- Influence public policy related to prevention and intervention

Methodology

The Committee identifies fatal and near-fatal cases of intimate partner violence to review which resulted in murder-suicides or which have been adjudicated. Once the cases are selected, the Committee conducts a detailed review of all available public records and other documentation related to these incidents and, when possible, meets with family, friends and professionals who came into contact with the victim. The Committee is comprised of three (3) subcommittees to focus on specific areas: Fatalities, Near-Fatalities/Critical Events, and Research & Recommendations.

The Committee focuses on principal markers of the case that enable it to:

- See how and when the offender’s behaviors escalated
- Look at the risk factors as they pertain to both the offender and the victim
- Review the community’s involvement in the case
- Make recommendations to community stakeholders

The following collection tools are employed by the Committee during the case examination:

MEDICAL EXAMINER REPORTS	<ul style="list-style-type: none"> • Gathered to determine cause and manner of death, nature and extent of injuries, as well as age, gender and race of victim.
POLICE REPORTS	<ul style="list-style-type: none"> • Used to determine if known circumstances of domestic violence existed prior to the fatality or near-fatality and to gather details regarding the circumstances surrounding the incident. In-person discussions with responding and investigating law enforcement are also conducted when possible.
CRIMINAL JUSTICE INQUIRY	<ul style="list-style-type: none"> • Public information is gathered from both the Connecticut Judicial Branch, pertaining to past court orders, pending divorce proceedings, child custody motions, etc., and the Connecticut Department of Correction, pertaining to the sentencing status of an offender. In-person discussions with prosecutors are also conducted when possible.
INTERVIEWS	<ul style="list-style-type: none"> • Although not required, interviews with friends and family members of the victims, or the victim her or himself in a near-fatality, are conducted when possible. These individuals are contacted in advance to invite their participation and explain the fatality/near-fatality review process. The Committee recognizes that their insights are unique and can be an important part of making the victim’s voice heard.
MEDIA REPORTS	<ul style="list-style-type: none"> • CCADV maintains an inventory of all domestic violence related articles related to fatalities and near-fatalities that are cataloged for use in the review process.
SOCIAL MEDIA	<ul style="list-style-type: none"> • When publically available, social media pages are reviewed to gain insight into the lives of victims or offenders.

Purpose of Report

The purpose of the report is to:

- Promote safety and justice for victims and accountability of offenders
- Give a voice to the victims and their loved ones so that we may learn from their experiences
- Raise awareness and promote critical thinking about the problem of domestic violence
- Serve as a practical tool to inspire and drive change in our service system and in our community

Definitions

The homicides that are considered “intimate partner homicides” by the Committee and are included in the statistics throughout the report are those individuals who are killed by a current or former intimate partner, such as a spouse, dating partner or someone with whom they shared a child in common.

For purposes of this committee, near-fatalities or “critical events” are defined as those incidents of intimate partner violence resulting in the “serious physical injury” of the victim. “Serious physical injury” is defined in Connecticut General Statutes § 53a-3(4) as a “physical injury which creates a substantial risk of death, or which causes serious disfigurement, serious impairment of health or serious loss or impairment of the function of any bodily organ.”

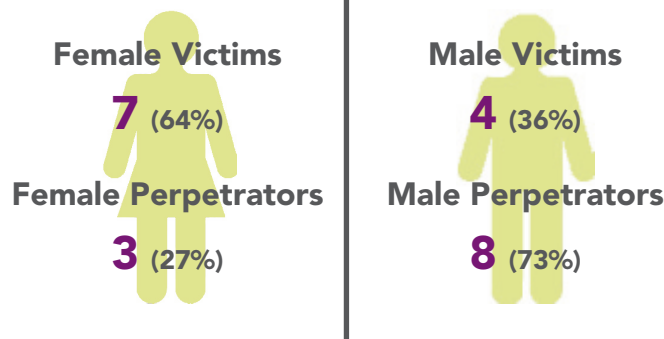
The homicide and near-fatality statistics found in the report do not include bystanders, such as other family members who may also have been killed or injured, nor do they include perpetrators of intimate partner violence who later take their own lives. However, these deaths are meaningful and discussed as part of the review process.

IN 2012, THERE WERE...

11

Intimate Partner Homicides

Victims & Perpetrators by Gender...



4 Male Perpetrators
Committed Suicide

Average Age
Victim & Perpetrator = **38** yrs old

Weapon Used...



2
KNIFE

1
STRANGULATION

The following eleven (11) individuals were victims of intimate partner homicide in 2012³:

Edward Landry	/	January 2, 2012	/	Newington
Richard West	/	February 3, 2012	/	Meriden
Krisann Pouliot	/	May 19, 2012	/	East Hartford
Meridith Negron	/	June 9, 2012	/	North Branford
Annatassia Keise	/	July 21, 2012	/	Manchester
Jini Barnum	/	July 29, 2012	/	East Hampton
Melinda Curtis	/	July 31, 2012	/	Meriden
Elizabeth Day	/	September 19, 2012	/	Simsbury
Billie D. Falgout-Owen	/	September 21, 2012	/	New Canaan
Stephen Cassidy	/	September 22, 2012	/	Bristol
LeVern Brown, Jr.	/	September 29, 2012	/	Hamden

We also remember the following woman who lost her life during an incident of intimate partner violence:

Svetlana Bell	/	December 8, 2012	/	New Fairfield
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Additionally, there were 171 near-fatal incidents of intimate partner violence in 2012 that resulted in serious physical injury as defined in CT General Statutes § 53a-3(4).⁴

Criminal Justice System

Over the 14 years since the Committee came into existence, the response of the criminal justice system to domestic violence victims and offenders continues to be a central factor in the cases reviewed. In Connecticut, there are approximately 20,000 family violence incidents annually resulting in at least one (1) arrest, of which 73% specifically involve intimate partner violence. Approximately one third of all cases in the criminal court in 2013 involved family violence, and close to 9,000 restraining order applications are filed in civil court each year. Of the cases reviewed by the Committee this year, one (1) of the fatal cases and four (4) of the near-fatal cases had prior involvement with the criminal justice system. Additionally, at least three (3) of the near-fatal cases involved violations of protective orders.

The criminal justice system plays a pivotal role in preventing and responding to intimate partner violence. Connecticut's criminal justice system has taken great strides in recent years to increase its accessibility to victims and effectiveness in holding offenders accountable. An ongoing issue that the Committee continues to see in cases reviewed is violations of civil restraining and criminal protective orders issued by the courts. The manner in which the system responds to these violations can have an extremely positive or profoundly negative impact on both the victim and offender.

At the core of intimate partner violence is control and coercion – one partner's desire to maintain power over the other. Abusers are master manipulators. They minimize and excuse their behavior, impugn the actions of their partner as being contributing factors to the behaviors they chose, and lie in such a convincing manner that they often elicit sympathy for their abusive behavior.⁵ Abusers will seek to exploit any gap in the community's response so that they can continue to control and coerce their victim.

When an abuser violates a court order, even in what appears to be the most mundane manner, it represents a complete disregard for the court's authority. It indicates abusive and manipulative behavior that falls along a spectrum of violence and may very well escalate. Failure to hold an offender accountable with increased sanctions simply validates their belief that they can "get away with it" and that no one, not even a judge, can take away the power they hold over their victim.

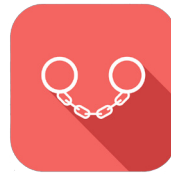
Another key factor that the Near-Fatality/Critical Event Subcommittee has observed is the effectiveness of a coordinated response to ensuring that victims receive appropriate services and protections. Whether a victim has sought police intervention, applied for a restraining order or begun divorce proceedings, they are at a critical juncture that can be both overwhelming and highly dangerous. As a victim takes such steps to end the violence, an abuser senses a loss of control which may lead to an escalation in violence. This is a point at which the system must work together to make certain that victims can access safety and support services. Essential stakeholders in these efforts include Victim Services Advocates employed by the Judicial Branch Office of Victim Services and Family Violence Victim Advocates (FVAs) employed by the state's 18 domestic violence organizations, as well as attorneys who work with victims.

RECOMMENDATIONS:

1.1 The Criminal Justice Policy Advisory Commission (CJPAC) should establish a temporary subcommittee to evaluate the response of the criminal justice system to violations of restraining and protective orders, including gathering and analyzing data related to the dispositions of such violations. Potential recommendations may be considered and developed following the initial analysis.

IN ONE YEAR IN CONNECTICUT...

20,000 family violence incidents resulting in at least 1 arrest



(73% involve intimate partner violence)

1/3 of all criminal court cases involve family violence (2013)



9,000 restraining order applications filed in family court



Criminal Justice System (cont'd)

1.2 CCADV will strengthen its partnership with the Family Section of the CT Bar Association to advance recent efforts for training and professional development for attorneys who may come into contact with domestic violence victims or perpetrators through divorce proceedings or other matters before the family court. Identifying signs of abuse, including evidence-based risk factors for escalating violence, and connecting victims with a local domestic violence organization to receive safety and support services will be emphasized.

1.3 CCADV will explore collaborating with the Judicial Branch, Division of Public Defender Services, Division of Criminal Justice, and other criminal justice-related community stakeholders to jointly convene a workgroup to examine the experiences of domestic violence victims and offenders who come into contact with Connecticut's judicial system and FVAs employed by the state's 18 domestic violence organizations, including how the two systems can effectively collaborate to best serve victims. The workgroup should focus its examination on three primary areas:

- a) Gather information to gain a complete picture of the different processes that domestic violence victims encounter within both the criminal and civil court systems in Connecticut, including the various advocates and court personnel with whom a victim or offender may have contact. This may include a detailed review and illustrative representation of the system from initiation of court interventions (e.g., arraignment, applying for a restraining order, etc.) to final outcomes.
- b) Develop a model policy or set of best practices for professionals within the criminal justice system to ensure that domestic violence victims are receiving trauma-informed services throughout the process. This may include enhanced training opportunities.
- c) Explore ways to strengthen the partnership between Victim Services Advocates employed by the Judicial Branch Office of Victim Services who are assigned to judicial district courts and FVA's employed by the state's 18 domestic violence organizations who work in the geographical area courts. Such strategies may include increased opportunities for cross-trainings or regular meetings for the purposes of information sharing and collaboration.

Healthcare & Intimate Partner Violence

Domestic violence, including intimate partner violence, is a serious public health problem. Being in a relationship with someone who is controlling and intimidating takes a toll mentally and physically on a person. The pressure of trying to make things work can become overwhelming and being under that level of stress on a regular basis is linked to a number of chronic and acute health problems. As a result, the Affordable Care Act extended coverage to include screening for domestic violence. Recognizing the connection between intimate partner violence and health outcomes, and the opportunity that exists for screening, there are several ways to coordinate systemic responses in order to create more effective and comprehensive linkages to services, especially for vulnerable populations.

All of the fatal cases reviewed by the Committee this year involved some type of substance abuse or presence of mental illness by one or both partners. Neither substance abuse nor mental illness causes someone to be abusive to their partner, but either can exacerbate controlling and abusive behavior. And while there is no direct causal relationship between domestic violence and substance abuse, research has shown that the use of substances by either partner is a risk factor for both perpetration and victimization.⁶

The presence of abuse in a relationship can result in severe emotional and psychological trauma for victims. Underlying or untreated mental health issues may be worsened and victims may self-medicate as a way of coping. Abused women often report that, in addition to medicating the emotional and physical pain of trauma, chemical use helped to reduce or eliminate their feelings of fear and became part of their day-to-day safety strategies.⁷



Healthcare & Intimate Partner Violence (cont'd)

Many offenders will also use their partner's substance abuse or mental health issues to gain and maintain power, especially if the victim is financially dependent on the offender or needs their health coverage to obtain treatment. Coordination between professionals who provide domestic violence, substance abuse and mental health services is essential to comprehensively treat and support these often co-occurring issues. Cross-training, established and effective screening and assessment methods, and clear referral protocols are important components of effective interventions.

The same level of coordination is necessary for victims who are pregnant or recently had a child. Of the fatalities reviewed by the Committee this year, three (3) of the four (4) cases involved women who were either pregnant or had a very young child(ren) at the time of their death. Research consistently demonstrates that between 4% - 8% of pregnant women experience violence during pregnancy.⁸ Homicide is the second leading cause of injury-related death among pregnant and recently pregnant women (31% of maternal injury deaths).⁹ And while some pregnant women or young mothers may have difficulty attending to their own health needs, we know that many remain vigilant about the health of their child, seeking prenatal care and regular pediatric care for their child.¹⁰ This represents an important opportunity to both identify and intervene in intimate partner violence.



RECOMMENDATIONS:

2.1 CCADV will convene a series of roundtable discussions with representatives of the Connecticut Departments of Mental Health and Addiction Services (DMHAS), Children and Families (DCF), Social Services (DSS) and Developmental Services (DDS) in order to:

- a) Identify evidence-based treatment models that address trauma, victimization and violence in the context of recovery treatment services from a gender-informed perspective;
- b) Explore effective, trauma-informed methods for screening individuals engaged in substance abuse/addiction treatment and/or mental health services for exposure to or perpetration of intimate partner violence (past or current);
- c) Promote the integration of services and referrals for those experiencing co-occurring behavioral health challenges in order to maximize resources; and,
- d) Expand outreach strategies to engage vulnerable and traditionally underserved communities.

2.2 CCADV will explore collaborations with experts and statewide professional associations focused on obstetrics, gynecology and pediatrics in order to identify opportunities to promote:

- a) An understanding of intimate partner violence and associated risk factors;
- b) Awareness of the co-occurrence of substance abuse/addiction/mental illness and domestic violence;
- c) Effective screening (methods and tools) of patients for domestic violence (past or current);
- d) Firearms safety at home; and,
- e) Intervention strategies and local referrals for services and safety planning.

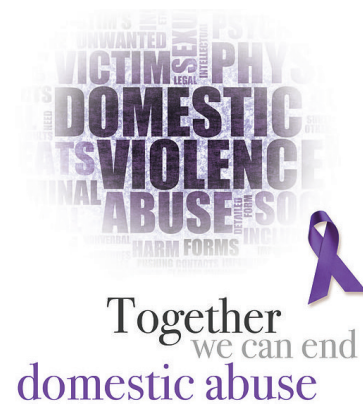
Public Awareness & Education

A consistent finding of the cases reviewed by the Committee since its inception in 2001 is the need for increased public awareness and education. Due to the leadership of domestic violence victims and advocates nationwide, domestic violence is rarely still considered a private matter to be dealt with in the home. However, there remains limited knowledge by both victims and their loved ones about the indicators of escalating violence and the free and confidential services available within the community.

Of the cases reviewed by the Committee this year, none of the victims in the four (4) fatal cases and only (3) of the five (5) victims in near-fatal cases had prior contact with a local domestic violence organization. Teaching people to identify the signs of an abusive relationship and those that indicate escalating or potentially fatal violence (also known as risk or lethality factors) is a critical piece of raising awareness about the availability of help. Until people can recognize when abuse is present in a relationship, whether it is their relationship or that of a family member or friend, they will not know to reach out for help.

Promoting bystander intervention techniques will assist loved ones who are aware of abuse and want to speak privately to victims about their options and/or offenders about their words or actions. It will also benefit those bystanders who are present during incidents of physical, verbal and sexual abuse. Of the fatal and near-fatal cases reviewed by the Committee this year, one (1) bystander was killed during an intimate partner violence homicide and six (6) bystanders were injured as they either came upon or attempted to intervene in near-fatal incidents of intimate partner violence. Educating and engaging individuals in prevention and intervention strategies before abuse escalates to these levels is critical.

CCADV has worked in recent years to increase the availability of training and information on risk factors, including printed and online resources. In the fall of 2014, CCADV will launch a new public awareness campaign aimed at publicizing both the English and Spanish statewide domestic violence hotlines and the availability of free and confidential services. Particular attention must be paid to ensuring that information is accessible on mobile devices and can link to the growing availability of texting 911. According to the Pew Research Center, approximately 56% of all adult Americans and 80% of adult Americans between the ages of 18-34 have a smartphone.¹¹ However, funding for public awareness efforts remains limited.



U.S. Military Awareness Poster 2011

RECOMMENDATIONS:

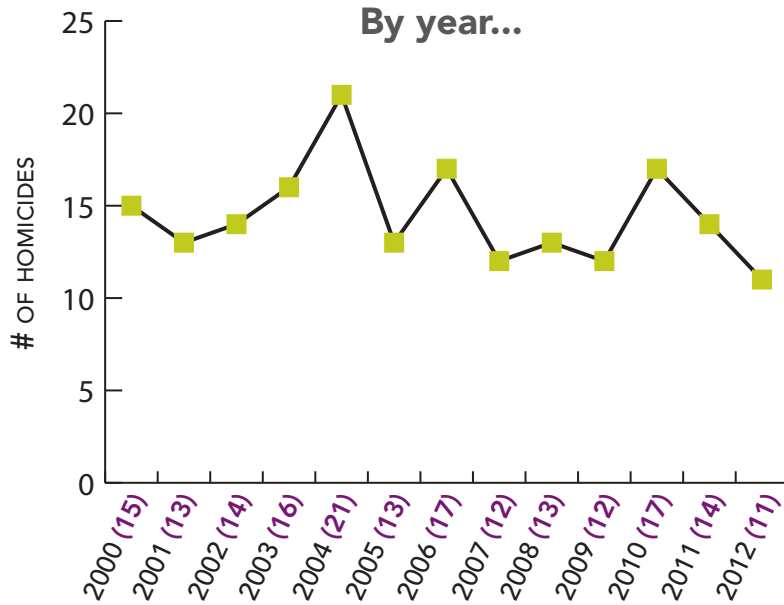
- 3.1 CCADV will advocate to the CT General Assembly for funding for a biennial, statewide, evidence-based public awareness campaign aimed at the prevention of domestic violence.
- 3.2 CCADV will convene local and national experts in the area of bystander intervention to outline available resources and strategies, develop a training that can be provided statewide by CCADV or locally by the state's 18 domestic violence organizations, and determine meaningful messaging for materials and a potential awareness campaign related to bystander intervention.
- 3.3 CCADV will develop a mobile website to ensure that contact information and linkages to the state's 18 domestic violence organizations are easily accessible via mobile devices, such as smartphones and tablets.

RISK FACTORS FOR INCREASED VIOLENCE

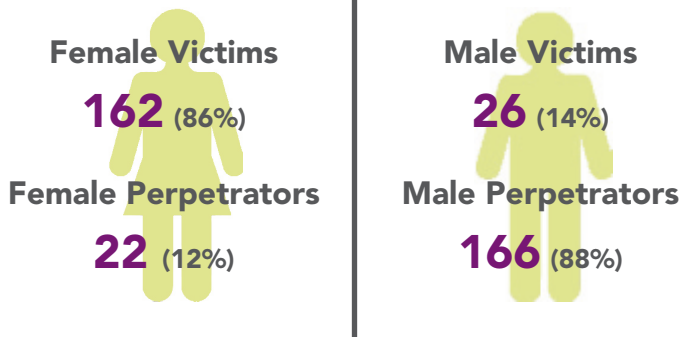
- Abuser has used or threatened to use a weapon against the victim
- Abuser has threatened to kill the victim or the victim's children
- Abuser has easy access to a firearm
- Abuser has attempted to choke the victim
- Victim has recently separated from the abuser

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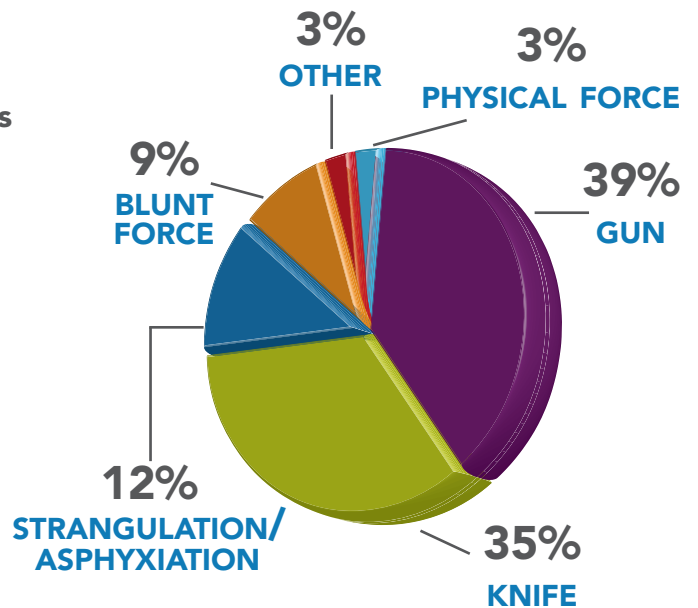
Intimate Partner Homicides 2000 - 2012



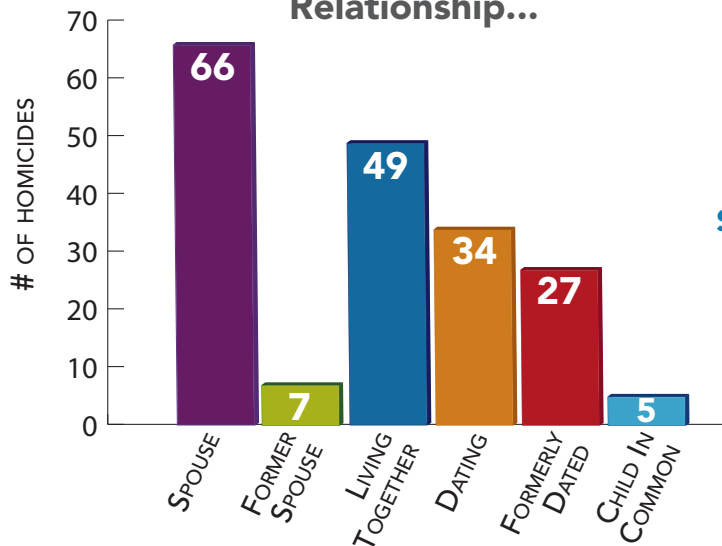
Victims & Perpetrators by Gender...



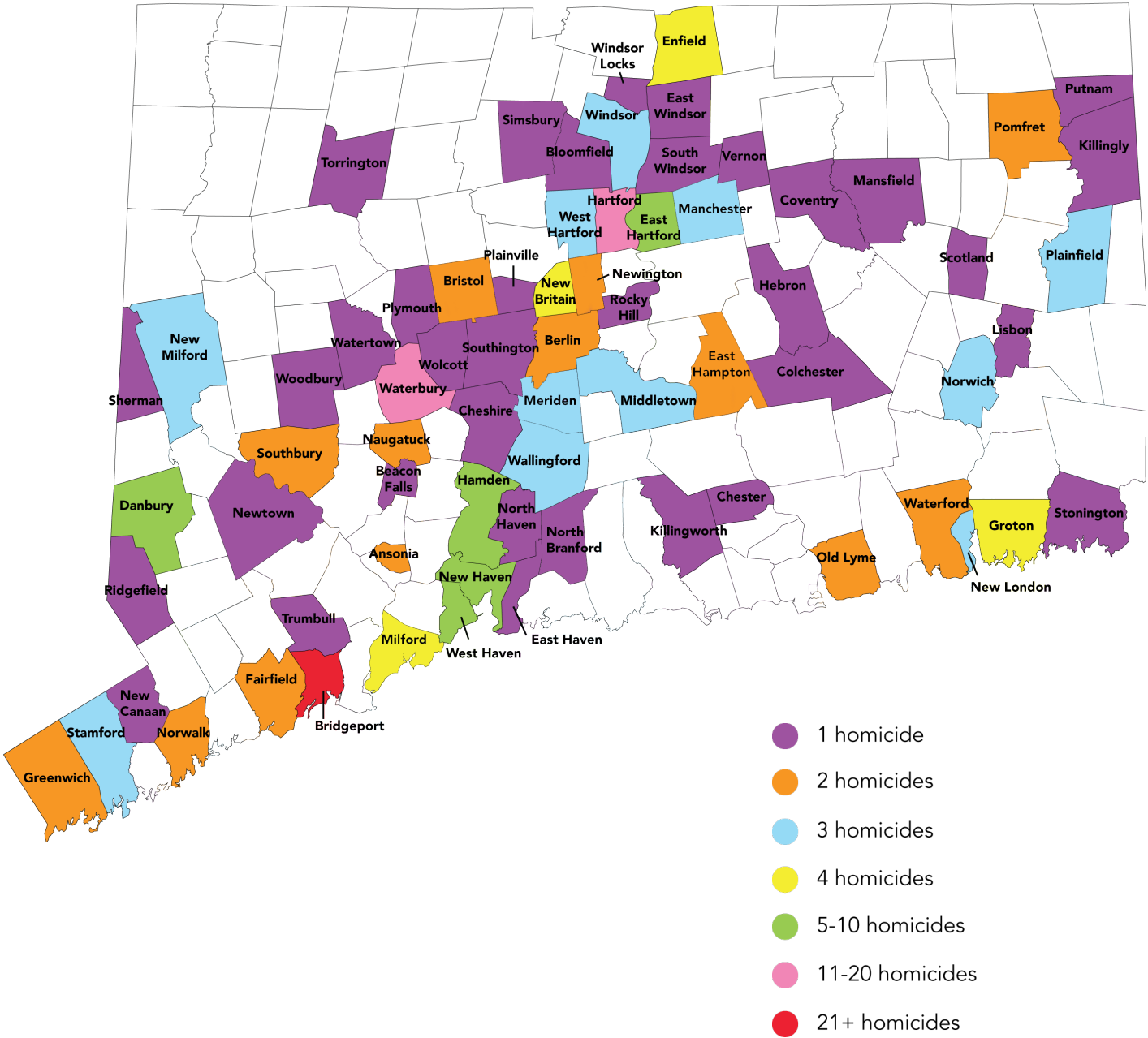
Weapon Used...



Relationship...



Intimate Partner Homicides 2000 - 2012

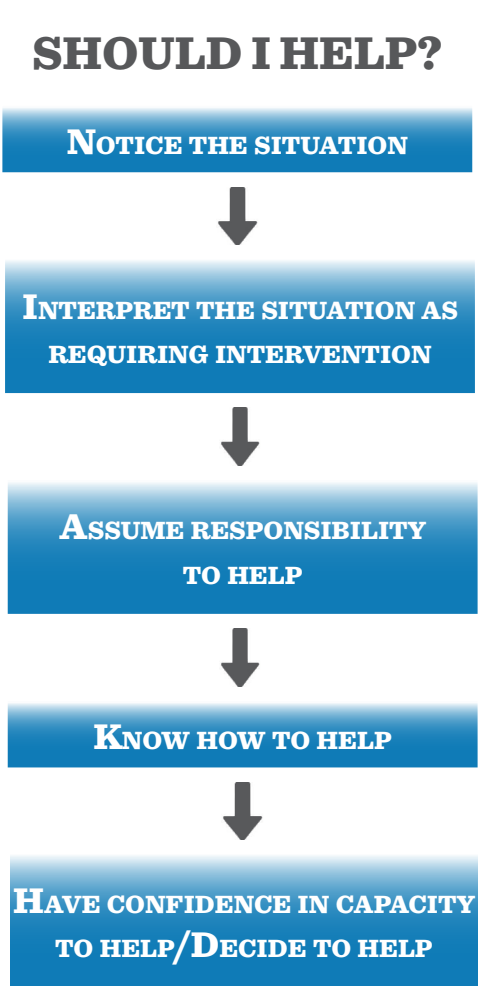


It is important to recognize that the scope of intimate partner violence, whether fatal or near-fatal, extends far beyond the primary victim. Family, friends and the community as a whole are often left to grapple with the staggering loss or critical injury of loved ones. They may have been at the scene of the incident or witnessed the abuse that preceded the lethal act. It is important to honor, learn from and help equip these bystanders with information and support as they look to heal from the trauma of domestic violence.

A consistent finding of the Committee each year is that victims' loved ones knew about the abusive relationship and may have even known about the escalating violence, but felt they did not know how to intervene or get help for the victim. Police interviews in at least one of the fatal cases this year revealed that a host of family and friends were aware of questionable behavior by the perpetrator and were concerned for the safety of the victim, but it is unclear whether the concern resulted in any actions. We need to understand what may have prevented these people from acting sooner, such as a lack of knowledge about existing services, and the implications for our work as we seek to empower bystanders.

Domestic violence is often frightening to people, especially if someone they love is in an abusive relationship. At the very least, the topic makes most people uncomfortable. For individuals who know someone in an abusive relationship or who have witnessed abuse, finding a way to help can feel overwhelming. The person may not feel qualified to intervene or fear that saying something would be seen as intrusive and possibly result in the victim feeling angry or offended. Or they may just be unsure of what they think they are witnessing and fear being wrong. These are all valid concerns for people considering intervening in an actively abusive relationship, but such fears can largely be alleviated with the proper knowledge.

Equally intimidating is being a bystander when others are speaking or acting in a way that promotes violence and abuse, such as telling sexist or demeaning jokes, making cat calls or victim-blaming. It takes real courage to speak up to correct other people's behavior and many people in these situations fear that others will react with anger or mock them for their beliefs. By holding others accountable, we confront, influence and change cultural norms. Increased awareness and education will strengthen a bystander's confidence to undertake prevention and intervention.



A commonly cited basis for bystander intervention techniques is the five-stage model developed by Bibb Latané and John Darley to understand why people do or do not help other people in emergency situations. Their basic premise is that five criteria must be met in order for someone to help, and some of the criteria include a cost/benefit analysis about whether intervention will lead to reward or punishment.¹² (see sidebar)

In 2013, CCADV launched the *10x10 Campaign: Where Men and Boys are Critical to the Prevention of Intimate Partner Violence*.¹³ While this endeavor is specifically aimed at engaging men and boys in our work, the basic principles apply to all types of bystander intervention. The goal of the campaign is to get men and boys talking to each other about the value of healthy relationships and how to prevent intimate partner violence. It seeks to raise participants' awareness about what constitutes intimate partner violence and provide them with action steps for carrying the conversation forward and educating others. In the first six months more than 130 men and boys have participated in the campaign.

Training bystanders to be leaders on prevention and intervention can be a driving force to reduce the prevalence of intimate partner violence. One of the most important aspects of successful intervention in abusive relationships is demonstrating support, regardless of the decisions or actions that a victim makes. It can be frustrating when we try to help someone but they either do not want or do not follow our advice. Unfortunately questioning or judging decisions is unlikely to help and may very well isolate the victim even further. Remind the victim that she or he is not alone and that there are resources available to help them. Abuse is never acceptable and everyone deserves to have a partner who loves and respects them.

Signs that someone may be in an abusive relationship

THEY:

- Frequently have physical injuries and unlikely explanations for the injuries
- Experience changes in mood or behavior such as loss of confidence, withdrawing and declining invitations to be with friends and family
- Miss work frequently

How to help a victim

- Listen to her or him.
- Tell her or him that it is not their fault. You can never make someone else hurt you.
- Believe what they have to say.
- Do not minimize the struggle that she or he is experiencing.
- Do not judge her or him and the decisions she or he makes.
- Give her or him the **STATEWIDE, TOLL-FREE DOMESTIC VIOLENCE HOTLINE – (888) 774-2900**
- Encourage her or him to call and speak with a certified domestic violence counselor.
- Let her or him keep important papers or extra clothes at your house.
- Be patient. It takes time to bring about change.

THEIR PARTNER:

- Ridicules, insults, or embarrasses them
- Exhibits extreme jealousy
- Excessively texts or calls them
- Monitors their texts, phone calls, emails and/or social media

How to help an abuser

- Tell him or her that their behavior is their responsibility and only they can change it.
- Do not validate attempts to blame others for their behavior.
- Tell him or her that the abusive behavior needs to stop or they may end up in jail or drive their family and friends away.
- Tell him or her that their children are likely learning their behaviors and could someday repeat them.
- Tell him or her that wanting to change the behavior is not enough; they need to get professional help and you will support them in those efforts.

What to do if you are present during an act of abuse¹⁴

IF YOU PERCEIVE A THREAT OF PHYSICAL VIOLENCE...

- Call the police if you observe acts of physical violence, the threat of physical violence or if the victim says that she or he wants help.

IF YOU DO NOT PERCEIVE A THREAT OF PHYSICAL VIOLENCE...

- It is safest not to be confrontational, especially if you do not know the people involved.
- Try to distract the individuals involved (e.g., ask for directions).
- If you can distract the abuser, check in with the victim and ask if she or he is okay or needs help.
- Ask others to intervene who might be in a better position to do so.



In 2011, the Committee issued its first set of findings and recommendations. Several positive advancements in Connecticut’s systemic response to domestic violence has been facilitated by the work of the Committee. Looking back, here are just a few successes:

In 2011, THE COMMITTEE RECOMMENDED THAT...

- CCADV facilitate distribution of information targeted towards professionals to heighten awareness of factors that contribute to domestic violence homicides. → CCADV and the state’s 18 domestic violence organizations continue to expand the Lethality Assessment Program across the state which gives law enforcement an evidence-based screening tool to identify victims at the greatest risk for fatal violence.
- CCADV collaborate with media representatives. → Following roundtable discussions with media representatives in 2011 CCADV released a comprehensive media guide available online.
- CCADV assess communication with regard to service delivery. → In 2012, CCADV led the Intimate Partner Violence Prevention Steering Committee and, in 2013, released the state’s first statewide plan for the prevention of intimate partner violence.
- CCADV collaborate with lead child advocates to develop and implement early intervention strategies for children exposed to domestic violence. → In 2012, 2013 and 2014, CCADV sponsored multiple trainings and roundtable discussions for policy-makers and advocates with nationally recognized experts.

In 2012, THE COMMITTEE RECOMMENDED THAT...

- Public education be targeted towards persons of all cultures, languages and faiths. → CCADV established a diversity steering committee to assess issues of diversity and accessibility and developed additional information available online dedicated to the unique experiences of traditionally underserved victims.
- Better education be provided to members of the public and professionals who may come into contact with victims or perpetrators of domestic violence. → CCADV continues to strengthen both the quantity and quality of educational opportunities available through its Training Institute. Since its inception in 2011, the Training Institute has offered more than 230 professional, multidisciplinary trainings with over 5,500 attendees.
- Connecticut create a dedicated statewide hotline for Spanish-speaking victims of domestic violence. → Funding for a dedicated Spanish hotline was allocated during the 2014 legislative session and the hotline is anticipated to launch in the fall of 2014.

In 2013, THE COMMITTEE RECOMMENDED THAT...

- The CT General Assembly allocate funding for Family Violence Victim Advocates (FVVA) in civil courts. → Funding was allocated for two additional civil FVVA’s effective January 1, 2015.
- CCADV require all members to demonstrate a comprehensive support system for domestic violence victims that incorporates traditional and non-traditional community-based services. → CCADV surveyed its 18 member organizations and subsequently enhanced existing supports through its revised Member Organization Standards effective as of July 1, 2014.
- The Judicial & Executive Branches continue to bolster training for prosecutors on the dynamics of domestic violence and lethality factors. → CCADV and the Office of the Chief State’s Attorney have established an on-going series of roundtable discussions and co-sponsored two (2) trainings for prosecutors and FVVAs.

This report is being issued by Connecticut Coalition Against Domestic Violence (CCADV) and the Connecticut Domestic Violence Fatality Review Committee.

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Finally, our deepest gratitude to those who serve on the full Committee or subcommittees for their commitment and dedication to preventing future deaths. Their time and expertise is invaluable.

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- ¹ The Committee uses the official State of Connecticut Family Violence Homicide report published annually by the Department of Emergency Services and Public Protection (DESPP). The last available statistics at the time of publication were for homicides that occurred in 2012.
- ² The 2012 DESPP Family Violence Homicide report dated July 2013 includes a twelfth death stemming from an incident of intimate partner violence, but the Committee is not including that death, which occurred in New Fairfield in December of 2012, in its tally of homicides because the alleged perpetrator was subsequently acquitted by a jury that found him to have acted in self-defense. While no longer considered a homicide, it is important to recognize this death as another tragic result of intimate partner violence.
- ³ Ibid.
- ⁴ DESPP recorded 171 acts of intimate partner violence that included “serious physical injury.” “Serious physical injury” is defined in C.G.S. § 53a-3(4) as a “physical injury which creates a substantial risk of death, or which causes serious disfigurement, serious impairment of health or serious loss or impairment of the function of any bodily organ.”
- ⁵ Bancroft, L. 2002. *Why Does He Do That?: Inside the Mind of Angry and Controlling Men*. New York: GP Putnam’s Sons.
- ⁶ Lipsky, S, et al. 2005. “Psychosocial and Substance-use Risk Factors for Intimate Partner Violence.” *Drug and Alcohol Dependence*. 78(1): 39-47.
- ⁷ Jones, A, & Schechter, S. 1992. *When Love Goes Wrong: What to Do When You Can’t Do Anything Right*. New York: Harper Perennial.
- ⁸ Gazmararian, JA, et al. 2000. “Violence and Reproductive Health: Current Knowledge and Future Research Directions.” *Maternal and Child Health Journal*. 4(2): 79-84.
- ⁹ Chang J, et al. 2005. “Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States, 1991-1999.” *American Journal of Public Health*. 95(3): 471-477.
- ¹⁰ McAlister Groves, B, et al. 2004. *Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health*. Retrieved June 25, 2014 from <https://www.ncjrs.gov/pdffiles1/Digitization/197220NCJRS.pdf>.
- ¹¹ Pew Research Center. Smartphone Ownership 2013. June 5, 2013. Retrieved on May 30, 2014 from www.pew-internet.org/2013/06/05/smartphone-ownership-2013/
- ¹² Latane, B, & Darley, JM. 1970. *The Unresponsive Bystander: Why Doesn’t He Help?* New York: Appleton-Crofts.
- ¹³ For more information or to join the *10x10 Campaign*, please contact Linda Blozie, CCADV Training & Prevention Coordinator, at training@ctcadv.org.
- ¹⁴ Indiana Coalition Against Domestic Violence. *For Bystanders: Planning for Prevention & Intervention*. Retrieved May 29, 2014 from www.icadvinc.org/prevention/for-bystanders.

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