

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

MEETING MINUTES DRAFT

Thursday, November 19, 2015

10:00 AM in Room 2A of the LOB

The meeting was called to order at 10:00 AM by Karen Jarmoc,

The following task force members were present:

Judge Bozzuto; Joe DiTuono; Linda Harris; Dr. Nina Livingston; Karen Jarmoc; Garry Lapidus; Donald Frechette; Cynthia Mahon; Jennifer Celentano; Mary Painter; Laura DeLeo; Damion Grasso, and Sarah Eagan

Karen Jarmoc called the meeting to order at 10:00 AM. She noted for those watching that this task force was intended to study the state's response to children exposed to family violence and offer some policy and practice recommendations to the legislature for the upcoming legislative session.

Ms. Jarmoc noted that the task force was meeting in mid-December twice, and once in January where the task force would submit its final report. At the next two meetings, the task force will go through the remaining topics. Today, the task force would be examining law enforcement, health care, and probate courts. At following meetings, the task force will have drafts of recommendations on other findings to capture what has been presented to the task force. The next few meetings will serve as a sounding board for members and allow them to add in recommendations if they are not in the draft proposals. The co-chairs have also been reaching out to the people presenting and having them collaborate on the draft recommendations because it is important to capture their recommendations authentically. Karen and Garry would also be presenting the draft to the criminal justice policy advisory commission at their December 17th meeting. Members of this commission are representatives of all of the agencies that have been impacted by family violence, so this might also add to the task force's recommendations. She invited task force members to attend the meeting on the 17th prior to the task force meeting that morning. The task force has its last meeting on January 7th, and Karen suggested that they make this meeting a public hearing where they will present the final draft of their recommendations. The focus of this meeting would be on the broadness of the

report, and both of the co-chairs feel that a public hearing would be an integral part of the process, and they would not want to issue a report without capturing public input. She stated that she would be going over the probate court recommendations; Don Frechette would be presenting on the law enforcement recommendations; and Garry Lapidus would be presenting on healthcare recommendations.

Connecticut has a model policy with regards to how it responds to family violence in law enforcement. Ms. Jarmoc suggested that the task force's recommendations for law enforcement should be taken up by the Model Policy Governing Council and put forth through this venue. The task force had a presentation from Commissioner Schiro from the Department of Emergency Services and Public Protection, and they also had some presentations from some community based programs regarding a model that they're using out in Manchester, and there has been a lot of discussion around Emergency Mobile Psychiatric Services (EMPS) and how this is being used across the state by law enforcement.

The initial draft includes information regarding Connecticut law and where this information is captured from. The draft also includes information about training and reporting and policy so that readers will have this background before delving into the findings and recommendations. Ms. Jarmoc tried to capture the task force findings and noted that the task force could have more to add to the recommendations based on commissioner Schiro's recommendations. Ms. Jarmoc stated that there were some components of the law enforcement draft recommendations that she wasn't entirely sure of, but she would verify the information to ensure that the final draft of the task force's recommendations would be correct. The task force had discussed the DPS 230 form in previous meetings, which is the form that law enforcement currently uses when there's a family violence call. Currently, these forms are only sent into DESPP and part of the annual family violence report, and this form only goes to DESPP when there's an arrest. She noted that it would be helpful to know more about this information when forms are filled out but there isn't an arrest and it could be interesting to know and understand the circumstances surrounding when the forms are not filed. The task force also discussed training and the various models used that are trauma-focused, evidence-based practices for children exposed to intimate partner violence that are used in Connecticut. Ms. Jarmoc asked the task force whether it would recommend that there be one consistent model used across the spectrum and suggested this as a topic for discussion. Having one model that is used could make it easier to capture information so that it can be synthesized and used more effectively. She noted that she would communicate with DESPP to verify the information in the report, and asked for input from the task force on the findings.

Sarah Eagan commented on trauma-focused evidence based practices and the importance of the task force submitting recommendations on this topic. She asked about the target age range for these services, and noted that there are a lot of very young children who are exposed to and impacted by family violence. She asked about the models for trauma-informed service delivery for caregivers with young children. Parent-child psychotherapy and the state's Child First Program should be included in the trauma informed services. This is a trauma-informed dyadic clinical intervention part of the Child First model for parents with children under age 6 where the family or caregiver has experienced trauma. The Child First model in Connecticut incorporates parent-child psychotherapy. She spoke to the importance of using a dyadic component for these different services and working with both the non-offending parent and the child. Dyadic therapies can be more appropriate for families with young children in the home.

Ms. Jarmoc noted that there is currently a model policy for law enforcement, however it is difficult to mandate a particular trauma intervention for law enforcement. She discussed the procedure for law enforcement responding to a domestic violence incident and the fact that because these situations happen quickly and are complicated, it can be difficult to discern what services are needed depending on whether or not someone is arrested and in the majority of circumstances, these incidences happen when young children are in the home. She noted that the responses to these situations are difficult to quantify as there can be so many different outcomes. She asked the task force to comment on the types of interventions and what has been most effective.

Damion Grasso responded that there is a lot of overlap in terms of population served; ages of children and this is also changing. He advised that the task force not recommend just one or two specific interventions

because the research is changing and these interventions have different therapeutic mechanisms and it is difficult to tell which ones work better with which children. Right now, they know that interventions are effective in reducing trauma-related symptoms and post-traumatic stress disorder, but there isn't any definitive research dictating that emotion regulation strategies are more effective than exposure-based interventions. He advised that the task force not take on the task of determining which interventions are superior, as this is a complicated question to which there is no single answer.

Ms. Jarmoc asked if the task force were to recommend to the model policy governing council that there be enhanced training for law enforcement around children and trauma. She asked if there was cross-training between DCF caseworkers and law enforcement and suggested that the task force recommend to the model policy governing council that if children are present, to consider providing EMPS therapy as law enforcement cannot be asked to make an assessment as to whether or not the child needs some intervention, so it is better to suggest that law enforcement always reach out and ask if intervention is needed. She acknowledged that asking law enforcement to always provide this service would put stress on DCF's system.

Mary Painter noted that few people are aware of EMPS, which is a statewide service that is readily available, so they need to raise the awareness of how people access services. She noted that law enforcement's role in these cases is to be trauma-informed so they know how to respond to the situation when there are children present to try to minimize further trauma and connect families with the next step in the process, which is EMPS in the majority of these situations. EMPS can help link people to the more detailed services in response to specific family situations.

Ms. Jarmoc asked whether the training for EMPS requires an awareness initiative or more readily available information. She noted that currently, we're in mid-process of an advisor card for law enforcement that they're working with the OVA

Laura DeLeo stated that the trainings she has done with law enforcement in relation to responding to situations with very young children, have been very helpful to the parties involved. When responding to an incident, it is helpful to check on the children and factor in the effects of the incident on young children. Having this information about the effects on very young children is very valuable and helps to shape the way that law enforcement thinks about these cases. She stated that additional training based on what information is being gathered about the effects of domestic violence on very young children would be very helpful to law enforcement.

Ms. Jarmoc noted that this would have to come from within available resources and that these trainings would have to be a collaborative effort, but it is feasible to train law enforcement to consider the effects of IPV on young children.

Dr. Livingston noted that there was a lot of information in the recommendations and that a lot of the work would involve figuring out what is feasible and what can be accomplished with existing resources and which might require additional resources. She noted that the react strategy of connecting children to EMPS is very promising, although the program isn't able to collaborate yet directly within REACT to initiate the consultation, and connection between law enforcement and EMPS at the scene. Law enforcement doesn't always have the time to remain on the scene while they're waiting for EMPS to arrive, but there is room for collaboration with law enforcement at this point in the process. She noted that the focus should be on training and directing people toward resources at the appropriate time. She asked Mary Painter if, by using this resource more, there would be a need to build capacity within EMPS to participate in these calls.

Mary Painter responded that EMPS is currently maxed out and that DCF wants to expand the program, but they don't currently have the resources to do so. As people become more aware of the service, they will access it more and the program will need to expand its capacity. She noted that DCF will need to do more work to make more people aware of their services. Cross-training is very beneficial, as law enforcement may need to better understand EMPS and child welfare services need to better understand the perspective of law

enforcement. She spoke to the strengths of a cross-training model and bringing different disciplines together to provide better service.

Ms. Jarmoc noted that the allocation of resources within these programs was a policy decision for the legislature to make.

Rep. Diana Urban responded in agreement.

Ms. Jarmoc noted that the task force shouldn't limit themselves in terms of recommendations, and should leave it to the legislature to decide how to allocate resources.

Ms. DeLeo suggested asking the legislature to consider increasing the penalty on domestic offenders that commit domestic violence in the presence of children.

Ms. Jarmoc responded that this had been tried last session and noted that there are other states that have laws like this with the stipulation that the charge be made upon conviction. She stated she would be supportive of an effort to increase these penalties. This would be an enhanced penalty of a family violence charge upon conviction.

Ms. DeLeo responded that it could be either an enhanced penalty or an enhanced sentence, and that different states will look at this in different ways. Now that there is an understanding of the impact of domestic violence on young children and the risk of injury, and in court cases she could bring in an expert to discuss the impact of family violence on very young children, and that there is enough evidence to make this a statutory enhancement.

Ms. Jarmoc noted that the reason that they would be looking for a statutory enhancement is because Connecticut has a 20% dual arrest rate—in 20% of circumstances, both the non-offending person and the offending person are being arrested. She would be hesitant to pass a statutory enhancement that was not upon conviction because of this dual arrest rate because this would be troublesome for victims.

Ms. DeLeo noted that statutorily, this would have to specify assault in the presence of a child.

Ms. Jarmoc asked the task force if anyone objected to this being included in the recommendations. She stated that in the new draft, they would be including language so that when they vet this out again, the judges on the task force can weigh in.

Judge Bozzuto stated that this would be fine, and judges do whatever the legislature asks them to do. She noted that there were recent enhancements for violation of a restraining order, which went from a class D to a class C felony. She suggested that the branch could offer input from a policy perspective, but would ultimately do whatever the legislature asked them to do.

Ms. Eagan agreed that this was something worth considering for possible legislative proposals. She asked what kind of information was available from other jurisdictions who had been using advanced penalties for any jurisdiction and what the impact has been in these jurisdictions. She suggested that it would be useful to consider feedback from these jurisdictions if they have any data on the impact of enhanced penalties.

Dr. Livingston suggested that the task force should consider offering guidance as to when to make the DCF report. She noted that it can sometimes be difficult for law enforcement to determine when it is appropriate to make a report and that this probably translates into other professions. She suggested providing some minimum guidelines and standards around reporting. She noted that this would be a longer conversation that would involve multiple stakeholders. She would like to ensure that the recommendations meet the needs of the families that stakeholders are trying to serve and don't do harm to these families, particularly to non-offending caregivers. These recommendations should come with the intention of not deterring people from seeking services or unfairly penalizing or punishing people who are seeking help who are being victimized.

She noted that this was a complicated task, but there is still a gap here and it would be beneficial to offer something to law enforcement because there's a lot of variability in practice right now in terms of either reporting everything or only reporting things that are severe. She would be interesting in hearing from others as to whether the reporting language should be changed or left the way it is.

Mary Painter agreed that reporting has a broad definition and there are different methods of interpretation for mandated reporters. She dictated that there is room for enhanced training and all disciplines would probably welcome this, and this is probably something that can be done without tapping extra resources. She thinks this is something worth pursuing, and suggested that the task force encourage more work on this.

Ms. Jarmoc agreed with Ms. Painter's statement and stated that she looked at this more in terms of child welfare and suggested that the task force discuss this when reviewing the child welfare recommendations. The task force can recommend that a process should begin. Ms. Jarmoc noted the presentation from Betsy McAlister where Ms. Mc Allister discussed the Massachusetts child welfare system where they offer guidance. Ms. Jarmoc suggested that the recommendation could yield a process that included stakeholders but worked toward providing guidance around this for all mandated reporters.

Cynthia Mahon commented on the family violence presentation and the form they discussed, and asked whether changes could be made to the form to capture whether a DCF referral was made and if this data would be helpful when looking at reports to find out how often law enforcement is contacting DCF. She suggested that the task force recommend including a check box to find out whether DCF is being contacted as a result of these types of offenses.

Donald Frechette noted that he's come across some frustrations regarding firearms in his practice. Currently, there is no way to know, when a restraining order is issued, whether there are firearms in the home other than through self-reporting or licensing through a municipality. There is no way of knowing whether authorities get guns out of the home, or if they get all of the guns out of the home. He suggested that the task force recommend legislation that would put harsher restrictions on domestic violence perpetrators who do not turn over their firearms. Mr. Frechette suggested that in cases where someone has been ordered to turn over their firearms and if they do not turn over their firearms, they would be found to be in unlawful possession of a firearm and should suffer the statutory penalties associated with unlawful possession of a firearm. There is no reason for domestic violence perpetrators not to be in compliance and currently the sole penalty for this kind of violation is a contempt proceeding.

Judge Bozzuto responded that an applicant could bring a contempt proceeding in family court under 46B-15.

Mr. Frechette reiterated that there was not a criminal sanction in these cases.

Ms. DeLeo emphasized the importance of communication between all parties and suggested that perhaps they use the MDT model for domestic cases or something like this so that prosecutors can have an opportunity to speak with DCF; the attorney general's office and all the parties involved in more serious cases so that they can collaborate on this.

Dr. Livingston responded that they did discuss this as part of the family violence work group, and these cases can benefit more than any others from this type of collaboration. There is huge benefit to this, but there are two issues: one being that the current agendas of the MDT's are full and this would be an additional activity to add to their agenda, and the second issue is that there is a greater need for a timely response in these cases where there is an immediate need for safety and there are many time-sensitive collaborations that go into these cases. There are examples of this in other parts of the country where they are providing immediate response across disciplines. This is an interesting idea that could be explored across different venues, such as the governor's task force on justice for abused children and the Connecticut Children's Alliance. There are already people who sit on MDTs that have an interest in this area who may be able to contribute additional work. She suggested creating a pilot, and mentioned Middletown's MDT, which is the

only one in the state that is routinely processing family violence cases even when there is no identified form of maltreatment. About 30% of the cases that they process are referred for exposure to domestic violence. She expressed that it would not be appropriate to recommend doing this everywhere immediately because they would have to learn how to execute a program like the one in Middletown on a pilot basis before suggesting doing something like this statewide.

Ms. Jarmoc suggested a recommendation from Ms. DeLeo regarding the law enforcement issues that the task force discussed.

Ms. Mahon suggested that they pilot an MDT in eastern Connecticut where the numbers are really high for family violence cases.

Kayte Cwikla-Masas suggested that in Bridgeport there is a recommendation that these cases be teamed with forensic interviews, and sometimes the resources are part of the problem. Forensic interviews for sexual abuse cases are reimbursed by OBS but witnesses to violence are not reimbursed, so if there is a huge growth in these types of cases it would be a problem but she is interested in seeing what more can be done in this area.

Ms. Jarmoc asked whether they should pursue a recommendation regarding this collaborative effort.

Dr. Livingston stated that she didn't think this was premature, as healthcare workers use these interviews and they are also used for investigative work and for diagnostic purposes as to providing appropriate medical and mental health treatment to kids. These interviews help from a healthcare standpoint and she has added this to her healthcare recommendations because there is such a need for this. Healthcare workers cannot support the service if there is no way to be reimbursed for the service and this is a major barrier currently for these kids to get services.

Ms. Jarmoc asked whether it was appropriate for this recommendation to be in healthcare as opposed to law enforcement. Ms. DeLeo responded that yes, this would be appropriate.

Judge Bozzuto made an observation about the information that is available to and shared by DCF and other providers in the area of domestic violence, and stated that the judicial branch felt ostracized from this conversation. She asked if there was a way to link in the judicial system to have better communication across different disciplines because the judicial branch doesn't have access to this information or resources. She noted that therapeutic services are separate from judicial processes, but sometimes judges are asked to make quick decisions about very serious allegations and it would be helpful if the judicial branch had access to some of this information. She acknowledged that there are issues with confidentiality and obtaining certain records can be complicated and uncomfortable, but judges' decision making would be enhanced if they could have access to more information.

Ms. Jarmoc suggested including this with the judicial findings and recommendations.

Judge Bozzuto noted that this needed to come from all of the stakeholders, and suggested that this collaborative effort and the information shared should be agreed upon by all parties because the information about these cases can be so sensitive.

Dr. Livingston acknowledged the truth of what Judge Bozzuto was saying, and noted that her staff spends a lot of time in juvenile and criminal courts but almost never goes into family court. She stated that this oversight was a big problem because these cases are also in family court. She has had informal conversations with lawyers and judges who go to family court a lot about why they aren't accessing this information. She stated that doctors are available to testify in these cases, and there is no reason that the medical community can't be involved in these court cases when necessary, but the hard part is making sure that lawyers and judges know that they can access this information.

Judge Bozzuto made the distinction that there are not many lawyers in family court, so there aren't as many people accessing this information in family court. In domestic violence cases, almost nobody is represented by counsel.

Dr. Livingston suggested that court staff might be able to go through a checklist to find out whether these parties have been involved with DCF and gather information that could be helpful in the court process.

Ms. Jarmoc suggested tabling some of this for when the task force discussed the judicial findings and recommendations at a future meeting.

Judge Bozzuto noted that it is not unusual that she sees an applicant filing a 46B-15 who is there because the police referred them, and it might make sense to require to police to file some sort of report when they refer someone to a family court to file a 46b-15. She suggested having police file a report when they refer someone to the family court.

Ms. Jarmoc noted that sometimes restraining orders are good safety measures for victims and sometimes they're not. She acknowledge that this is a complicated scenario.

Jennifer Celentano noted that she asks DCF for records about the case and noted that DCF is now down to 9 paralegals from 18, so from a resource perspective this could be complicated. There is currently a delay for Guardians ad Litem to get these records because DCF doesn't have the resources to respond to these issues quickly. She advocated that there need to be more resources allocated to the paralegals in these cases.

Ms. Jarmoc suggested including this as a recommendation when the task force considered issues relating to child welfare.

Donald Frechette discussed the probate court recommendations. Judges Knierim and Streit-Kefalas brought up four different areas of concern:

1. Training—there was discussion of a need for further training and the activities of the probate court or such generalized training may not be the best route, but there is a need for training that is specifically geared toward the activities of the probate court. There is also a need to recognize the roles of those within the probate court system. The draft that Mr. Frechette prepared first discussed the preparation of a training module specifically for the probate court and also that the gearing or focus of that training be formed by the appropriate individuals. There was also discussion during the presentation from the National Judicial Institute on Family Violence that they do not see probate judges at their trainings. He noted that stakeholders are constrained by a lack of access to resources. He noted that there are lots of resources available, however, but not all judges are familiar with how to access these resources. Having probate court participate in the trainings offered by the national judicial institute will allow for better training across the spectrum.
2. Straining orders and the issue of standing—the task force heard about the specifics of who has standing under the statute and there was some discussion about how one of the very first things that judges look for is the existence of jurisdiction and the existence of standing. There was discussion about the fact that a child has standing in the sense of the fact that they are statutorily able to seek a restraining order, but they are not able to commence a proceeding—they need a parent or guardian to do so and oftentimes the interests of the parent or guardian may not be aligned with the interests of the child. Mr. Frechette noted that these proposals were not specific, but more suggestions to the legislature to reflect on this issue further. There's a desire to have a child or an attorney who is representing the child initiate a proceeding in their own right, which is counterbalanced with the fact that children don't always have the best judgment in complicated family situations. We don't want to create a situation where children are commencing actions against their parents in court, as this would complicate things. There are situations where the best interests of the children may contradict the wishes of the parents, and a restraining order may be appropriate.

3. Data sharing—there was great frustration expressed over the fact that the probate court has virtually no access to any of the other records of the other courts in terms of the proceedings and probate courts are entirely dependent upon the parties to self-report. There was a suggestion of a creation of an electronic database, and it was suggested that a database could be created for less than \$100,000. This wouldn't be a very complicated process.
4. There was discussion about security in the courthouses—Mr. Frechette acknowledged that the task force did not want to get too deeply into issues of budgetary significance, but there was concern about the fact that probate court judges don't have access to marshals and marshals are dependent upon the local law enforcement and the good graces of the town that they're resident in. He acknowledged that he didn't know the extent to which the probate court judges would need access to the marshals on an as-needed or as-requested basis, but there is the possibility that probate judges may need more security in difficult cases. He stated that he would be happy to work with Judge Knieirm to discuss this issue further.

Ms. Jarmoc noted that the task force should not limit itself by resources, and that it is their task to identify concerns and report this to the legislature in the form of recommendations. As long as this fell under the purview of children and family matters, this would be appropriate for the task force to comment on. She commented that there are databases that exist, and questioned whether a brand new database was needed or if this information was already available but not shared with the right parties. She asked whether there were statutory prohibitions to accessing this information regarding whether the problem was the database or the fact that the correct parties couldn't access the information in the database. She suggested that there be a review of statutory limitations on data sharing, and that perhaps these need to be updated to reflect the current needs of the court system.

Ms. Mahon interjected that 46B-124 is a statute that allows information sharing and the judicial branch is included in that. She was unsure whether this encompasses probate, but the statute probably should. There is a statutory provision for information sharing across division and this includes DCF ; juvenile probations; and the judicial branch. She noted that there are several different systems that courts use to track data, and suggested that if there was a way to encompass this into one system, data sharing could be more expedient.

Judge Bozzuto commented that there is an overlap committee between family and magistrate as well as family and probate, and what she needs is a child registry in her court. They have a database that includes petitioners but doesn't mention children explicitly. The thing that connects DCF and the courts and healthcare workers, is the child, so there needs to be some sort of database that incorporates all of this information. This would be different than existing databases because it would be child-centric and wouldn't necessarily involve information about the parents, but about the child.

Ms. Mahon noted that in juvenile court, their cases are by the child. She also commented on the fact that in probate court, they often rely on the parties to present information as they are not represented by an attorney. She noted that on the affidavit from probate court—Family form 164—there is an opportunity to list whether or not families are involved in other proceedings in other courts and this is what probate judges rely on to see if people are involved somewhere else. She stated it may be helpful for the task force to look at this form and make sure that it's reader-friendly and also encompasses all of the different divisions that people could be involved in. The form currently has a place where people can state that they are not currently involved in another court case related to family violence, active orders of termination adoption, etc. Ms. Mahon pointed out that this may be confusing and suggested that perhaps it would be better to have a question that is more all-encompassing. She suggested making this language more clear to get better information.

Judge Bozzuto responded that her court is already doing this to some extent. The forms aren't always accurately filled out, so her court asks clarifying questions to get better information. She is working on a form that dictates where else the child has been and identifies these proceedings in a user-friendly format.

Ms. Mahon stated that she brought this up because she knew that the probate court used this form.

Judge Bozzuto stated that she was working on this so that in Hartford, courts would know whether the plaintiff had another pending case in another court.

Ms. Jarmoc asked whether this should be included as a recommendation.

Judge Bozzuto stated that the judicial branch was already working on this and would be willing to include this as part of the task force recommendations.

Ms. Jarmoc stated that the task force would be including this as part of its recommendations.

Ms. Mahon noted that not all probate courts use the same form, so it may be worth recommending that there is consistency across the probate courts.

It was noted that the difference in forms between courts has created significant issues in terms of data collection, and it would be helpful if courts could start using similar paperwork to make the judicial process more efficient.

Judge Bozzuto noted that she wasn't sure of the affidavit in juvenile matters, but that she would be looking at the intent and solutions in custody in terms of where the child has been living, but separate from this there may be one universal form that could be used to know the history of different cases and know where else the child has been touched by some court. She argued that it would be better if all of the courts used the same form for each child involved in the court system. Judge Bozzuto went on to recommend that in the task force be careful regarding its recommendations around restraining orders. She noted that restraining orders can sometimes be used to hurt children in family court, and cautioned against changing the language around restraining orders too much.

Ms. Jarmoc stated that she was worried about indirect consequences of changing the language around restraining orders and suggested that the task force keep talking about it and gathering information.

Mr. Frechette stated that he would be floating the specifics of this part of the recommendations and agreed that there is a host of potential problems related to restraining orders. He noted that in drafting this, the task force did not take a position on restraining orders but suggested it for legislative consideration.

Ms. Eagan also commented on the restraining orders recommendation. Minors under 18 can seek the protection of a restraining order, but there is a lack of clarity as to what the mechanism is for doing this. She argued that it would be important to bring some clarity to this issue. She noted that the Center for Children's Advocacy Teen Legal Advocacy Clinic does advise youth that they can seek restraining orders and has publications that detail this. Also the National Women's Law Organization does identify Connecticut as a state where minors can seek restraining orders for abuse without needing someone to file the action for them. This assertion is based on the statutory language, so there is a need for some clarification. She offered to seek feedback from the Center for Children's Advocacy Teen Legal Advocacy Director, who has worked very closely on this issue.

Ms. Jarmoc suggested setting up a call between Ms. Eagan, the director at the teen legal advocacy center; Donald Frechette, and the probate court to come up with a recommendation.

Garry Lapidus presented on the health care recommendations of the task force. He highlighted the focus on healthcare and public health and the importance of this to the work of the task force. In medicine and healthcare, they focus on individual patients and families, and in public health the focus is on the population of communities or neighborhoods. When the task force began its work, they framed this as a public health issue and had presentations from Dr. Livingston and Dr. Grasso that supported the idea of family violence as

a public health problem, and the public health approach includes first describing and assessing the problem carefully using data and information; identifying risk; and protective factors to get at the root causes of family violence. Once we have a better understanding, we want to do something to better address the issue, which is to develop and implement prevention programs and policies. These programs and policies then need to be evaluated and, if found to be effective, need to be scaled up so there is widespread dissemination. This public health approach is endorsed by the Centers for Disease Control and Prevention.

The second recommendation is to develop and employ universal screening protocols to effectively identify children with direct or indirect exposure to intimate partner violence or family violence, and this should be research-supported and developmentally sensitive. “Developmentally sensitive” means that when children start as infants and progress to preschooler, school age, etc., that they move in a trajectory that includes cognitive development; fine motor development; emotional development; and social development. At each level, we want to make sure that programs are addressing the child where they are. The screening should also include screening for adversity, trauma and maltreatment, which often co-occur with intimate partner violence.

The third recommendation is that when children are exposed to family violence, we develop and employ protocols assessing needs and connecting them to resources. If someone screens positive, we want to connect them with the appropriate resources, whether this is advocacy resources; trained social workers or psychological services.

The fourth recommendation is to develop and employ universal screening practices to identify women at risk for exposure to physical or psychological intimate partner violence during pregnancy. Intimate partner violence often surfaces for the first time during pregnancy, and is particularly harmful for the pregnant mother as well as for the baby. This is the first opportunity for IPV to impact children, which is well-supported by research, and we need to promote this screening at prenatal health clinics; healthcare centers; and OB/GYN clinics.

The fifth recommendation is to develop and implement outreach strategies for raising public awareness of the effects of IPV exposure on child development and function. This approach would adjust the social context to make IPV unacceptable from a social standpoint. Public awareness campaigns are designed to bring out messages broadly to the community by using preexisting mechanisms of public education. In the hospital and healthcare settings where he sees patients, part of the work is to provide anticipatory guidance, also known as safety counseling, on this issue. When he sees teenagers coming in for well adolescent checks, this is a great opportunity to talk about whether they’re in relationships, and what those relationships look and feel like—are they healthy or unhealthy?

The sixth recommendation is to organize and implement training for healthcare staff on topics pertinent to children’s exposure to intimate partner violence. He noted the importance of providing training to people in practice and also to students in training in medical, nursing and other health-related programs. In this training, they should be providing information regarding the impact on development, how to effectively screen, how to report, and how to connect people to resources.

The seventh recommendation is to develop and implement protocols for establishing cross-sector collaboration between healthcare systems that screen for IPV and other children and family-serving systems and agencies that provide services such as early childcare; child welfare; law enforcement; judiciary; and victim advocacy. The idea is to break down the silos where people are working separately and to identify issues as ways to connect with each other so as to provide service and help to children.

The eighth recommendation is to partner with colocated behavioral healthcare professionals trained to assist and treat psychological problems associated with children’s exposure to IPV. He noted that the task force had received presentations from Dr. Livingston and Dr. Grasso about the devastating impact of IPV on children. He stated that these children need help, so we should do everything we can to get them help and figure out how to optimize the referrals and enhance connections to resources.

The ninth recommendation is to do more research to clarify the causes of this issue and partner with researchers to investigate the feasibility and effectiveness of screening and brief intervention protocols so

that we can develop an informed model for best practices and policy. As this is a complicated issue, a multidisciplinary approach is necessary, which means that the research should come from the best minds in law enforcement; judicial; health care; medicine and behavioral health to focus in on this issue. He asked the task force for questions.

Ms. Jarmoc asked about the issues brought up in Dr. Livingston's presentation with regard to parenting skills and home visitation and whether these recommendations should be included in the social work aspect of the recommendations or in the healthcare aspect of the recommendations.

Dr. Livingston responded that these can be put into two different categories, and suggested that perhaps the task force look at universal prevention strategies that are upstream of any identified problem, such as universal primary prevention strategies; the availability of parenting resources in the community, and other things that are available to people in the community. There is also the category of more targeted services for children who are either known to be at high risk or who have already encountered some kind of adversity. Some of these services are very specialized. She spoke a little bit about the support for the non-offending parent and how important this is and making sure this doesn't get lost in the systematic response to this problem. The non-offending parent caregiver is the most important resource the child has.

Ms. Jarmoc agreed that non-offending parents are very important to these situations as far as the child feeling safe and supported. She noted that the third bullet talks about early childhood family-serving systems, and wanted to ensure that the discussion around parenting encompasses this.

Dr. Livingston noted that a lot of these concepts are intentionally broad and the task force could develop more specific recommendations within these strategies. If the task force wanted to identify and expand upon a certain service, she could include this with the recommendations but noted that these things require resources. The task force could recommend starting by helping people become more aware of the availability of existing services and targeting things that they know to be helpful. Some of this has to do with education for healthcare providers, both at the trainee level and out in practice so that they actually know about the existence of these services, as most healthcare providers aren't working closely with a social worker but with other healthcare providers, and neither of these providers knows about the nurturing families network or the other programs that are available. She noted the importance of bringing these resources to the attention of people who see referrals.

Ms. Eagan discussed the notion of the importance of healthcare and the continuum of support and prevention services. She agreed that there is more work to be done to reach out to healthcare providers. She asked whether Medicaid staff and insurance companies could be partners in this collaboration. Ideally, healthcare providers would be connected with parent-child interventions in the community, and it's important to think about who these partners are who can assist with information delivery.

Dr. Livingston asked about the capacity of the 18 member advocacy agencies in the state to make the connections for families and healthcare providers and to get them to domestic violence advocacy agencies in their area. She asked what the current capacity was of members in the agency and if there were recommendations for people within the agencies regarding available services. Healthcare providers can't learn everything, as they are paying attention to multiple different issues and they can't be counted upon to make all appropriate referrals for every child. She suggested simplifying the message as to where to direct healthcare workers to reach out to get support for families.

Ms. Eagan pointed out that the services they were discussing are designed for families that have experienced trauma, and the continuum of interventions are not necessarily specific to family violence but are things that we would want all healthcare providers to be knowledgeable about. She suggested that healthcare providers don't just respond to family violence, but will refer families to services based on different adversities they're experiencing.

Ms. Jarmoc discussed the issue of mandated training for healthcare providers and pointed out that through DSS, there's a statewide healthcare training screening project and noted that most policy makers won't have familiarity with what's occurring so findings need to be added to this recommendation. This should be prefaced with a notion of building upon existing training so that policy makers don't assume that there's nothing going on right now. There aren't currently specific mandates around training but she wanted some clarity as to whether the task force felt it was necessary to mandate this kind of training.

Dr. Livingston noted that physicians' licenses in the state require one hour annually of category of C ME and part of this involves domestic violence training, so there is a specific mandate for physicians but probably doesn't exist for other healthcare providers.

Dr. Grasso noted that this recommendation came out of healthcare settings that they would develop universal or standard training in this area.

Ms. Jarmoc noted that it was important to be careful with the language around this, as mandates can be tricky to get through the legislative process.

Mr. Lapidus noted that there is an important initiative through DSS to provide healthcare training on this issue, which will be referenced in the report.

Dr. Livingston commented that currently there is a fund that sits at the office of victim services that reimburses the diagnostic evaluation for children in response to suspected sexual abuse. This includes forensic interviews being billed directly to the state and the medical evaluation of children with suspected sexual abuse. This same service does not apply to children exposed to family violence or physical abuse or other types of treatment. These services are equally appropriate for children who have been physically abused or exposed to family violence. As a result, MDT's are not seeing a lot of family violence, so more resources need to be made available for evaluations of children exposed to family violence and physical abuse. MDT's do conduct witness to violence cases and refer them, but can't bill for them. If the teams were handling a lot of these cases, this would be costly as they cannot bill for these types of evaluations. She asked if MDT's should be looking at cases of family violence even in cases where sexual abuse isn't identified. There is a potential role for MDT's, and domestic violence is one of the things that MDT's are supposed to respond to, but it's a very small component. If these services are to be made available, the state will have to reimburse for them. Often, reimbursements cover less than half of the cost of doing the evaluation, so with no reimbursement it's extremely difficult to make these services available. It may be worth it to look into whether these funds can be expanded. She also noted that the task force should be cognizant of unintended negative consequences for caregivers. We should avoid posing a threat to the non-offending caregiver. She noted that children exposed to IPV are also receiving some other form of maltreatment. These kinds of interviews can also be helpful in the court process, as a lot of information is developed as a result of these interviews to improve the outlook of these cases and the impact on the child.

Ms. Mahon asked about the evaluation process and the MDT meetings where information is shared, and there isn't much cost to this, but perhaps an MDT could be developed for information sharing purposes.

Dr. Livingston pointed out that MDT agendas are very full and require a lot of time, and there has been talk about expanding the amount of time spent in MDTs, but this is difficult as these meetings require significant commitments from service providers. The interviews with children do have a cost.

Someone noted that teaming these cases could have a lot of value. The issue could be that not all of the MDT players are sitting around at case review and discussing the family violence cases in the way that they need to be discussed.

Ms. Mahon noted that in the MDT's she participates in, there are therapists who have a trauma focused background but she's unsure if there are specific people who have family violence IPV training.

Dr. Livingston noted that Middletown does have the participation of family violence victim advocates, and other experts from participating agencies.

Ms. Mahon suggested that the task force recommend piloting a domestic violence-focused MDT, or to recommend that the current MDT's expand their sitting members to allow in domestic violence advocates, IPV specialists and law enforcement with background in domestic violence.

A voice agreed that it would be prudent to recommend that another work group convene to discuss the feasibility of this.

Dr. Livingston suggested that the governor's task force on justice for abused children and the CCA would want to be at the table to discuss this, and she didn't want to go very far without engaging the appropriate stakeholders. She also recommended that the task force recommend funding for these evaluations, because this is a big barrier to these cases being put on the radar screen and getting proper evaluation.

Ms. DeLeo agreed that forensics would be a great tool in these cases but also cautioned that this may be complicated, as a lot may be involved in these forensic interviews. With proper discretion, in the most serious cases, these would be a tremendous tool.

Dr. Livingston asked about a recommendation to pilot this in one region and about an assessment of the capacity could be. If we study the outcomes, we might be on solid ground to take the next step.

Ms. Painter responded that a good first step would be to ask OBS if there are any funding limitations as to why they can't do this. There may be federal limitations as to how they use their money, but this would be easy to ask.

Dr. Livingston responded that this was currently designated as just for victims of sexual abuse and assault.

Ms. Painter noted that it would be prudent to ask what kinds of funding there are and what those funds need to be used for and if they have the ability to change this. She asked where the organization got its funding.

Dr. Livingston stated it would be a statutory fix at OBS, and they would need some kind of statutory language. There is currently no mechanism to do this.

Mr. Lapidus asked for additional comments.

A motion was duly made and seconded to adjourn the meeting.

The meeting was adjourned at 11:40 AM.

Sara LeMaster
Task Force Staff