

upon further examination

2017 - 2018

**Report of the Connecticut Domestic
Violence Fatality Review Task Force**

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Connecticut Coalition Against Domestic Violence

upon **further examination**

2017 - 2018 Report of the Connecticut Domestic Violence
Fatality Review Task Force

This report is a product of the Connecticut Domestic Violence Fatality Review Task Force, a collaboration of private, public and nonprofit organizations.

Written by Connecticut Coalition Against Domestic Violence
Wethersfield, CT

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This report is dedicated to survivors of intimate partner violence and victims of fatal intimate partner violence, including the family and friends left behind.

INTRODUCTION

Since its inception nearly twenty years ago, the CT Domestic Violence Fatality Review Task Force has reviewed a total of 90 fatalities or near fatalities with an aim to reduce intimate partner violence (IPV) homicide in our state. Given our knowledge that IPV homicide is predictable and therefore preventable, it is our collective opportunity to view how we can do better for victims in these most horrifying of circumstances. Precipitating risk factors such as mental health and trauma, substance use, and the bystander effect continue to exist as some of the most predominant influencers impacting IPV homicide in Connecticut given this most recent assessment. During the 2017-2018 review period, the Task Force reviewed 13 fatalities and 1 near-fatal case which had been adjudicated. It is important to note that the cases reviewed during this session occurred between 2012 and 2016.

Connecticut has averaged just under 14 IPV homicides annually since 2000 with firearms serving as the most commonly used weapon of force to commence the action. Through its work to address IPV and homicide, the state has emerged as a national leader in innovative and progressive practices in such areas as risk assessment, housing, and children. In particular, adoption of the Lethality Assessment Program (LAP) by victim advocates and law enforcement, coupled with recent changes to Connecticut's stalking and strangulation statutes, have strengthened our systemic ability to identify and safety plan with victims who are at the highest risk for murder by their partner. In January 2019, Connecticut will join 27 other states in offering dominant aggressor language to its family violence law to require that law enforcement identify which party poses the most serious ongoing threat upon making an arrest. The Task Force has also made numerous recommendations over the years that have enhanced existing responses including an increase in IPV screening by medical practitioners, an increase to the number of domestic violence victim advocates in criminal and civil courts to assist survivors, and comprehensive training across systems on such topics as trauma, risk assessment and children's exposure to trauma.

This report highlights ongoing recognized trends around IPV homicide in Connecticut that continue to permeate the lives of domestic violence victims, despite concerted approaches to more firmly address them. Given that half of the IPV homicide cases reviewed reveal that mental health or addiction issues were present in the lives of the victim and/or offender prior to the murder, we recognize the need to learn and do more. The term "bring in the bystander" has greater meaning in Connecticut today upon our understanding that co-workers of nearly half of the victims over this review period were aware of the partner abuse in the home and might have had the opportunity to play a role in regard to their safety. The Task Force hopes this report will serve to provide awareness and foster further understanding of IPV and the ripple effect it has on a victim, their children, family, friends, co-workers, and the community in which they live.

Name Change

In October of 2016, the Connecticut Domestic Violence Fatality Review Committee changed its operating title to the Connecticut Domestic Violence Fatality Review Task Force. This change was made to coincide with the CT Coalition Against Domestic Violence Board of Directors' bylaws. The mission statement and objectives remain the same and continue to be the foundation in which the task force reviews intimate partner fatalities.

CONNECTICUT'S LETHALITY ASSESSMENT PROGRAM

Connecticut's Lethality Assessment Program (LAP) plays an important role in identifying behaviors and circumstances that may lead to serious injury or death of an intimate partner. The two-pronged approach connects victims directly to an advocate who can provide safety planning, shelter, immediate resources and support at a critical time for the victim and their family. In November 2017, Connecticut became the **FIRST AND ONLY STATE** in which **100%** of law enforcement are utilizing the LAP screen.

Between October 1, 2012 and June 30, 2018

29,436 lethality screens conducted

14,879 (51%) high-danger screens

10,328 (69%) high-danger victims spoke with an advocate

9,474 (92%) high-danger victims engaged in service

OVERVIEW

Mission

The Connecticut Domestic Violence Fatality Review Task Force seeks to prevent future deaths by conducting multi-disciplinary, systemic examinations of intimate partner fatalities and near-fatalities in a confidential, reflective, and culturally-sensitive environment that will lead to recommendations for positive social and systems change.

Purpose of Report

The purpose of the report is to:

- Promote safety and justice for victims and accountability for offenders
- Give a voice to the victims and their loved ones so that we may learn from their experiences
- Raise awareness and promote critical thinking about the problem of domestic violence
- Serve as a practical tool to inspire and drive change in our service system and in our community

Objectives

The Task Force's objectives are to:

- Enhance the safety of victims and accountability of offenders
- Identify systemic gaps and barriers to service
- Implement coordinated community responses
- Influence public policy related to prevention and intervention

Definitions

The homicides that are considered "intimate partner homicides" by the Task Force and are included in the statistics throughout the report are those individuals who are killed by a current or former intimate partner, such as a spouse, dating partner or someone with whom they shared a child in common.

For purposes of this Task Force, near-fatalities are defined as those incidents of intimate partner violence resulting in the "serious physical injury" of the victim. "Serious physical injury" is defined in Connecticut General Statutes § 53a-3(4) as a "physical injury which creates a substantial risk of death, or which causes serious disfigurement, serious impairment of health or serious loss or impairment of the function of any bodily organ."

The homicide and near-fatality statistics found in the report do not include bystanders, such as other family members who may also have been killed or injured, nor do they include perpetrators of intimate partner violence who later take their own lives. However, these deaths are meaningful and discussed as part of the review process.

Methodology

The Task Force identifies fatalities and near-fatalities to review which resulted in murder-suicides or which have been adjudicated. Once the cases are selected, the Task Force conducts a detailed review of all available public records and other documentation related to these incidents and, when possible, meets with family, friends and professionals who came into contact with the victim.

The Task Force focuses on principal markers of the case that enable it to:

- Understand how and when the offender's behaviors escalated
- Examine the risk factors as they pertain to both the offender and the victim
- Review the community's involvement in the case
- Develop recommendations to community stakeholders

MEDICAL EXAMINER REPORT	Gathered to determine cause and manner of death, nature and extent of injuries, as well as age, gender and race of victim.
POLICE REPORT	Used to determine if known circumstances of domestic violence existed prior to the fatality or near-fatality and to gather details regarding the circumstances surrounding the incident.
CRIMINAL JUSTICE INQUIRY	Public information is gathered from both the Connecticut Judicial Branch, pertaining to past court orders, pending divorce proceedings, child custody motions, etc., and the Connecticut Department of Correction, pertaining to the sentencing status of an offender.
INTERVIEWS	Although not required, interviews with friends and family members of the victims, or the victim her or himself in a near-fatality, are conducted when possible.
MEDIA REPORTS	CCADV maintains an inventory of all domestic violence related articles related to fatalities and near-fatalities that are cataloged for use in the review process.
SOCIAL MEDIA	Publicly available social media is reviewed to gain insight into the lives of victims or offenders.

HONORING VICTIMS

The following women and men lost their lives as a result of intimate partner violence between 2016 and 2017. These are the last two available years of homicide data compiled by the State Police since the Committee released its 2016 report.

2016 Intimate Partner Homicides

Nasashalie Hoy	•	January 5, 2016	•	Hartford
Myron Sanborn, IV	•	February 11, 2016	•	East Hartford
Allison Peterson	•	February 17, 2016	•	Vernon
Keneata Nicholas	•	February 20, 2016	•	West Haven
Catherine Agsalud-Pinedo	•	April 9, 2016	•	West Haven
Ebony Swaby	•	May 7, 2016	•	Waterbury
Kwasiada Robinson	•	May 19, 2016	•	New Haven
Margarette Mady	•	June 2, 2016	•	Norwich
Melanie Heuberger	•	July 3, 2016	•	Waterbury
Kathleen Stuart	•	July 28, 2016	•	New Milford
Janet Carabello	•	September 8, 2016	•	New Britain/Plainville
Dionica Bautista-Cano	•	November 14, 2016	•	Stamford

2017 Intimate Partner Homicides

Nidia Gonzalez	•	February 24, 2017	•	Bridgeport
Yasheeka Miles	•	April 7, 2017	•	New Britain
Phyllis Gervais	•	April 22, 2017	•	Torrington
Lisa Zemlok	•	April 26, 2017	•	Norwalk
Michelle Dotson	•	June 22, 2017	•	Meriden
Jennifer Knox	•	July 5, 2017	•	Bridgeport
Chaquinequea Brodie	•	August 18, 2017	•	Waterbury
Cieratiye Henry	•	September 3, 2017	•	Hartford
Patricia Torbicki	•	September 21, 2017	•	Newington
Evalyce Santiago	•	December 4, 2017	•	Waterbury

COMMON THEMES

During the 2017-2018 review period, the Task Force reviewed 13 fatalities and 1 near-fatal case. Within these cases were three consistent themes that emerged.

Mental Health & Addiction

In 7 (50%) of the cases reviewed the victim and/or the abusive partner had mental health or addiction issues. In all of these cases the abusive partner had reported a concern of unmet needs in relation to mental health or addiction. Additionally, concerns emerged for the victim's mental health or use of substances during the case review process. In more than one case, the offender had a history of rageful outbursts and difficulty managing anger. This re-occurring theme of mental health issues is highlighted in our 2013 and 2014 reports. In fact, we have a clearer understanding today about the effects of trauma on a person's mental health. Therefore, we know that mental health will likely continue to be a factor in the cases we review given the trauma that is often suffered by both victims and offenders.

During the 2017 - 2018 review period

50% OF CASES REVIEWED

involved a victim and/or offender reportedly experiencing

**ADDICTION AND/OR
MENTAL ILLNESS**

Research shows a direct connection between IPV and mental health consequences, including posttraumatic stress disorders (PTSD) and depression.¹ Abusive partners will use their victim's mental health condition to control her or him, undermine custody decisions, or negatively influence friends, family, child protective services, or the courts.² Additionally, abusive partners may use healthcare coverage to control or maintain power over a victim who relies on insurance to obtain treatment. All of this leaves victims feeling powerless, which compounds their sense of isolation and depression. Some victims find substance use/abuse to be a temporary escape from the abusive situation. According to medical examiner reports, of the 13 fatalities reviewed, 8 of the victims had alcohol or drugs in their system at the time of their murder. Various studies indicate victims develop substance abuse issues in 47-67% of IPV relationships compared to women who do not experience IPV.³ Health professionals will inevitably interact with patients who are in need of additional assistance. Having a deeper awareness of the relation between IPV and health issues will allow for more impactful referrals and treatment decisions.

EFFORTS TO DATE AND NEXT STEPS: In 2015, CCADV began its Health Professional Outreach Project (HPO). The project focuses on providing education and awareness of the impact of IPV on a victim's health to healthcare practitioners with an aim to emulate appropriate referral procedures. Since the inception of the HPO Project, more than 1,000 medical professionals, behavioral health providers, social workers and students in Connecticut have been trained to screen for IPV and make referrals to a domestic violence provider. A recent review of referrals to domestic violence organizations by mental health professionals shows that they have increased from 24 in FY2014 to 192 in FY2018. Given this most recent finding, CCADV's HPO Project will work to address this challenge with outreach to agencies and organizations who serve individuals experiencing mental illness and substance abuse including Connecticut's Department of Mental Health and Addiction Services, in-patient and out-patient substance abuse providers and clinical social workers who treat individuals with addiction.

Bystander Intervention in the Workplace

Six (6) of the 14 cases reviewed contained instances of abusive behaviors affecting the workplace such as repeated stalking or evidence of co-workers' knowledge of abuse prior to the homicide. During the review process, the Task Force learned of multiple examples where co-workers were actually close friends of the victim. While they were aware of the abuse, they lacked an understanding of where to get help for their colleague and friend.

The U.S. Center for Disease Control & Prevention (CDC) estimates that IPV results in a loss of nearly 8 million days of paid work and productivity each year.⁴ Fostering a safe, non-judgmental and supportive work environment for victims of domestic violence is beneficial not only to victims, but to the organization as a whole. The national resource, Workplaces Respond to Domestic Violence & Sexual Assault, offers a Model Workplace Policy template and technical assistance to organizations seeking to develop a policy. Nationally, there are examples of public and private organizations which have enhanced assistance for employees experiencing abuse through training, counseling, paid sick days, and an employee relief fund. With nearly 3 in 4 victims of domestic violence citing economic security as their reason for staying in the abusive relationship⁵, there is a need for more organizations to adopt domestic violence workplace policy which offers clear guidelines to employers around responses to domestic violence and stalking. Such guidance supports the victim, but also outlines responses to offenders with an aim to provide a workplace culture of prevention and awareness.

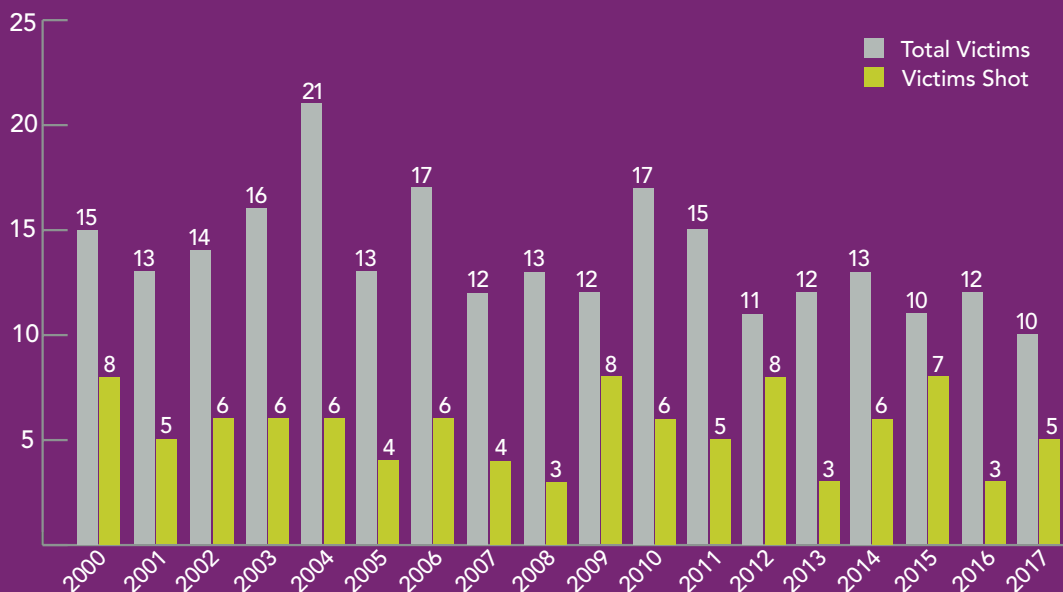
COMMON THEMES

Of particular interest during the review cycle, 3 of the 6 cases that intersected with the workplace included victims working in the home health care industry, two of whom were immigrants. According to the American Immigration Council, 1 in 6 workers in Connecticut was an immigrant, comprising approximately 17.6% of the labor force in 2015. Approximately 53,000 of those workers entered the health care and social assistance industry.⁶ There are many challenges that immigrants may face, including language, culture, and a fearfulness around involvement of law enforcement and state agencies. Victims of domestic violence face further challenges including dependency on the abusive partner economically or for their immigration status. Given these statistics, there are additional opportunities for education and engagement with these industries.

EFFORTS TO DATE AND NEXT STEPS: In the near term, CCADV will bring distinct focus to private and public employers around the benefit and necessity associated with domestic violence workplace policy. States such as New York, Washington and Maine have mandated such policy for state agencies with New York extending that requirement to all employers. CCADV will develop workplace policy templates, as offered through the Office on Violence Against Women, to include the availability of training and technical assistance to employers. The organization's diversity and accessibility project will lead in the creation of guidance which recognizes the unique considerations for immigrants when it comes to victimization through IPV, for employers, especially organizations. CCADV's Diversity and Accessibility project will aim to develop strategies to reach immigrant populations in the workplace and their employers to offer a broader understanding of policies and practices which support these communities while they work.

IPV & FIREARMS

Firearms remain the single most commonly used weapon in IPV homicides in Connecticut. Between 2000 and 2017, firearms were used in **40%** of Connecticut's IPV homicides.⁷ This is just slightly below the national average of **51%**.⁸ In comparison, knives are the second most commonly used weapon in Connecticut, used in **33%** of IPV homicides between 2000 and 2017.⁹ Firearms were used in **5** of **13** fatal cases reviewed during the current review period, including **4** of **6** murder-suicides.



The combination of domestic violence and firearms is deadly. Domestic violence incidents that involve firearms are 12x more likely to result in a homicide compared to those incidents involving other weapons or bodily force.¹⁰ Women involved in abusive relationships are 5x more likely to be killed if her abuser has access to a firearm.¹¹ In Connecticut, between October 2012 and September 2017, 31% of IPV victims screened through the Lethality Assessment Program reported that their abuser had access to a firearm.¹²

Intimate Partner Murder/Suicide

In the state of Connecticut, between 2000 and 2017 there have been 246 intimate partner homicides. In 73 (30%) of those cases the offender committed suicide.¹³ During that time period an additional 3,961 victims suffered serious injury.¹⁴ This calculates to over 4,000 critical IPV cases law enforcement investigated.

The cases referenced above occurred in various communities with differing law enforcement resources. The state attorney's office often provides additional investigative resources and technical assistance to law enforcement in these complex investigations. The techniques used by individual departments to investigate these cases are often developed from years of experience and training. Providing law enforcement with a statewide adaptable investigative toolkit will enhance established investigative techniques regardless of resources available. Research shows following a proven model of investigation improves completion rates and outcomes.¹⁵

Homicide investigation toolkits are an established resource used by some law enforcement across the country. Unfortunately, many are academically or regionally based, which restricts their use. Law enforcement has a Connecticut-specific Statewide Model Policy on Police Response to Crimes of Family Violence. This Model Policy reflects law enforcement's standards and acts as a guide when responding to incidents of family violence.

Of the 13 fatalities reviewed for this report, 6 were murder-suicide cases and one attempted suicide. National research has shown that in 70% of murder-suicide cases there were prior domestic violence incidents.¹⁶ These incidents, combined with other stress factors such as unemployment, history of mental illness, or a crisis can drive a potentially suicidal person to become homicidal as well. In the murder-suicide cases reviewed, 4 involved a firearm. In all 6 cases a history of unmet mental health or addiction needs was present.

Law enforcement recognizes the unique challenges they face when the victim and offending partner are deceased. Additionally, if there are no other offenders, the case will not go through the typical prosecutorial process. In a six-month study of murder-suicide in the United States, 84% of the IPV cases occurred in the home.¹⁷ Often there are no witnesses to interview to determine the events that lead to the murder-suicide. By asking some additional questions of family, friends, co-workers and neighbors during the initial investigation, law enforcement will better understand the often unanswered questions of what events lead to the murder-suicide at that moment in time.¹⁸ This information will assist the Task Force and the Department of Public Health Office of Injury Prevention to better identify critical behaviors and events leading up to the murder-suicide. Knowledge of these critical behaviors and events will aid in the development of prevention and education programs.

CCADV has collaborated with the Connecticut Department of Public Health Office of Injury Prevention to collect data on violent deaths in Connecticut from multiple sources, including law enforcement. This information is entered into the U.S. Centers for Disease Control and Prevention National Violent Death Reporting System to link data in an effort to save lives. This collaboration will aid the understanding of aggregate information on intimate partner homicides, which will enhance the Task Force's retrospective case review process.

RECOMMENDATION: The Task Force, in partnership with law enforcement, the CT Division of Criminal Justice, and the Chief States Attorney's Office, will develop the Intimate Partner Homicide Investigative Toolkit to encompass the combined experience and best investigative techniques specific to Connecticut. The toolkit will serve as a guide and provide adaptable forms, checklists, and examples for law enforcement agencies to incorporate into their established protocols.

This recommendation resulted from law enforcements conversations with the Task Force during the review process. We all recognize few law enforcement agencies have dedicated homicide divisions with enhanced processes developed over years of experience. Because these cases occur across the state in various communities with various resources, an investigative toolkit developed with law enforcement, for law enforcement will aid all agencies tasked with investigating these complex cases. The investigative toolkit would also supplement non-intimate partner serious injury or homicide investigations.

IPV HOMICIDE DATA 2000 - 2017

246

INTIMATE PARTNER HOMICIDES

WOMEN
 VICTIM 213
 OFFENDER 27

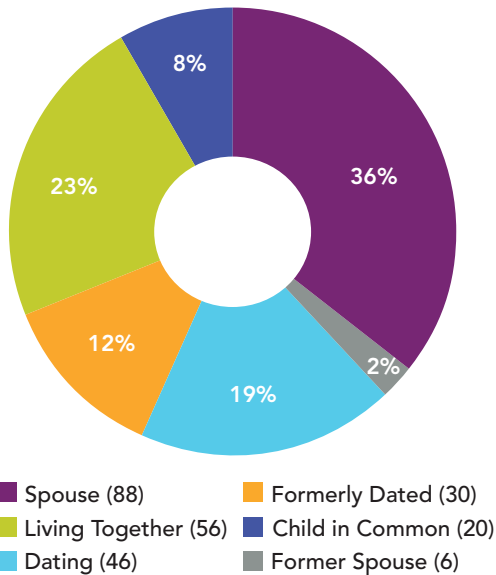


MEN
 VICTIM 33
 OFFENDER 219

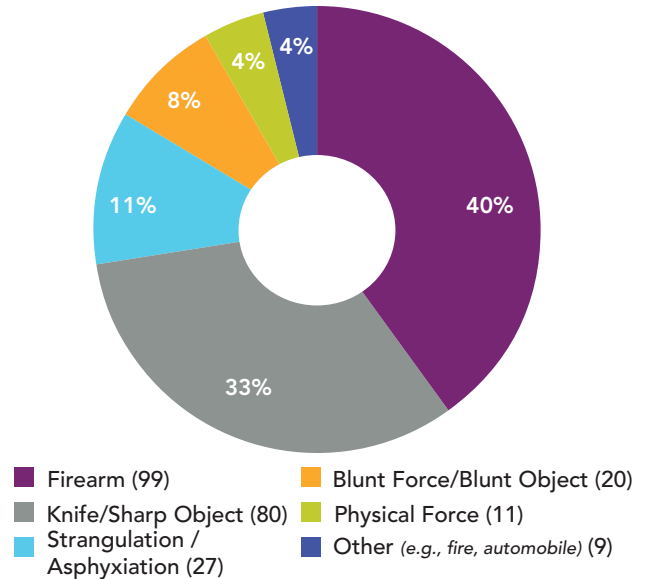
87%

OF IPV HOMICIDE VICTIMS IN CONNECTICUT ARE WOMEN

VICTIM/OFFENDER RELATIONSHIP



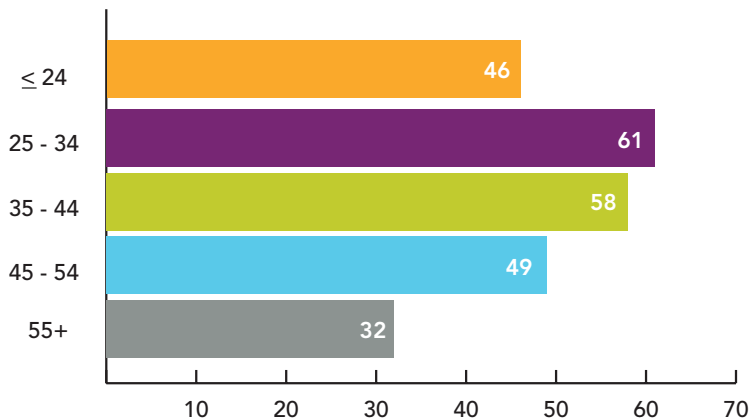
MANNER OF DEATH



SPOUSES and intimate partners who **LIVE TOGETHER** comprise the **MAJORITY OF IPV HOMICIDE VICTIMS.**

FIREARMS are the **SINGLE MOST COMMONLY USED WEAPON** in IPV homicides in Connecticut.

VICTIM AGE

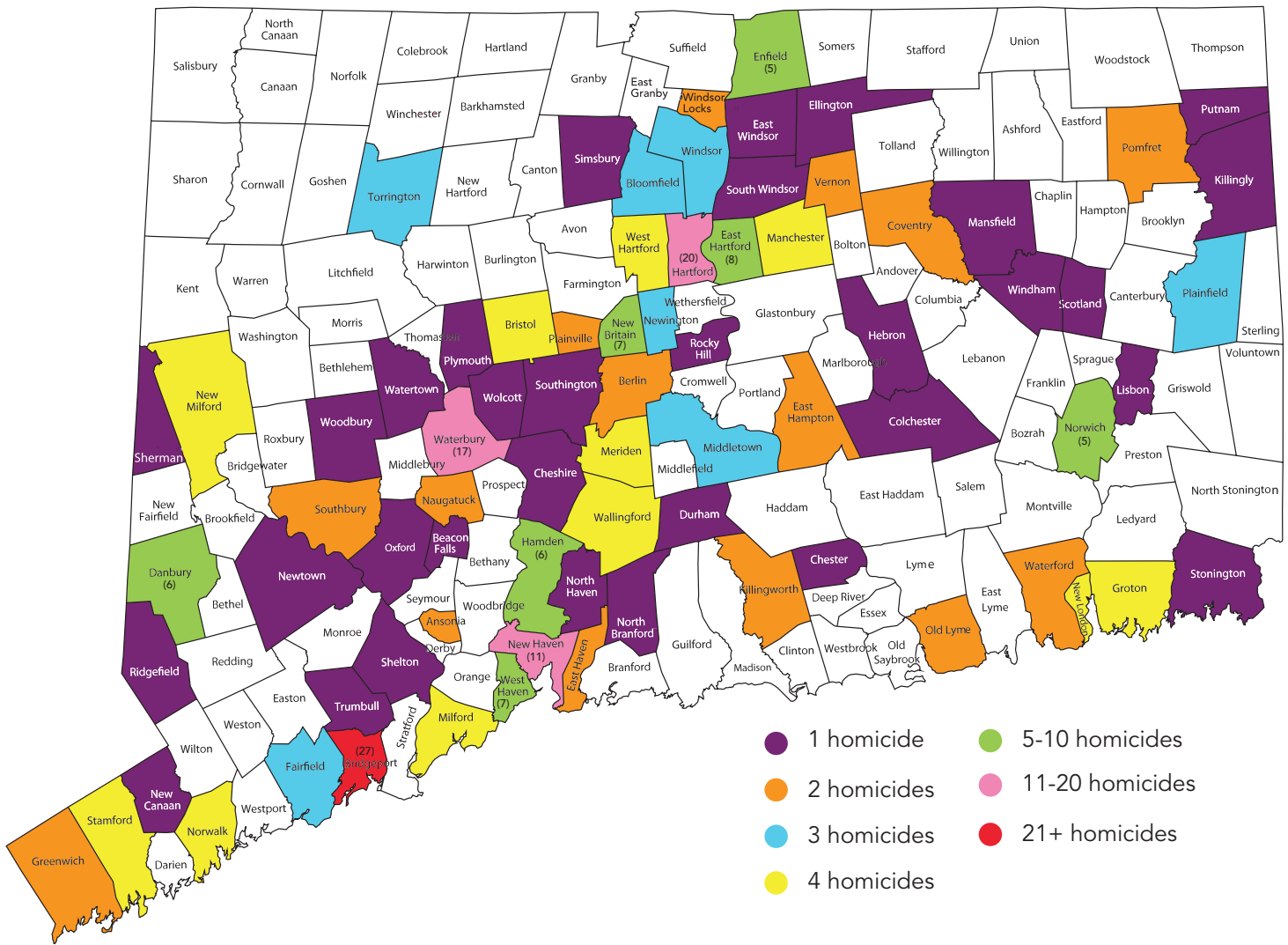


VICTIMS between the **AGES OF 25 - 44** face the greatest risk of IPV homicide in Connecticut.

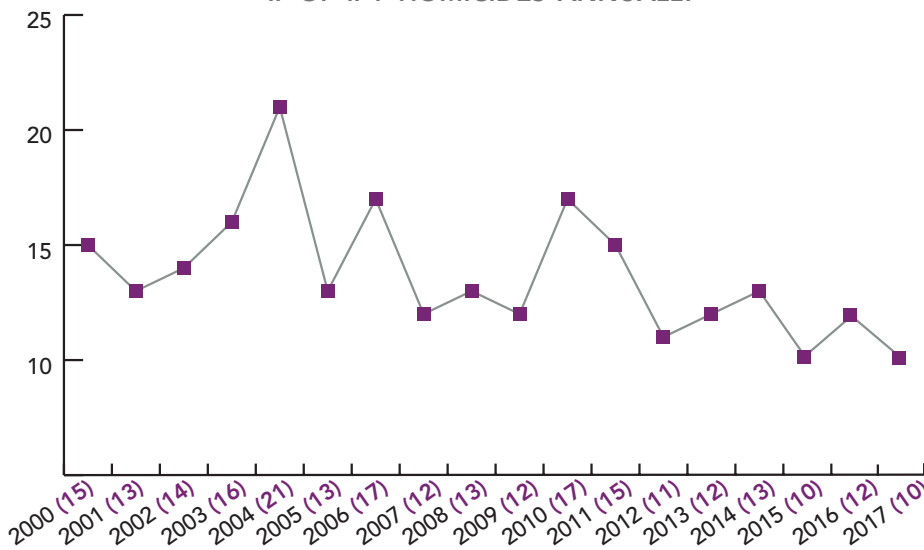
Likewise, the majority of IPV homicide **OFFENDERS** between 2000 and 2017 were between the **AGES OF 25 - 34** (67) and **35 - 44** (69).

All data on pages 7-8 include all intimate partner homicides recorded by Connecticut Department of Emergency Services & Public Protection/Connecticut State Police between 2000 and 2017.

IPV HOMICIDE MAP 2000 - 2017



OF IPV HOMICIDES ANNUALLY



Connecticut has averaged just under **14 IPV HOMICIDES ANNUALLY** since 2000. IPV homicides account for approximately 60% of all domestic violence homicides and approximately **13% OF THE STATE'S OVERALL HOMICIDE RATE**.

Approximately **30%** of IPV homicides in CT result in a **MURDER/SUICIDE**. Firearms remain the most commonly used weapon in IPV murder/suicides, used in 77% of such cases between 2000 and 2017.

Source: Connecticut Department of Emergency Services & Public Protection, CT State Police, Crimes Analysis Unit; State of Connecticut Family Violence Homicide Reports 2000 - 2017

PRIOR REPORT RECOMMENDATION STATUS

The following are status updates on recommendations made by the Task Force in its 2015 - 2016 report.

Offender Accountability

Amend CT General Statutes §54-91a requiring a pre-sentence investigation be completed on all family violence felonies when the defendant is facing incarceration to identify factors that indicate the defendant's risk for future family violence, address areas in which the offender could benefit from intervention, and inform future release decisions by the Department of Correction. Remove the option for both parties to agree to waive a pre-sentence investigation in these cases.

STATUS: In 2017, CCADV drafted and successfully advocated for the amendment CGS § 54-91a to (1) require that a Pre-Sentence Investigation (PSI) be completed upon any conviction of a felony involving family violence for which the punishment may include imprisonment and (2) prohibit the waiver of the PSI in such cases.

Offer greater accountability and monitoring of high-risk offenders.

STATUS: Through limited funding from the State of Connecticut, high-risk monitoring for domestic violence offenders has been occurring with 579 offenders being monitored in 2016/17 and 167 victims participating in notification.

- 2010- Public Act 10-144 and funding through a STOP Violence against Women grant allowed Alert Notification/GPS to be established in three pilot locations (Bridgeport, Danielson, and Hartford)
- Pilot funding completely expended June of 2011- no new offenders were ordered into the program – Judicial Branch and extended federal monies provided funding so those defendants in the program could complete. In late March of 2012, the pilot program formally ends
- In June of 2012, funding to re-establish the pilot was identified and the Alert notification/GPS program in only the original pilot sites commenced on October 1, 2012 and has continued uninterrupted in the three courts.

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.

STATUS: July 2016, CCADV secured additional VOCA (Victims of Crime Act) funding awarded through the Office of Victim Services to subcontract with nine (9) member organizations for civil family court advocacy services. If a victim needs additional protections that are not offered through the criminal court or they are not eligible for protections through the criminal court but may be in danger, they will be referred to a civil family court advocate (C-FVVA). The primary responsibility of the C-FVVA is to explain the various options available including restraining orders and risk warrants. Based on each victim's unique circumstances and needs the advocates provide thorough and accurate information regarding the family court system, the pros and cons of initiating an action in the family court, provide support, case management services and address any safety concerns.

Strengthen the existing Domestic Violence Restraining Order Project to ensure formalized programmatic structures, including an expansion of the project to all judicial districts with new Civil Family Violence Victim Advocates and collection of data to assess the impact of victim representation on case outcomes.

STATUS: CCADV partnered with Hartford-based Robinson+Cole and Greater Hartford Legal Aid (as a representative of legal services providers throughout the state) in 2012 to establish a pro bono project assisting domestic violence victims seeking restraining orders in court. The project continues to work on expanding efforts to include additional attorneys and courts throughout the state. The project has provided training to interested attorneys in Hartford, Litchfield and Danbury. Project partners are currently exploring revamping the project and expanding it to include additional legal resources/firms.

The Connecticut Judicial Branch on July 1, 2018 began a one-year pilot program in the Waterbury Judicial District in which indigent applicants and respondents in family restraining order cases may obtain, at no cost to them, legal counsel to represent them at the court hearing. The Judicial Branch has contracted with Connecticut Legal Services to provide legal counsel to qualified applicants who have filed an application for relief from abuse in the Waterbury Judicial District. In addition, the Division of Public Defender Services will provide legal counsel to any qualified respondent. CCADV and Safe Haven of Greater Waterbury met with Connecticut Legal Services and have set up a referral process to support the pilot as well as heighten the opportunity for victims to connect to the local domestic violence organization for safety planning, counseling and case management services.

PRIOR REPORT RECOMMENDATION STATUS

Healthcare

Enable women's healthcare providers to more adeptly identify victims and link them to domestic violence services through a partnership between CCADV's Health Professional Outreach Project, Women's Health Connecticut and Planned Parenthood of Southern New England to offer a targeted approach that improves training, screening protocols, policy guidance, technical assistance and data collection for women's health programs and maternity and obstetric providers/departments.

STATUS: CCADV worked with Planned Parenthood of Southern New England (PPSNE) to develop a public service announcement to air in their waiting rooms to provide patients with additional information about IPV and where to obtain help. The public service announcement, with closed captioning, began airing at PPSNE locations throughout the state in late November 2017. It is currently running in 16 health centers across Connecticut.

Women's Health Connecticut has established a policy whereby every practice must screen patients for IPV and make referrals to a CCADV domestic violence program. More than 125 Women's Health CT providers have been trained thus far resulting in more than 25,000 patients being screened.

Training & Technical Assistance

Expand and enhance training opportunities that increase law enforcement awareness of the impact of intimate partner violence on children, risk indicators for fatal family violence, impact of trauma on victim decision-making and implications of an offender's willingness to violate court orders prohibiting contact and/or violence.

STATUS: CCADV has developed a three-tiered training system for law enforcement and advocates enhancing their understanding of the neurobiology of trauma and risks domestic violence victims face. In person trainings, regional meetings and a monthly in-service training bulletin were developed to support each other with consistent messaging. CCADV held 31 in-person trainings, 14 regional meetings, and released 13 monthly training bulletins during the 2017-2018 fiscal years. Six training videos have been produced to further expand access to the training material. The topics covered in the videos are:

- Reducing Trauma Exposure in Children
- Orders of Protection Explained
- Law Enforcements seizure of Firearms
- CT211 Helpline for Law Enforcement
- Family Violence Offence Report
- Strangulation Investigation and Documentation

Develop enhanced training available for legal professionals including, but not limited to, private attorneys, to help them better identify clients who may be impacted by domestic violence and whose work offers them the opportunity to provide victims with information regarding lethality risk factors that are heightened at the time of separation or divorce and unique considerations with respect to child custody.

STATUS: In March 2017, CCADV held a statewide Family Court Symposium "Opportunities for Enhanced Practice: Family Court Response to Domestic Violence" which was attended by nearly 150 people, including GALs, advocates, CSSD Family Relations staff, and judges. Additionally, CCADV staff presented at the training for new GALs and AMCs sponsored by the Connecticut Judicial Branch Standing Committee on Guardians Ad Litem and Attorneys for the Minor Child in Family Matters.

ACKNOWLEDGEMENTS

This report is being issued by the Connecticut Coalition Against Domestic Violence (CCADV) and the Connecticut Domestic Violence Fatality Review Task Force. We are very thankful to the criminal justice and human services professional who took the time to present their unique experience with, and perspective of, the state's systemic response to intimate partner domestic violence.

To the members of the task force, we are eternally grateful for your continued dedication and commitment to preventing future deaths.

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ENDNOTES

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