

**upon further examination**

**2015-2016**

**Findings & Recommendations**

**Connecticut Domestic Violence  
Fatality Review Committee**

# upon further examination

## 2015 - 2016 Findings and Recommendations of the Connecticut Domestic Violence Fatality Review Committee

This report is a product of the Connecticut Domestic Violence Fatality Review Committee, 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 victims of intimate partner violence, including the family and friends of those left behind by fatal intimate partner violence.*

# EXECUTIVE SUMMARY

The following report outlines the findings and recommendations of the Connecticut Domestic Violence Fatality Review Committee (Committee) following its case review conducted between September 2014 and June 2016. The Committee reviews intimate partner fatalities and near-fatalities to analyze the strengths and challenges of Connecticut's response to domestic violence. Overall objectives are to enhance the safety of victims and accountability of offenders, to identify systemic gaps and barriers to service, to implement coordinated community responses and to influence public policy for the intervention and prevention of intimate partner violence.

This year's findings and recommendations focus on four main areas – offender accountability, victim advocacy and resources, healthcare, and training and technical assistance. Recommendations include:

## Offender Accountability

**1.1** 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.

**1.2** Offer greater accountability and monitoring of high-risk offenders through the development of a multi-disciplinary approach which formalizes policy and practice amongst the Department of Correction, Board of Pardons and Paroles, Law Enforcement and domestic violence advocates with a view toward reducing harm and lethality toward domestic violence victims.

**1.3** Build Connecticut's current policy and practice in regard to improving court and community responses to domestic violence, including as it relates to offender accountability for restraining and protective order violations, with a view toward advancing greater capacity in the court context.

**1.3a** CCADV will partner with the National Council of Juvenile and Family Court Judges (NCJFCJ), to develop specialized training and policy guidance to assist judges, advocates, prosecutors and other stakeholders.

**1.3b** CCADV will assess opportunities to partner with the Connecticut Judicial Branch to update available judicial resources and benchbooks.

## Victim Advocacy & Resources

**2.1** 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.

**2.2** 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.

## Healthcare

**3.1** 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.

## Training & Technical Assistance

**4.1** 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.

**4.2** 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.

Now in its sixteenth year, the Connecticut Domestic Violence Fatality Review Committee (Committee) has conducted over 70 in-depth case reviews of intimate partner fatalities and near-fatalities. Using a multidisciplinary, systemic approach to case examinations allows the Committee to assess events from numerous angles, exploring each opportunity for prevention and intervention. Viewing the cases through a lens of preventative accountability, the Committee has developed over 40 recommendations designed to strengthen a coordinated community response for victims of intimate partner violence that can prevent future deaths.

Intimate partner violence is a serious public health problem. Connecticut has averaged 14 intimate partner homicides annually since 2000, accounting for 13% of Connecticut's overall murder rate during that time period.<sup>1,2</sup> Additionally, between 2000 and 2015, 3,600 victims suffered serious, near fatal injuries.<sup>3</sup> According to the latest National Intimate Partner and Sexual Violence Survey, over 10 million women and men in the United States experience physical violence each year by a current or former partner, with approximately 1 in 4 women and nearly 1 in 7 men experiencing severe physical violence in their lifetime.<sup>4</sup> Nationally, 1 out of 5 murder victims are killed by an intimate partner.<sup>5</sup>

Domestic violence is a pattern of coercive, controlling behavior that takes many forms, including physical, emotional, psychological, verbal, sexual, technological, and financial. The Committee defines intimate partner fatalities as those deaths that arise from an individual's efforts to assert power and control over a current or former intimate partner (e.g., spouse, dating partner, or individuals who share a child in common). Near fatalities are defined as those incidents that result in serious physical injury from an individual's efforts to assert power and control over a current or former intimate partner.

The Committee, which is led by Connecticut Coalition Against Domestic Violence (CCADV), is comprised of experts in the areas of victim advocacy, social services, healthcare, child advocacy, offender education, law enforcement, corrections, and the judicial system. In 2014, the Committee opted to begin a two-year review period – September 2014 through June 2016 - in an effort to view case trends over a longer period of time. During this latest review period, the Committee reviewed 10 fatal cases, 6 near fatal cases and 1 missing person case. It is important to note that the Committee reviews fatalities and near fatalities that have occurred anytime since 2000, not just those that occur during the review period itself.

It is the belief of this Committee that one death is too many. Intimate partner homicides are predictable and preventable. A retrospective analysis of fully adjudicated fatalities and near fatalities allows the Committee to objectively and without blame observe gaps in the service system or barriers to its access. We seek to honor each victim by learning from her or his experience and shaping practical recommendations related to policy, practice, training and public awareness. It is our hope that this report builds upon the Committees' previous work and the positive change that has resulted, further strengthening Connecticut's response to intimate partner violence.

## CONNECTICUT STATS



**222**

**INTIMATE PARTNER HOMICIDES  
2000 - 2015**



**14**

**AVERAGE NUMBER  
INTIMATE PARTNER HOMICIDES  
PER YEAR**



**13%**

**PERCENTAGE OF  
OVERALL HOMICIDES**



**3,600**

**INTIMATE PARTNER VIOLENCE  
SERIOUS, NEAR FATAL INJURIES  
2000 - 2015**

See pages 11-12 for additional statistics.



# OVERVIEW

## Mission

The Connecticut Domestic Violence Fatality Review Committee 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 Committee'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 Committee 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 committee, 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 Committee identifies fatalities and near-fatalities to review which resulted in murder-suicides or which have been adjudicated. Once the cases are selected, the Committee 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 Committee 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

<b>MEDICAL EXAMINER REPORT</b>	Gathered to determine cause and manner of death, nature and extent of injuries, as well as age, gender and race of victim.
<b>POLICE REPORT</b>	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.
<b>CRIMINAL JUSTICE INQUIRY</b>	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.
<b>INTERVIEWS</b>	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.
<b>MEDIA REPORTS</b>	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.
<b>SOCIAL MEDIA</b>	Publicly available social media is reviewed to gain insight into the lives of victims or offenders.

## INTIMATE PARTNER DEATHS

The following women and men lost their lives as a result of intimate partner violence between 2013 and 2015. These are the last three available years of homicide data compiled by the State Police since the Committee released its 2014 report.

### 2013 Intimate Partner Homicides

Brittney Williams	•	January 15, 2013	•	Wallingford
Sawrie Krichindath	•	February 27, 2013	•	Hartford
Shenia Walker	•	April 3, 2013	•	Bristol
Brenda Hernandez-Morales	•	April 8, 2013	•	Fairfield
Alyssiah Wiley	•	April 25, 2013	•	Willimantic
Shamari Jenkins	•	April 29, 2013	•	Hartford
Georgette Alston	•	June 3, 2013	•	New Haven
Janice Lesko	•	August 24, 2013	•	Coventry
Ronald Taylor	•	November 21, 2013	•	Bloomfield
Brittany Mills	•	December 7, 2013	•	Manchester
Nqobile Gumedede	•	December 19, 2013	•	Waterbury
Marcos DeJesus	•	December 21, 2013	•	Hartford

We also remember the following individual who lost his life during an incident of intimate partner violence:

Jeffrey Brown	•	May 18, 2013	•	Bridgeport
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### 2014 Intimate Partner Homicides

Veronica Skinzera	•	January 27, 2014	•	New Britain
David Vazquez	•	February 9, 2014	•	Torrington
Tinesse Yates-Benson	•	March 22, 2014	•	Bridgeport
Jose Mendez	•	April 9, 2014	•	West Hartford
Johana Gallego	•	April 19, 2014	•	New Britain
Lori Jackson	•	May 7, 2014	•	Oxford
Anja Dewees	•	May 20, 2014	•	Enfield
Kyla Ryng	•	June 4, 2014	•	Bristol
Brigitte Duncan	•	June 30, 2014	•	Windsor Locks
Kiromy Fontanez	•	July 6, 2014	•	Bridgeport
Jacalyn Silverman	•	September 10, 2014	•	Norwalk
Luz Nieves	•	November 4, 2014	•	Hartford
Jacob Lopez	•	December 7, 2014	•	Bridgeport

### 2015 Intimate Partner Homicides

Terry Bourret	•	March 17, 2015	•	Durham
Ingrid Del Rio-Garcia	•	August 2, 2015	•	East Haven
Dianna Hodgdon	•	September 7, 2015	•	Norwich
Lisa Infante	•	September 27, 2015	•	Shelton
Reyna Villa	•	October 12, 2015	•	Hartford
Delma Murphy	•	November 18, 2015	•	New London
Lauren Beebe	•	November 25, 2015	•	Killingworth
Valmir Keco	•	December 22, 2015	•	Waterbury

# FINDINGS & RECOMMENDATIONS

## Offender Accountability

Strengthening offender accountability as a means of increasing victim safety remains a central focus of the Committee's work. Domestic violence is a pattern of coercive, controlling behavior – this behavior is learned and it is a choice. Holding offenders' accountable for their chosen behavior is the most effective way to provide them with the opportunity to learn and choose new behaviors that will lead to safe and stable families.

A trend across case reviews for the last several years has been violations of court orders, specifically restraining and protective orders, by the offender in the days, weeks and months preceding the homicide. In Connecticut in 2014, the Judicial Branch issued a total of 28,267 criminal protective orders (24,845), standing criminal protective orders (977), and civil restraining orders after hearing (2,445).<sup>6</sup> That same year there were 2,070 violations of court orders in intimate partner relationships for which law enforcement made an arrest.<sup>7</sup> This accounted for 14% of all family violence arrests in intimate relationships, the third most common charge behind breach of peace/disorderly conduct and assault.<sup>8</sup>

As the Committee has previously noted, an offender's willingness to violate a court order demonstrates a complete disregard for the court's authority and is an indisputable risk indicator for potentially escalating violence. A domestic violence offender is used to being in control, but he or she begins to lose that control when the victim, police or court reassert control through arrest and/or court ordered protections. Failure to hold an offender who has violated an order accountable for that action validates their belief that they hold all of the power and that no one will stop them from controlling their victim, not even a judge. This validation only serves to embolden their behavior and potentially escalate the level of violence used to control the victim.

Identifying and responding to this and other risk factors for fatal family violence is key to preventing future deaths. In 2011 the Committee recommended that CCADV collaborate to provide training and tools related to the identification of lethality risk factors. As a result, CCADV partnered with the Police Officers Standards & Training Council (POST-C) and adopted the Lethality Assessment Program (LAP), which is an evidence-based risk factor identification tool for law enforcement responding to intimate partner violence calls. In addition to LAP, other risk assessment tools used in various state settings include the Domestic Violence Screening Instrument Revised (DVSI-R) and Supplemental Risk Indicator (SRI) used by Judicial Branch Court Support Services Division (CSSD) Family Services and Probation Services, the Pretrial Risk Assessment Scale used by CSSD Bail Services, and the Level of Service Inventory Revised (LSI-R) used by the Department of Correction. Certified Domestic Violence Counselors also utilize the Danger Assessment. Utilization of evidence-based tools that identify risk and subsequently ensure strong monitoring and responses that promote offender accountability and intervention is essential to preventing future deaths.

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## CONNECTICUT'S LETHALITY ASSESSMENT PROGRAM (LAP)

Overseen by CCADV, the Lethality Assessment Program is an innovative partnership between law enforcement and domestic violence agencies. Officers responding to calls for domestic violence use an evidence-based screening tool to quickly assess those victims at the highest risk for increased or fatal violence. Officers immediately connect "high risk" victims to the local domestic violence organization. Statewide rollout of the program began in October 2012.

**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**



The pre-sentence investigation (PSI) available to be completed by CSSD Probation Services is also a valuable source of information for the criminal justice system when assessing for risk and potential points of intervention. The Committee lauded the amount of detail that CSSD Probation Services captures in the PSI and its use for various stakeholders in determining what services would be most useful to the offender. However, by statute, the PSI can be waived by both parties. In reviewing cases, the Committee found that opportunities were missed to utilize the valuable information provided in the PSI. Ensuring use of this valuable tool in the most serious family violence cases will greatly enhance offender accountability and victim safety.

### RECOMMENDATIONS:

**1.1** 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.

**1.2** Offer greater accountability and monitoring of high-risk offenders through the development of a multi-disciplinary approach which formalizes policy and practice amongst the Department of Correction, Board of Pardons and Paroles, Law Enforcement and domestic violence advocates with a view toward reducing harm and lethality toward domestic violence victims.

**1.3** Build Connecticut's current policy and practice in regard to improving court and community responses to domestic violence, including as it relates to offender accountability for restraining and protective order violations, with a view toward advancing greater capacity in the court context.

**1.3a** CCADV will partner with the National Council of Juvenile and Family Court Judges (NCJFCJ), to develop specialized training and policy guidance to assist judges, advocates, prosecutors and other stakeholders.

**1.3b** CCADV will assess opportunities to partner with the Connecticut Judicial Branch to update available judicial resources and benchbooks.

### COURT ORDER VIOLATIONS & STALKING

Civil restraining orders and criminal protective orders are intended to protect victims from any further abuse by the offender. Often times these orders succeed in this intent and deter further violence. It is those times when an offender is willing to violate an order and blatantly disregard the judge's authority that the criminal justice system should react with heightened vigilance to safeguard the victim from potentially escalating violence.

Seeking police or judicial intervention is usually not an easy decision for victims. Research demonstrates that many victims only seek court-ordered protection after substantial periods of abuse that most often includes physical violence, threats of harm or death, sexual abuse, threats with a weapon, stalking and harassment, or assaults on their children.<sup>9</sup> Unfortunately, there are instances when victims receive court ordered protection only to be faced with repeated violations by their abuser, sometimes with little or no legal consequences for those violations. A potential factor contributing to low arrest and/or prosecution rates may be the tendency to view each violation as a separate and distinct matter. However, when viewed as a pattern, the violations exhibit a more serious threat.

Repeated court order violations often represent a course of conduct that equates to stalking. It could be following the victim, showing up at the victim's home or place of employment, or contacting the victim through social media. Offenders are quick to explain the violations as mundane mistakes or misinterpretations of their actual behavior (e.g., "I was just driving down the street," or "I just wanted to tell her I still love her."). But they are truly violations that are intended to subject the victim to ongoing emotional distress and that often reasonably place the victim in fear for her or his safety.

Offenders who violate court orders have little respect for the law. They are statistically more prone to increased violence toward the victim, bystanders and law enforcement and must have tighter controls placed on them. It is because of this threat that it is critical for the criminal justice system to consistently track, arrest for and prosecute court order violations.

## 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. Many victims face complex legal issues that need attention, including those issues that come before the state's civil/family courts. The Committee continues to see trends in the cases reviewed related to civil/family court involvement of victims prior to a homicide. On average, the family court receives between 8,000 and 9,000 applications for civil restraining orders each year.<sup>10</sup> Many victims are also dealing with divorce and custody issues as they seek to end an abusive relationship.

Connection to victim services and safety planning by certified counselors can be a strong protective factor against fatal family violence. Unfortunately, not every victim who seeks relief through the civil/family court ultimately connects with a certified domestic violence counselor. While the court provides contact information for the local domestic violence organization, the court process and volume of information provided can often be overwhelming for the victim, particularly as she or he is dealing with the trauma of ending an abusive relationship. For many reasons, once they have left the court, victims may not take the proactive step to call the local domestic violence organization. Having certified counselors on site will provide an opportunity for the victim to have a one-on-one conversation to discuss the potential risk that she or he faces as a court process is initiated.

Victims who pursue restraining orders without the assistance of a domestic violence advocate are missing the most important piece of addressing the abuse they are experiencing – safety planning. Even with this important court-ordered protection in hand, it may still be important for the victim to consider daily details, such as the route taken to work, changing locks, keeping trusted friends and family alerted to where and when they will be somewhere, etc. Certified counselors can also assist victims with understanding the court process and ensuring that the abuse the victim has suffered is considered as part of any divorce or custody proceedings.

CCADV recently received increased funding through the Judicial Branch Office of Victim Services as part of available federal Victim of Crime Act funding. These increased grant dollars will support additional full- and part-time Civil Family Violence Victim Advocates to provide services in the majority of the state's civil/family courts. There are now an equivalent of 8 full-time positions (4 full- and 8 part-time employees) covering 12 of the state's 15 judicial districts. However, these critical services are not yet available full-time in all civil/family courts.

In addition to the assistance of certified counselors, increasing pro-bono legal services for victims seeking civil relief is essential as research has shown that parties who have legal representation are significantly more likely to obtain protective orders.<sup>11</sup> Recognizing this critical gap, CCADV, Hartford-based Robinson+Cole and Greater Hartford Legal Aid (as a representative of legal services providers throughout the state) partnered in 2012 to establish the Domestic Violence Restraining Order Project - a pro bono project assisting domestic violence victims seeking restraining orders in court. Beginning in Middletown Superior Court and Hartford Superior Court, pro bono attorneys began receiving referrals, assisting low-income victims with restraining order applications and, if necessary, appearing at the hearing with the victim. All involved have noted the incredible success of the project - attorneys find both personal and professional satisfaction assisting victims, victims feel empowered and the domestic violence organization directors find that victims being assisted through the project are able to find longer-term safety and stability. Continued expansion of this project will increase victim safety.

*Research has shown that parties who have legal representation are significantly more likely to obtain protective orders.*

### RECOMMENDATIONS:

**2.1** 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.

**2.2** 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.

Health professionals are uniquely positioned to address intimate partner violence, a common problem in medical and behavioral health practices that is associated with a number of adverse health outcomes. They can and should play a critical role in screening for and responding to this health issue. Most Americans trust their health provider and proactively see them to receive help. Healthcare settings are often safe and nurturing and therefore provide an important opportunity to intervene in abusive relationships.

The Committee continues to see trends related to potential points of intervention within the healthcare system for victims prior to their deaths. This is particularly true of pregnant victims and mothers of young children. Intimate partner homicide continues to be a leading cause of death for pregnant women<sup>12</sup>, while experiencing any abuse during pregnancy is associated with a number of poor health outcomes for both the mother and the child.<sup>13</sup> Three of the cases reviewed involved victims who were either pregnant, had infant children, or who had experienced a miscarriage just prior to the fatality or near-fatality.

In 2015, CCADV was awarded a grant by the Connecticut Department of Social Services to administer the statewide Health Professional Outreach Project. The project is designed to provide training and technical assistance related to intimate partner violence to healthcare providers across Connecticut's health system. In the first year of the grant (July 2015 – June 2016), CCADV trained 805 health professionals over a series of 42 presentations, including 14 in hospital settings.<sup>14</sup> As Connecticut continues to see rates of intimate partner violence among pregnant women and new mothers in line with national data, it will be meaningful to continue to expand and enhance this project with a particular focus on healthcare providers who will come into contact with such patients.

### RECOMMENDATIONS:

**3.1** 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.

### INTIMATE PARTNER VIOLENCE & PREGNANCY



**HOMICIDE IS THE 2<sup>ND</sup> LEADING CAUSE OF INJURY-RELATED DEATHS AMONG PREGNANT OR POSTPARTUM WOMEN<sup>15</sup>**

**3X INCREASED RISK OF HOMICIDE (ATTEMPTED OR COMPLETED) AMONG WOMEN ABUSED DURING PREGNANCY THAN AMONG WOMEN WHO WERE ABUSED BUT NOT DURING PREGNANCY<sup>16</sup>**



**OF THE 805 HEALTH PROFESSIONALS TRAINED BY CCADV IN FY16, ONLY 35% DIAGNOSED OR ASSESSED FOR IPV<sup>17</sup>**

**WOMEN WHO WERE ASSESSED FOR ABUSE AND GIVEN A WALLET SIZED REFERRAL REPORTED FEWER THREATS OF VIOLENCE AND ASSAULTS<sup>18</sup>**



**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<sup>19</sup>**

## Training & Technical Assistance

The most dangerous time for a victim of domestic violence is when she or he takes steps to end the relationship.<sup>20</sup> Because domestic violence is about power and control, this can be a particularly difficult time for the offender who will begin to realize that he or she is losing control over the victim. This may result in the offender taking more extreme actions to regain control over the victim. At least six of the reviewed cases involved victims who had recently ended or attempted to end the relationship.

For years the Committee has seen trends related to the timing of a victim's attempts to end the relationship and the subsequent homicide. Sometimes these attempts are signaled to the offender through the victim's request for police intervention or civil remedies such as a restraining order or divorce. This a period of particularly heightened risk for the victim and all professionals coming into contact with the victim or offender at this time should be aware of the increased risk for fatal family violence.

How the system responds to all parties – the victim, offender and their children – at these junctures is critical to the family's safety and stability. According to the 2016 report issued by Connecticut's Task Force to Study the Statewide Response to Minors Exposed to Domestic Violence, children were directly involved in over 11% and present in another 20% of the state's 18,437 family violence arrest incidents in 2013.<sup>21</sup> Being able to identify the signs of escalating violence, know how trauma influences victim behavior and understand the impact on children of witnessing an altercation between their parents and subsequently seeing a parent arrested is an important piece of an appropriate response.

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### TRAUMA & VICTIM BEHAVIOR

Understanding the impact that trauma has on victims of domestic violence is necessary to develop appropriate responses. People often have expectations about someone's behavior during or following certain events and there is no exception to this rule for victims of domestic violence. However, if people are not informed about the effect that trauma has on a victim's behavior, they may view that behavior as "wrong" or a sign that the person is not truly a victim. Victims often have individual responses to trauma that are counterintuitive to public expectations.<sup>22</sup>

According to Dr. Kenneth Hardy, professor of Family Therapy at Drexel University, "trauma is the byproduct of any event or circumstance that emotionally, psychologically, and/or physically devastates one's being while it simultaneously overwhelms, destroys, or neutralizes one's strategies for coping." What does this mean for some victims? They may:

- Not talk about their experiences in a linear manner
- Be unable to remember key or vivid details of the abuse
- Express little emotion, seem passive
- Develop a blank stare or absent look
- Present as excessively hostile/difficult or overly assertive
- Go off on tangents
- Have difficulty concentrating/focusing
- Display a lack of trust

Simply put, trauma responses are normal responses to abnormal situations. For domestic violence survivors, passivity may be an intentional strategy used to avoid or minimize abuse that is beyond their control.<sup>23</sup> Remaining in abusive relationship is sometimes the safest option for the victim, and this realization may come after initial involvement with the legal system. The public may view this coping mechanism as evidence of complicity or responsibility for the abuse, viewing the victim as a liar if she or he no longer wants to press charges or participate in prosecution.<sup>24</sup>

Law enforcement and legal professionals are well-positioned to recognize the impact of trauma and respond to victims in a manner that empowers them. Victims can be empowered by:

- Providing options and the time to make fully informed decisions
- Using open-ended questions to facilitate information sharing
- Listening for safety considerations
- Validating the victim's feelings
- Explaining the potential benefits and adverse consequences of available options
- Recognizing that involvement in the legal system may expose the victim to risk and ensuring the victim is connected to the local domestic violence organization
- Exploring safety implications of legal decisions related to divorce and custody (e.g., remaining in the home as a property owner, setting up visitation and exchanges for children, etc.)
- Informing the victim of the steps that can be taken if the offender violates a court order or conditions of release

Providing ongoing training and technical assistance to various stakeholders in the position of coming into contact with domestic violence victims is vital to preventing future deaths. 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, holding that offender accountable for his or her behavior and providing a needed measure of safety for the victim. A lawyer who can identify and understand domestic violence lethality factors will be better equipped not only to address the victim’s legal needs, perhaps in a divorce, but provide information to that victim about the risk of increased violence, enhancing that victim’s chance to remain safe.

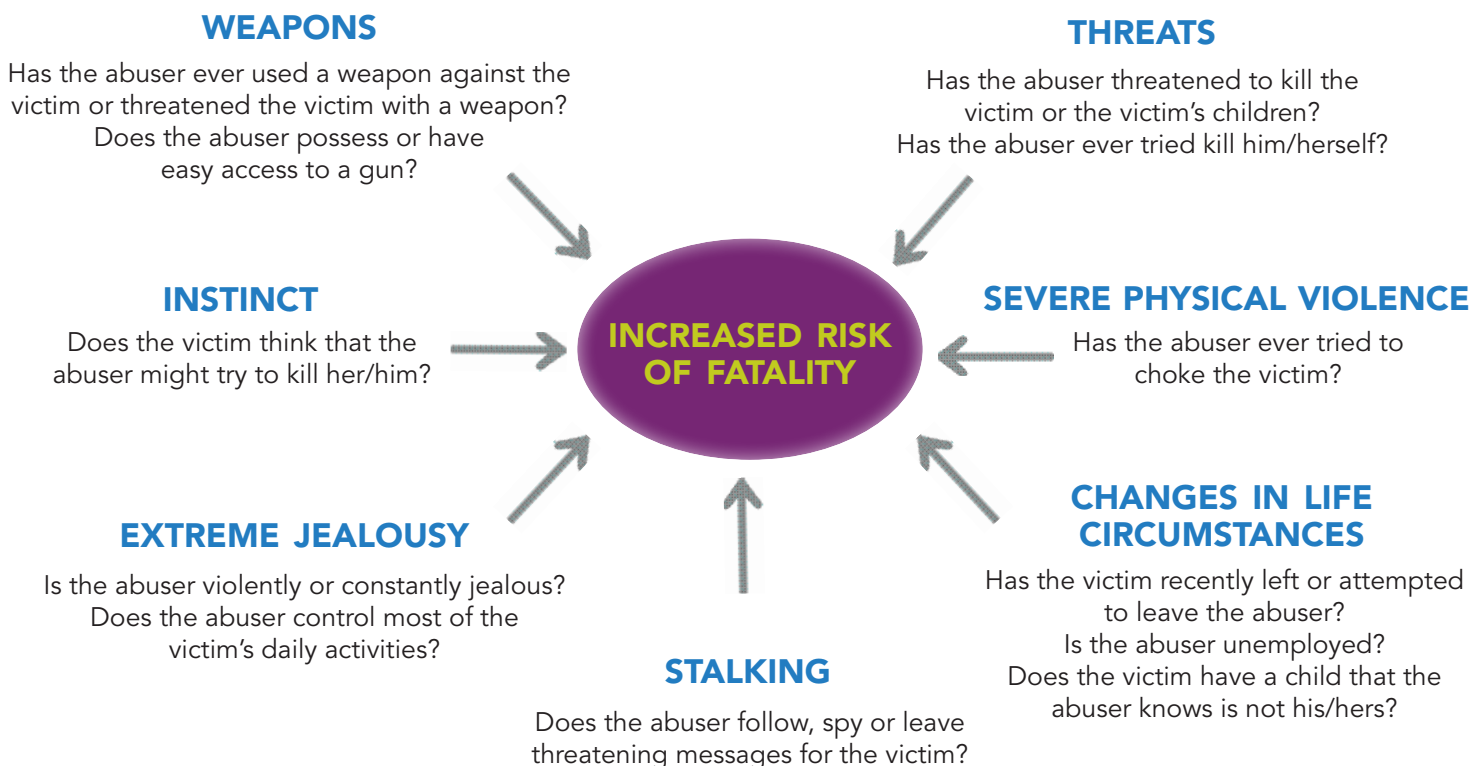
### RECOMMENDATIONS:

**4.1** 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.

**4.2** 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.

### RISK FACTORS FOR FATAL INTIMATE PARTNER VIOLENCE

The following are evidence-based risk factors for fatal intimate partner violence. These are adapted from Dr. Jacquelyn Campbell’s Danger Assessment and utilized through Connecticut’s Lethality Assessment Program. These are critical indicators of which all professionals coming into contact with victims of domestic violence should be familiar.





# 222

## INTIMATE PARTNER HOMICIDES 2000 - 2015



86%  
FEMALE

### Victims

190 FEMALE  
32 MALE

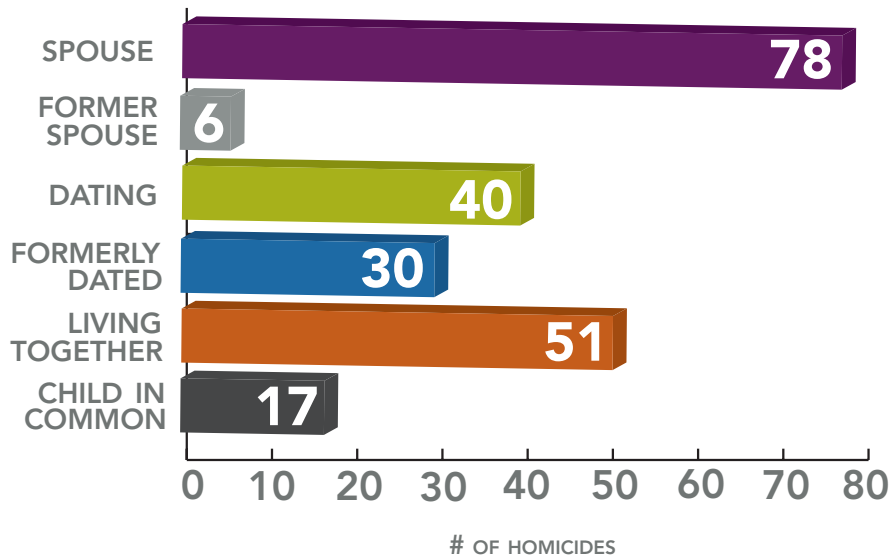
### Offenders

26 FEMALE  
196 MALE



88%  
MALE

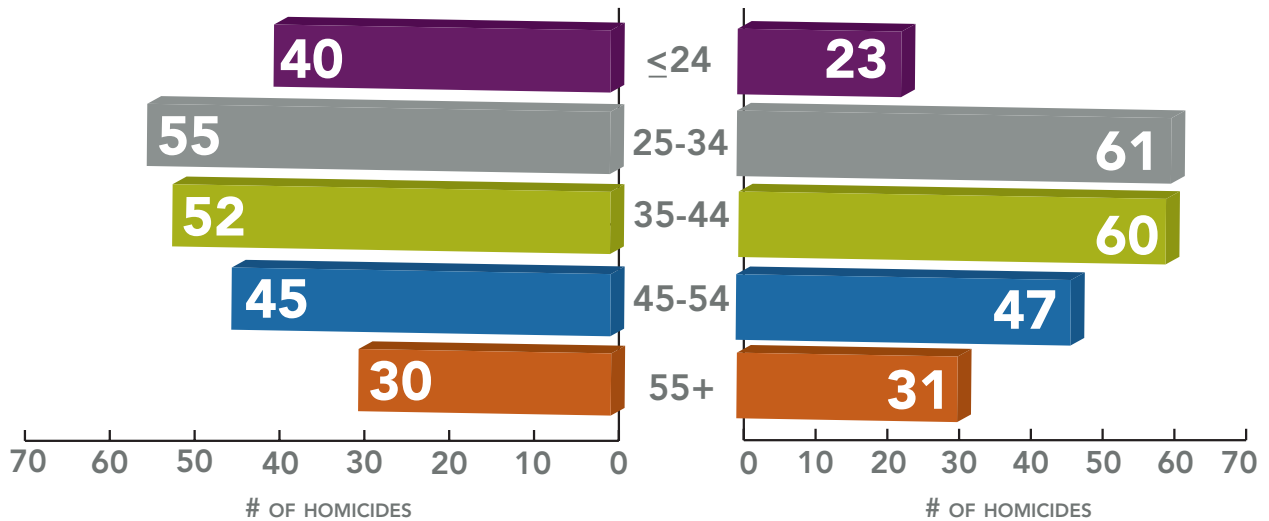
### Relationship1 Offender



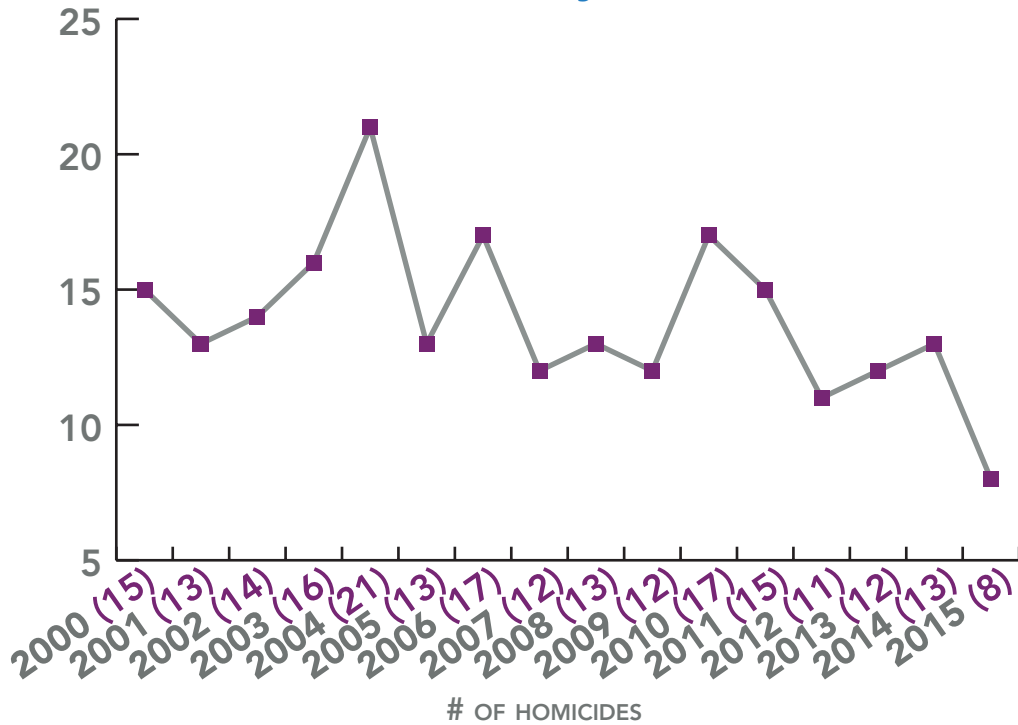
### Age at Time of Homicide

#### Victims

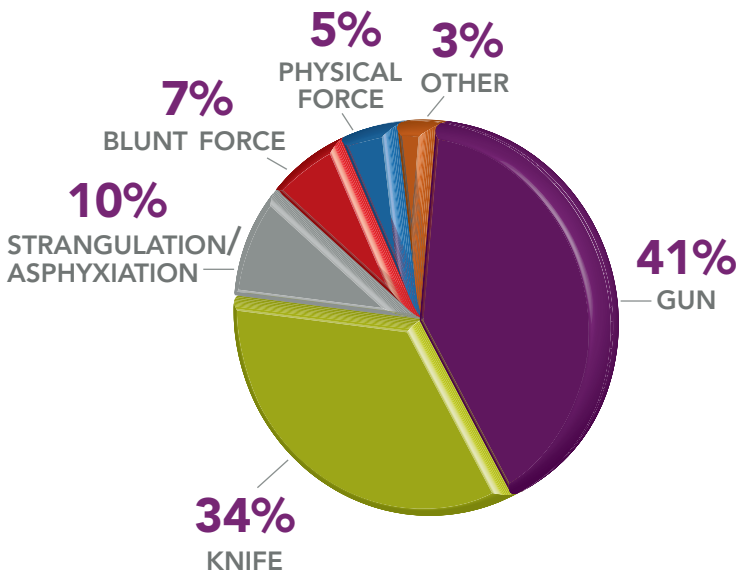
#### Offenders



## Homicides by Year



## Weapons Used



## Murder/Suicides

**30%**  
OF INTIMATE PARTNER  
HOMICIDES RESULTED  
IN **MURDER/SUICIDES**



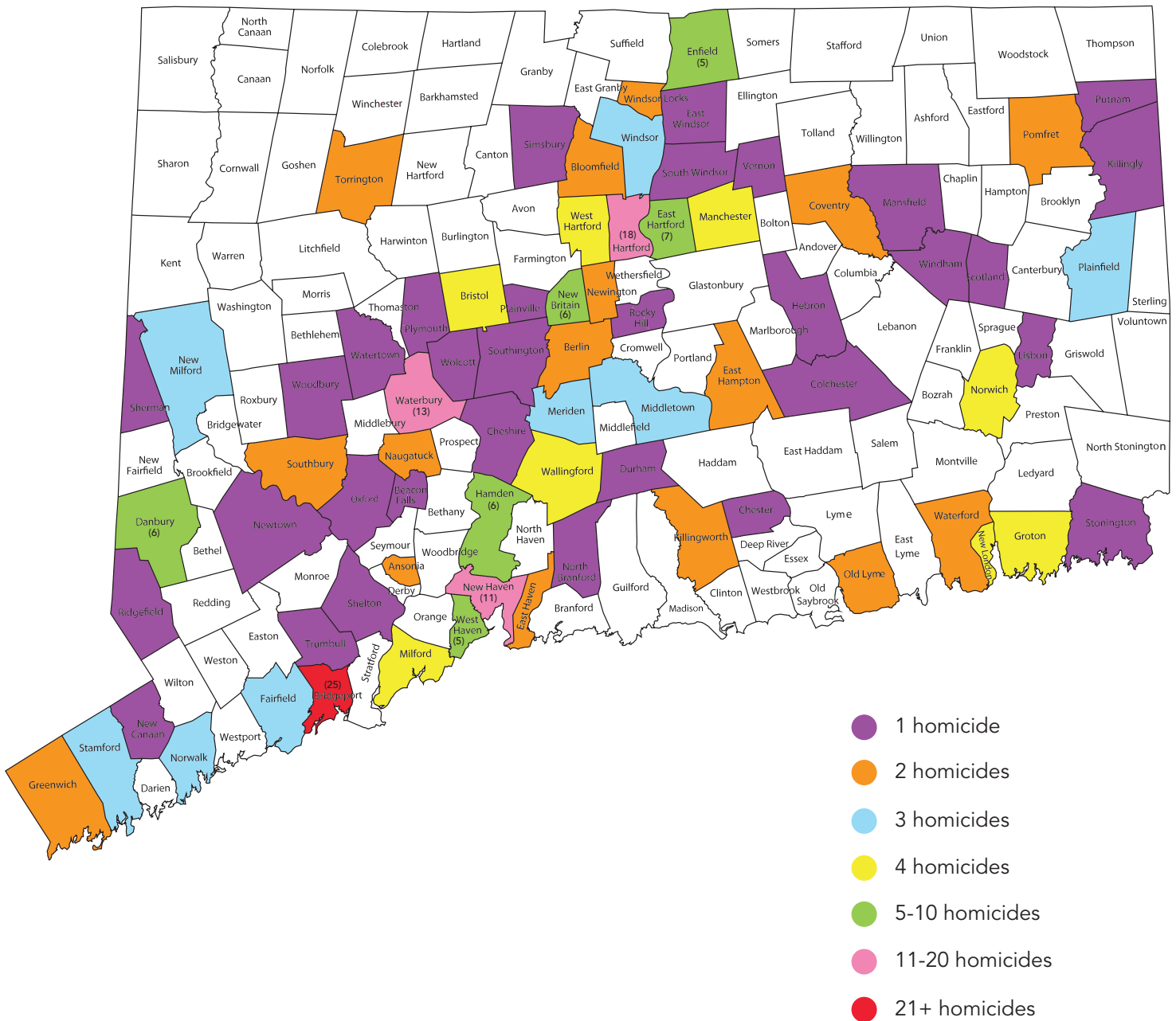
**79%**  
OF **MURDER/SUICIDES**  
WERE COMMITTED  
WITH A **FIREARM**

Source: Connecticut Department of Emergency Services & Public Protection, CT State Police, Crimes Analysis Unit; State of Connecticut Family Violence Homicide Reports 2000 - 2015

All data on pages 11-13 include all intimate partner homicides recorded by Connecticut Department of Emergency Services & Public Protection/Connecticut State Police between 2000 and 2015.

# 222

## INTIMATE PARTNER HOMICIDES 2000 - 2015



Source: Connecticut Department of Emergency Services & Public Protection, CT State Police, Crimes Analysis Unit; State of Connecticut Family Violence Homicide Reports 2000 - 2015

This report is being issued by Connecticut Coalition Against Domestic Violence (CCADV) and the Connecticut Domestic Violence Fatality Review Committee. A special thank you to the family members of victims who were willing to talk to us about their experiences and those of the victims. We are also grateful to the many criminal justice and human services professionals who took the time to share their unique experience with, and perspective of, the state's systemic response to domestic violence. Finally, our deepest gratitude to those who serve on the Committee for their commitment and dedication to preventing future deaths. Their time and expertise is invaluable.

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## ENDNOTES

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