

Improving Outcomes for Children & Youth Exposed to Family Violence Workgroup

Findings & Recommendations

January 2015



Connecticut Coalition Against Domestic Violence

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INTRODUCTION

I. Background

In households with domestic violence, 50% are households with children. Most are children under the age of five and most have multiple incidents. In terms of families involved with child protective services, 75% of those families have domestic violence occurring in the home.ⁱ

The “Improving Outcomes for Children and Families Impacted by Family Violence” Workgroup is a product of the June 2014 Children Witness to Domestic Violence Roundtable hosted at the Legislative Office Building in Hartford, Connecticut by the Office of the Child Advocate and Connecticut Coalition Against Domestic Violence to discuss a series of 2014 in-state domestic violence homicides where children were present at the scene, with a broader aim to establish stronger policy and practice amongst Connecticut systems and stakeholders who respond to children and youth exposed to domestic violence.

It is the intent of this group to cite findings and offer recommendations which are reflective of evidence based interventions and promising best practice models that are trauma informed, developmentally and culturally relevant and that also serve to strengthen the parent-child relationship.

According to the Attorney General’s National Task Force on **Children Exposed to Violence**, exposure to violence in any forms harms children, and different forms of violence have different negative impacts.ⁱⁱ In that regard, intimate partner violence within families puts children at high risk for severe and potentially lifelong problems with physical health, mental health, and school and peer relationships as well as disruptive behavior. Witnessing or living with domestic or intimate partner violence often burdens children with a sense of loss or profound guilt and shame because of their mistaken assumption that they should have intervened or prevented the violence or, tragically, that they caused the violence.ⁱⁱⁱ

Domestic violence reflects a family culture of violence which includes physical and psychological aggression and control, and where there is domestic violence present, children are often present.^{iv} Children’s experience and resources during and immediately following the violence can serve as risk and protective factors. In terms of physical aggression, a child may witness daily shoving, hitting, throwing of objects across the room, broken bones, use of a weapon and choking or strangulation.^v A child may also view psychological abuse to include behaviors such as ridiculing, threatening to harm/kill oneself, humiliation in public, the discouragement of contact with family/friends, threatening to harm the adult partner or partner’s family and controlling activities.^{vi} Additionally, it does not take physical violence to for there to be cause for concern – forms of psychological aggression and control, often chronic and intense, contribute to the culture of violence in a home and maintains dysfunction.^{vii}

II. Workgroup Membership

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FINDINGS & RECOMMENDATIONS

I. DATA COLLECTION

1. Connecticut lacks one centralized source/place for the collection of data in regard to children and youth exposed to family violence. Here is what we know:
 - a. According to Connecticut Court Support Services Division of the Judicial Branch: In 2012- 26% of the cases administered by Judicial Branch- Family Services had a child present during an arrest. For 2013, it was 25%.
 - b. According to the CT Department of Emergency Services and Public Protection Crimes Analysis Unit, in 2012 children were involved or present in 6,291 incidents or in 31.7% of circumstances of family violence where there were a total of 19,804.
 - c. Multi-Disciplinary Teams are not capturing data specific to children exposed to family violence.
 - d. In 2012, the CT Department of Children and Families reports that there were 5,690 families receiving support and intervention from the agency with intimate partner violence in the home. In 2013, that number was 3,973 and 4,319 in 2014. These numbers do not reflect ongoing intervention services.
 - e. Connecticut Department of Public Health: Healthy Connecticut 2020. http://www.ct.gov/dph/lib/dph/state_health_planning/shipment/hct2020/hct2020_state_hlth_impv_032514.pdf while this report focuses on Injury and Violence Prevention there is no data or initiatives related to DPH's plans to address children/youth exposed to family violence. Objective MHSA-8 does call for an increase by 5% in trauma screening by primary care and behavioral health providers.
 - f. The CT Coalition Against Domestic Violence offered intervention services to include shelter, counseling, group support, advocacy, information and referral to 1,334 children in FY 14 in both shelter and community where one parent is a victim of domestic violence.
2. Opportunities exist in regard to reporting requirements and the establishment of a statewide streamlined process.
 - a. Connecticut should consider mandates regarding collection and reporting of data by law enforcement and CPS (e.g., New Jersey) where children are present or otherwise impacted by incident.
 - b. The state should also work towards the development of a needs assessment with an aim to offer a strategic plan to address needs, with attention to regional disparity.
 - c. There is opportunity to capture better data through the state's Family Violence Offense Report DPS-230-C (offered through the Department of Emergency Services and Public Protection Division of State Police) which is utilized by law enforcement at the scene of a family violence incident. It is recommended that

the report be amended to capture whether or not children witnessed the event, the number of children exposed, and the ages of those children.

- d. There is opportunity to capture informative data through the Department of Mental Health and Addiction Services and its intake assessment for individuals accessing substance abuse treatment to capture whether or not dependent children are living in the home.

II. CENTER OF EXCELLENCE

1. Connecticut's intervention and prevention policy and practice could be strengthened through the development of a one-stop, trauma-informed center for children impacted by family violence. Such an entity would be strategically positioned to facilitate the development of new collaborations across agencies which may be offered through existing resources within systems to address such core activities as research/evaluation, education/training, clinical care and policy/advocacy.
2. Such center could aim to reduce the impact of family violence on children and youth in Connecticut as domestic violence and its consequences is a preventable public health problem.
3. There is opportunity to translate research and evaluation into evidence-based, collaborative practice and policy to improve outcomes for Connecticut families.
4. Such center could capture, synthesize and contain statewide data.
5. Such center could also serve as the hub for data, research, policy and technical assistance.
6. The state must support/incentivize research with attention on
 - a. prevention of domestic violence
 - b. model intervention responses. E.g., CT has FBR and RSVP for families affected by substance abuse and child welfare issues.

III. MULT-DISCIPLINARY TEAMS

1. Review current statute to understand opportunity to mandate participation/representation of a family violence victim advocate on each team.
2. Consider mandatory review of domestic violence homicide cases where children are present to include mandatory collaborative learning opportunities/practices.
3. The Governor's Task Force on Justice for Abused Children, which provides oversight to multi-disciplinary teams, should consider requiring data collection in regard to understanding if family violence is a primary or secondary concern for its cases.

IV. TRAINING

1. Establish statewide protocols amongst systems to require standardized components to training curriculum offered to stakeholders to include such elements:
 - a. National Best Practice Registry
 - b. Trauma-Informed
 - c. Evidence Based
 - d. Assessment and Screening Standards

- e. Identify already mandated training opportunities to expand and reinforce capacity to help children impacted by family violence. Consider also “in-service” rather than just pre-service training for lawyers, child protection and law enforcement (and others), to make sure that given prevalence rates of family violence, all actors are abreast of best practices and protocols.
2. Mandate training regarding best practices in response to family/domestic violence for the criminal justice system, juvenile justice system and child protection system.
3. Within the healthcare setting there is opportunity to enhance training for clinicians, medical personnel, emergency responders and behavior health providers.
4. Connecticut’s early childhood system is well-positioned to offer training to its providers and could look to incorporate standards into its licensure activities.
5. Explore opportunities for cross-training & response
 - a. Potential to work through MDT’s
6. Expansion of “Handle with Care” protocols
7. Consider mandatory and periodic self-evaluations for effectiveness of agency response re children witnesses/impacted by domestic violence: is anyone better off? Outcomes for children exposed to family violence.

V. STATEWIDE STANDARDS & PROTOCOLS

1. Connecticut’s intervention and prevention work to assist children and youth exposed to family violence would be strongly supported through new statutory provisions which codify a comprehensive response.
2. States, such as Maryland, Oregon and Georgia and Arizona offer stronger punishment in regard domestic violence that is committed in the presence of a child.
 - a. Arizona –
 - i. Section 13-702 defines this as an “aggravating circumstance” allowing for a felony conviction and harsher sentencing.
 - b. Arkansas –
 - i. 5-4-702 Enhanced penalties for offenses committed in presence of a child
 - ii. (a) Any person who commits a felony offense involving assault, battery, domestic battering, or assault on a family member or household member, as provided inmay be subject to enhanced sentence of an additional term of imprisonment of not less than one year and not greater than ten years if the offense is committed in the presence of a child.
 - iii. (b) To seek an enhanced penalty established in this section, a prosecuting attorney shall notify the defendant in writing that the defendant is subject to the enhanced penalty.
 - c. Delaware –
 - i. “Child Protection From Domestic Violence Act”
 - ii. The purpose is to protect children from domestic violence and the harm caused by experiencing domestic violence in their homes.
 - d. Georgia –
 - i. Title 16, Chapter 5, Article 5, Sect. 16-5-70

- ii. (2) Such person, who is the primary aggressor, having knowledge that a child under the age of 18 is present and sees or hears the act, commits a forcible felony, battery, or family violence battery.
- iii. (e) (1) A person convicted of the offense of cruelty to children in the first degree as provided in this Code section shall be punished by imprisonment for not less than five nor more than 20 years.
- e. Illinois –
 - i. Domestic battery committed in the presence of a child. In addition to any other sentencing alternatives, a defendant who commits, in the presence of a child, a felony domestic battery, aggravated domestic or unlawful restraint or aggravated unlawful restraint against a family or household member shall be required to serve a mandatory minimum imprisonment of 10 days or perform 300 hours of community service or both. The defendant shall further be liable for the cost of any counseling required for the child at the discretion of the court in accordance with this section.
- 3. Create Model Policy (Similar to Connecticut’s Model Policy for Law Enforcement’s Response to Family Violence)
 - a. Establish an “Advisory Committee” similar to Connecticut’s Model Policy Governing Council for Law Enforcement’s Response to Family Violence to assess Connecticut standards for children/youth exposed to family violence and report out to the General Assembly’s Committee on Children.
 - b. The establishment of a model which offers best practices standards within the Department of Children and Families and Office of Early Childhood specific to children and youth exposed to family violence should be considered.
 - c. Establish Judicial Standards within the criminal justice system, juvenile justice system and child protection system for children and youth exposed to family violence
 - d. Update CCADV Member Organization standards to fortify interventions for children and youth exposed to family violence
 - e. Explore Connecticut’s Lethality Assessment Program to understand opportunities to further screen for children/youth present at the scene of a family violence incident and corresponding intervention protocols. Connecticut should consider expansion of New Haven Model of response; EMPS referral automatic where first responders on scene of violent event where children are present. See e.g., OHIO.
 - f. Review and consider adoption of model court policies and practices that reflect evidence based informed best practices to improve the child welfare system response in cases where child neglect and abuse and domestic violence overlap.
 - g. There is a need to target specific resources for children who are witnesses or otherwise impacted by domestic violence. Explore greater opportunity to maximize reimbursement for screening, assessment and intervention for children and youth exposed to family violence and further understand gaps in funding/reimbursement for services.

ENDNOTES

ⁱ Ibid

ⁱⁱ National Task Force on Children Exposed to Violence, *Defending Childhood: Final Report & Recommendations*. December 2012. P. 1 & 2.

ⁱⁱⁱ Ibid

^{iv} Grasso, Damion, *Childhood Exposure to Domestic Violence – Reducing Trauma for Children in Family Violence Investigations*, September 2014.

^v Ibid

^{vi} Ibid

^{vii} Ibid