



**Susan B. Anthony Project**

SAFETY HEALING GROWTH

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Established in 1983 to promote the autonomy of women and the safety of all victims of domestic abuse/sexual assault in northwest Connecticut, as well as to promote community action toward ending domestic violence and sexual abuse.

To: Human Services Committee

From: Michelle Marone, Crisis Services Manager  
Susan B. Anthony Project

Date: February 28, 2008

Re: HB 5622: An Act Concerning Expansion of Shelter Services for Victims of Household Abuse

Good morning Senator Harris and Representative Villano. Thank you for your time today. My name is Michelle Marone and I am the Crisis Services Manager at the Susan B. Anthony Project in Torrington. I am here to speak on House Bill 5622: An Act Concerning Expansion of Shelter Services for Victims of Household Abuse. I would like to relay to you an incident that occurred at our shelter that I believe demonstrates the need for on site staff 24 hours a day.

During the early evening on Christmas Eve, 2007 our shelter was filled with 12 women and children. Our on-call crisis counselor-advocate received a call from a resident of our shelter via our hotline answering service. She called to express her concern that another woman living at the shelter seemed ill, somewhat incoherent and had been sleeping on and off throughout the afternoon. The caller worried aloud to the counselor

about making the call. After assuring the caller that she had acted appropriately, the counselor asked to speak to the other woman.

The woman was able to come to the phone with assistance. Her speech was slurred and following a brief 1 – 2 minutes of conversation, our counselor learned that the woman had taken an overdose of her prescription medications prescribed by her physician.

The counselor ended the call with the woman, informed the original caller that an ambulance would be on the way, called 9-1-1 and left her home for the shelter. As the counselor arrived at the shelter, the ambulance workers informed her that the woman was unconscious and that they were en route to the local emergency room. Once at the ER, the hospital staff asked our counselor for information about the resident's emergency contacts as they were concerned that she would not survive.

Gratefully, she did survive. She was transferred to the psychiatric ward of the hospital where another on-call counselor spent part of Christmas Day with her.

Had it not been for the concerned caller, who even while experiencing her own trauma felt empowered enough to call the hotline to report the unusual behavior, and the speedy actions of a well-trained advocate, it is likely that our shelter resident would have died.

On site round the clock staffing for domestic violence shelters is not an optional resource: it is a vital need as it enhances safety for all women and children living in Connecticut shelters. Because our programs seek to be inclusive of all victims of domestic violence,

sheltered residents often come to shelter with multiple issues accompanying domestic violence such as mental and physical health needs.

As we discuss our shelter services within our communities and throughout Connecticut, we believe that the general public *assumes* that a shelter where women and children seek relief from physical and emotional violence is fully staffed 24 hours per day.

It is WRONG to provide less than 24 hour coverage to those families who are in need of support while they seek safety from abuse. I am seeking your support to provide the necessary services that victims of domestic violence so truly need.

Thank you.