



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

Human Services Committee

### MEETING MINUTES

Wednesday, August 12, 2015

10:00 AM in Room 2A of the LOB

The meeting was called to order at 10:15 AM by Co-Chair Garry Lapidus.

The following committee members were present:

Garry Lapidus, Karen Jarmoc, Rachel Pawloski, Joel Rudikoff, Det. Karen O'Connor, Mary Painter, Laura DeLeo, Dr. Damion Grasso, Mary Painter, Laura DeLeo, Sen. Marilyn Moore, Stephen Grant, Dr. Nina Livingston, Kayte Cwikla-Masas

Representing Sarah Eagan from the Office of the Child Advocate was Faith Voswinkle, and Representing Linda Harris from the Office of Early Childhood was Gina Beebe.

Presentations were made by Kimberly Citron and Dr. Nina Livingston.

Co-chairman Garry Lapidus began by explaining the charge and goals of the task force to members who were attending for the first time, and noted that today's meeting would focus on the Healthcare system. He asked if there were any revisions to the minutes that were emailed to the group. There were none.

As in the previous meeting, some members were asked to prepare remarks regarding their background, the systems they work in and items they have identified as being areas to improve within those systems.

Dr. Damion Grasso is a psychologist at the UCONN Medical Center who presented to the task force at the last meeting. He talked about the challenge of trying to bring universal screening to different systems, and the need to identify children in medical centers and hospitals to better serve them.

Laura DeLeo is an Assistant Prosecutor in New Haven with an extensive history in working with domestic violence cases, and discussed her experience in this system. She explained that in New Haven, there is a dedicated domestic docket 5 days per

week, with one judge. One day a week is dedicated to the most serious offenders and includes a team of victim advocates. This docket, the H docket, utilizes two intensive programs to try to modify offender behavior. Children exposed are probably grossly underreported due to concerns including the possibility of a DCF referral. While she is not sure how many people choose to use it, families are given referrals to Yale Child Study in New Haven.

In extreme cases of domestic violence, police officers may not be able to seek out a child witness. When they do, it can be helpful to the case. When threats are directed at children, protective orders can be extended to them. She stated that DCF has a domestic violence liaison dedicated to New Haven which helps monitor how and when protective orders are applied. As a prosecutor, the focus in her system is largely on reducing the chance of re-offending through classes and training intended to change the behavior of the defendant.

Ms. DeLeo described some of the challenges within her system, including that mothers and children cannot be mandated to take advantage of available assistance. Also, while protective orders are almost a matter of course, a victim cannot control type or duration of the order. That means that in some cases involving children, just arranging parental visits is challenging due to a no-contact order. Judges can, however, access information in both the civil and criminal courts.

She stated that continuity is key, however, judges can be re-assigned and moved. Some may not have domestic violence experience. Currently, there is a judge dedicated to our docket.

In answer to questions from Karen Jarmoc, Ms. DeLeo stated that referrals to the Yale Child study center come from law enforcement, and that most DCF referrals also get a referral to Yale. Also, while she does not know if there are best practice models for interviewing children, she just became aware in talking with a victim advocate that such a model may be available.

She responded to questions from Joel Rudikoff, stating that offenders are not ordered to pay for therapy services for children, or the Yale Child Study Center, as this population is often indigent. As such, services are provided at no cost.

Joel said that we will talk about risk of injury over the next several months. For example, if a six year old is not actually touched, but witnesses domestic violence, does that in and of itself represent risk?. Potentially a stronger charge when there is a minor witness. Is the DCF Liaison just for criminal or also to civil, family docket?

Ms. DeLeo said that a parent is statutorily entitled to information when a case is opened in DCF. Often, DCF is looking for offender programming. If the state and court are not on the same page and the offender is sent to two different batterer programs, it complicates things. Communication between DCF and the court is very important.

Garry Lapidus asked if children ever asked to testify in cases in which the witness.

When asked if children were ever asked to testify as witnesses to domestic violence, Laura DeLeo said that she has never been on a case in which children were asked to testify, but she is sure it can happen. If the situation for a child to testify presented itself, it would only be done if it were in the best interest of the child.

Karen Jarmoc asked Stephen Grant to look into the data on the use of available counseling.

Representative Diana Urban said that she was thrilled to be a part of the task force that came from legislation out of the Committee on Children, of which she is co-chair. She said that she will serve as a direct contact between committees. She said that beyond statutory change, collaborative work across systems must be a focus of the task force. She is interested in the effects of toxic stress to children and invited people to a forum happening in the afternoon with regard to toxic stress and the Juvenile Justice System.

She also discussed animal cruelty leading to or being a precursor to family violence and gave an example of a parent killing the family pet to intimidate the family. She believes such instances are an early warning. She talked about coordination between reporting in the Department of Agriculture and the Department of Children and Families

Senator Marilyn Moore said that this is her first term serving and her first task force. In her role as a health advocate for low-income women, and as the co-chair of Human Services and a member of Public Health, she sees the residual effects of domestic violence. She also wants to serve as the layperson's voice in this conversation.

Gina Beebe of the Office of Early Childhood works with the Family Support Services Division which does home visiting. They have four areas of focus: healthy families, school readiness, nurturing parenting and parent life outcomes. The OEC has developed policy for when such incidents occur including protocol for home visitors for safety. They work with fathers and male role models and family empowerment for mothers who are victims of domestic violence.

The Office uses the Kemp Family Stress Checklist as a tool to learn about past history with domestic violence.

Faith Voswinkle of the Office of Early Childhood believes that one of the charges of the task force will be to look at the impact of family violence through a public health lens. This is an epidemic in our state and our country and that we have to work on collaboration across all systems.

She stated that some violence is so normalized that people do not realize they are in violent relationships and that must be addressed. We have rich information about the adverse effects of children exposed to family violence. They may have poor health outcomes, poor performance in school, less healthy relationships, and early death.

Laura DeLeo expressed the potential concern of victims being asked by healthcare professionals about domestic violence exposure of trust with the caregiver. Are they well-trained enough to handle that information well? Will there just be a DCF referral? Will you let a violent family member know what is said?

Dr. Grasso agreed that there are barriers when asking if someone is exposed to family violence, such as DCF referrals, another person being in the room, not looking at a more comprehensive history, and only focusing on that one event.

Kayte Cwikla-Masas from the Center for Family Justice in Bridgeport said that her organization provides direct services to adult and child victims of domestic violence through safe homes, counseling, advocacy safety planning and support groups. There are child advocates at each agency throughout the state. They also provide age-appropriate presentations to schools about healthy relationships, bullying, safe dating, etc.

They are building the first Family Justice Center in the state, and when renovations to their facility are complete, they will not only continue their core services, but will be bringing in community partners including state's attorneys, police, clinicians, the Department of Children and Families, and civil legal attorneys.

Some of the Centers suggested priorities are to eliminate the gap between criminal and civil courts, enhanced training for judges, forensic interviews, and the future adoption of the Family Justice Center Model as a best practice.

A motion was made and seconded to adopt the minutes for the July 30<sup>th</sup> meeting. The motion carried and the minutes were adopted.

Dr. Nina Livingston, Director of Hartford Regional Child Abuse Services gave her presentation, "Family Violence- A Pediatric Perspective." This presentation can be viewed at the following [link](#).

Karen Jarmoc then introduced Dr. Kimberly Citron, Behavioral Health Clinician from Connecticut Health Centers, Inc., a Federally Qualified Health Clinic in Middletown. She highlighted that the Middletown Domestic Violence Program through CCADV is housed within Connecticut Health Centers, Inc. Also, that they have been doing IPV screening.

Dr. Citron then gave her presentation. She explained that she works right alongside medical and dental providers, and that they also have school based health centers in the schools. Through New Horizons they have a residential domestic violence shelter and multiple support groups.

She stated that they use a "warm hand off process" to allow for people to access behavioral health at any point during their medical or dental appointments. They can bring the behavioral health provider right into the medical exam room for minimal invasiveness and maximum privacy. A brief assessment is done and appropriate referrals can be made for behavioral health care. Screening for domestic violence is done at all medical and behavioral health visits.

She described the various manifestations of intimate partner violence in children from infants to adolescents. These manifestations can include a decreased ability to form attachments, decreased ability to self-soothe, lack of ability to form trust and predict ones 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. This is the point at which abuse may move to another generation.

Through trauma screens, these manifestations may be identified. Various supports such as parenting support, play therapy, trauma support and family therapy can be offered. Prevention of symptoms, targeting symptoms and trauma screens can take place at all health intakes, behavioral health intakes, well-child visits and at school based health centers. A guardian ad litem may be requested.

Recommendations from CHC include:

- Early identification
- Increased services
- Increased training for providers
- Screening at all medical and behavioral health visits
- Further research
- Integration of medical, behavioral, mental, court and school systems
- Court advocacy
  - provide victim services in all cases of domestic violence
  - Guardians ad litem for all
  - Clinical liaison to court systems
  - Education for parents regardless of DCF involvement
- Training, screening and expansion of processes like warm hand-off
- Increased access in schools
- MDT specific to cases of intimate partner violence
- Expansion of Yale Child Study

Dr. Citron is currently looking at a study of the correlation between PTSD and diabetes. We should look at what it is like to treat these conditions together. She would like to see integration of medical and behavioral providers working together to treat these conditions.

Karen Jarmoc wanted to note that screening for intimate partner violence is now reimbursable.

The meeting was adjourned at 12:11 PM.

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Kristen Traini  
Committee Clerk