Connecticut Domestic Violence Fatality Review Committee

2015 – 2016
Findings & Recommendations
Prevent future deaths and serious physical injuries by conducting multidisciplinary, systemic examinations of Intimate Partner Domestic Violence. (IPDV)
DVFR Objectives

1. Enhance the safety of victims and accountability of batterers
2. Identify systemic gaps and barriers to service
3. Recommend implementation of coordinated community responses
4. Influence public policy for intervention and prevention
DVFR Methodology

• The Committee reviews fully adjudicated cases of fatal and near-fatal intimate partner violence.

• Near-fatal cases are defined as those incidents of intimate partner violence resulting in the “serious physical injury” of the victim, as defined in Connecticut General Statues § 53a-3(4).

• The focus of the review process is on preventative accountability and victim safety.

• The Committee recognizes that the offender is solely responsible for his or her actions.
Between 2000 and 2015...

222
INTIMATE PARTNER HOMICIDES

VICTIMS
86% FEMALE
190 FEMALE
32 MALE

OFFENDERS
26 FEMALE
196 MALE
88% MALE

Victims of intimate partner homicide in Connecticut are most often married to or living with their abuser.

Victims and offenders are most often between the ages of 25 and 44.
While 2015 saw an all-time low with only 8 cases of intimate partner homicide solved to date, we have already seen 9 intimate partner homicides in 2016.

CONNECTICUT AVERAGES

14

INTIMATE PARTNER HOMICIDES PER YEAR
Firearms remain the single most commonly used weapon in cases of intimate partner homicide.

**Weapons Used**
- Gun: 41%
- Knife: 34%
- Strangulation/Asphyxiation: 10%
- Blunt Force: 7%
- Physical Force: 5%
- Other: 3%

**Murder/Suicides**
- 30% of intimate partner homicides resulted in murder/suicides.
- 79% of murder/suicides were committed with a firearm.
• Victims of near-fatal intimate partner violence are most often living together, share a child in common or are in a dating relationship.

• Between 2005 and 2015, 60% of near-fatal incidents of intimate partner violence were perpetrated by physical force/the offender’s use of hands, feet, fist, etc.
Four categories were identified by the committee

• Offender Accountability
• Victim Advocacy & Resources
• Healthcare
• Training & Technical Assistance
Offender Accountability

- A common trend has been the violation of court ordered restraining and protective orders preceding a domestic violence homicide.
- This violation shows disregard for the court’s authority and is a high risk indicator.
- While there were 28,000 court orders of protection in Connecticut in 2014, 2,070 arrests were made that same year for violations of these orders.
Offender Accountability

- Identifying and responding to this and other risk factors for fatal intimate partner violence is key to preventing future deaths and serious injuries.

- One tool used by law enforcement is the Lethality Assessment Program, which is overseen by CCADV.
CONNECTICUT’S LETHALITY ASSESSMENT PROGRAM

BETWEEN OCTOBER 1, 2012 AND JUNE 30, 2016...

- **12,062** Lethality Screens Conducted
- **6,251** (52%) Screens Considered High Danger
- **4,924** (79%) High Danger Victims Spoke with a Counselor
- **4,039** (82%) High Danger Victims Who Spoke with a Counselor Followed Up for Services

91% of CT towns & cities are utilizing LAP as of 7.1.16
2015 – 2016 Recommendations

Offender Accountability

• Require pre-sentence investigations be completed on all family violence felonies where the defendant is facing incarceration (CGS §54-91a)

• Develop a multi-disciplinary approach including Dept. of Correction, Board of Pardons and Paroles, law enforcement and victim advocates to offer greater accountability and monitoring of high-risk offenders.
Offender Accountability

- Strengthen court and community responses to domestic violence, including as it relates to offender accountability for restraining and protective order violations:
  - CCADV will partner with the National Council of Juvenile & Family Court Judges to develop specialized training and policy guidance
  - CCADV will assess opportunities to partner with the Connecticut Judicial Branch to update available judicial resources and benchbooks.
Victim Advocacy & Resources

• Services related to legal needs are one of the most frequent requests from victims of domestic violence who seek assistance from CCADV’s 18 member organizations.

• Connection to victim services and safety planning by certified domestic violence counselor is a strong protective factor against fatal family violence.

• Research has shown that parties who have legal representation are significantly more likely to obtain protective orders.
2015 – 2016 Recommendations

Victim Advocacy & Resources

• Secure resources to expand the presence of full-time Civil Family Violence Victims Advocates in each of Connecticut’s 15 judicial district courts that hear civil/family matters.

• Strengthen the existing Domestic Violence Restraining Order Project to ensure formalized programmatic structures.
  • Expand the project to all judicial districts with new Civil Family Violence Victim Advocates.
  • Collect data to assess the impact of victim representation on case outcomes.
Healthcare

• Healthcare professionals can play a significant role in Connecticut’s response to intimate partner violence.

• The Committee has seen trends in which intervention within the healthcare system was possible prior to the victim’s death.

• Intimate partner homicide is one of the leading causes of death for pregnant women, and any abuse during pregnancy is associated with a number of poor health outcomes for both the mother and the child.
Intimate Partner Violence & Pregnancy

Homicide is the 2nd leading cause of injury-related deaths among pregnant or postpartum women.

3x increased risk of homicide (attempted or completed) among women abused during pregnancy than among women who were abused but not during pregnancy.

Of the 805 health professionals trained by CCADV in FY16, only 35% diagnosed or assessed for IPV.

Women who were assessed for abuse and given a wallet-sized referral reported fewer threats of violence and assaults.

Women in family planning clinics who received both assessment and counseling on harm reduction strategies were 60% more likely to end a relationship because it felt unhealthy or unsafe.
2015 – 2016 Recommendations

Healthcare

• Enable women’s healthcare providers to more adeptly identify victims of domestic violence.

• Link victims to services through a partnership between CCADV’s Health Professional Outreach Project, Women’s Health Connecticut and Planned Parenthood of Southern New England.

• Offer a targeted approach that improves training, screening protocols, policy guidelines, technical assistance and data collection for women’s health programs and maternity and obstetric providers/departments.
Training & Technical Assistance

• The most dangerous time for a victim of domestic violence is when she or he takes steps to end the relationship, thus changing the control dynamics of the offender. This may result in the offender taking more extreme actions to regain control over the victim.

• Police who know that what appears to be a simple “technical” violation of a court order may actually be a sign of a more serious threat to the victim’s safety will be better positioned to intervene.

• Minors Exposed to Domestic Violence were directly involved in over 11% and present in another 20% of the state’s 18,437 family violence arrest incidents in 2013.
Training & Technical Assistance

• Expand and enhance training opportunities to increase law enforcement awareness of:
  • Impact of intimate partner violence on children
  • Risk indicators for fatal family violence
  • Impact of trauma on victim decision-making
  • Implications of an offender’s willingness to violate court orders prohibiting contact and/or violence
2015 – 2016 Recommendations

Training & Technical Assistance

• Develop enhanced training for legal professionals including, but not limited to, private attorneys.
  • Help them to better identify clients who may be impacted by domestic violence.
  • Help them recognize their opportunity to provide victims with information regarding lethality risk factors, which are heightened at the time of separation or divorce.
  • Help them provide unique considerations with respect to child custody.
• After 16 years, the Committee has conducted over 70 in-depth case reviews of intimate partner fatalities and near-fatalities.

• The Committee is made up of members in the areas of victim advocacy, social services, healthcare, child advocacy, offender education, law enforcement, corrections, and the judicial system.

• The Committee will continue to use a multidisciplinary, systemic approach to case examinations to assess events from numerous angles, and to explore each opportunity for prevention and intervention.