

2017 Policy Priorities

STRENGTHENING VICTIM SAFETY & OFFENDER ACCOUNTABILITY

Member Agencies

The Umbrella Center for Domestic Violence Services
Ansonia, CT

The Center for Family Justice
Bridgeport, CT

Women's Center
Danbury, CT

Domestic Violence Program United Services
Dayville, CT

The Network
Enfield, CT

Domestic Abuse Services Greenwich YWCA
Greenwich, CT

Interval House
Hartford, CT

Chrysalis Domestic Violence Services
Meriden, CT

New Horizons
Middletown, CT

Prudence Crandall Center
New Britain, CT

The Umbrella Center for Domestic Violence Services
New Haven, CT

Safe Futures
New London, CT

Domestic Violence Crisis Center
Norwalk, CT

Women's Support Services
Sharon, CT

Domestic Violence Crisis Center
Stamford, CT

Susan B. Anthony Project
Torrington, CT

Safe Haven
Waterbury, CT

Domestic Violence Program United Services
Willimantic, CT

ADDRESS THE FREQUENCY OF STALKING

WHAT - Broaden Connecticut's definition of stalking (§53a-181d & §53a-181e) to reflect national best practices that improve the ability of law enforcement to protect victims of domestic violence from stalking, a known risk factor for fatal family violence. Include "suffer severe emotional distress" as an element of stalking and define "reasonable person" as a "reasonable person in the victim's circumstance".

WHY - According to CT's Lethality Assessment Program, a screening tool used by over 90% of CT cities and towns when responding to intimate partner violence, stalking behaviors are the most frequently cited forms of abuse experienced by victims. **Over 70% of Connecticut victims report extreme jealousy or control of daily activities by their abuser, and 49% report being followed or subjected to threatening messages.** At least 13 other states incorporate "severe emotional distress" in the level of fear necessary to meet the requirements of stalking laws.

EXPAND THE DEFINITION OF STRANGULATION

WHAT - Expand Connecticut's definition of strangulation (§53a-64bb & §53a-64cc) to include acts of suffocation.

WHY - Connecticut does not have a crime of "suffocation," so those crimes are typically treated as assaults. Suffocation involves impeding a person's ability to breathe, similar to strangulation, with the same potentially devastating health effects from a deprivation of oxygen to the brain. Acts of strangulation and the associated long-term consequences have received heightened awareness within the criminal justice field. Addressing suffocation with the same vigilance is a common sense step towards enhancing victims safety and offender accountability.

SUPPORTING A COORDINATED COMMUNITY RESPONSE

PRESERVE EXISTING SERVICES

WHAT - Oppose any further reductions to domestic violence services or other necessary human services, all of which work cohesively to support and serve as the safety net for Connecticut's most vulnerable residents. Support the Reaching Home Campaign to preserve funding for other critical housing and homelessness services and supports.

WHY - Connecticut's domestic violence service system is severely stressed. **Domestic violence shelters ran at 125% capacity in FY16, while the average length of stay rose to 46 days - up 77% in the past 8 years.** Domestic violence organizations provided **15% more counseling services, 15% more court-based advocacy, and 10% more community-based services.** Driving parts of this increase were reductions to other human services, such as mental health and substance abuse treatment, and lack of affordable housing options. Further reductions to domestic violence services will exacerbate emergency shelter capacity issues and potentially compromise victim safety.

INCREASE THE MARRIAGE LICENSE SURCHARGE

WHAT - Increase Connecticut's Marriage License Surcharge (MLS) (§7-73) to \$40 to support essential domestic violence and sexual assault services at a time when state-funding has been reduced.

WHY - Since its implementation in 1992, the MLS has not been increased from the current amount of \$20 - \$1 of which is retained by the municipality and \$19 of which is deposited into a fund for distribution by the Departments of Public Health and Social Services. In addition to the MLS, there is a \$10 license fee that is retained by the municipality, making the total existing cost of a marriage license \$30. The total fee in Connecticut would become \$50 under this proposal. Neighboring states have increased their fees to better support services, including New Hampshire with a \$50 fee, \$43 of which funds domestic violence services, and Vermont with a \$60 fee, \$35 of which funds domestic violence and sexual assault services.

(Please see reverse side for additional priorities.)

INCREASING ACCESS TO HEALTHCARE

ENSURE THAT FEDERAL HEALTHCARE BENEFITS FOR VICTIMS ARE ACCESSIBLE THROUGH CONNECTICUT'S HEALTHCARE EXCHANGE

WHAT - Mirror federally-facilitated plan benefits that make domestic violence a qualifying life event for special enrollment eligibility, which allows victims to enroll in healthcare plans at any time, and work with the Connecticut Healthcare Exchange Board to ensure that Connecticut's base state-facilitated healthcare plan includes domestic violence screening as an explicitly defined benefit.

WHY - Healthcare is a critical component of addressing domestic violence. Potential lack of access to healthcare coverage is often an obstacle for victims, particularly victims with children, when considering leaving their abuser. When able to access healthcare, health professionals play an important role in identifying and intervening in domestic violence as they often have trusted relationships with their patients. According to CCADV's FY16 Health Professional Outreach Project Annual Analysis, **only 35% of the over 800 healthcare professionals attending CCADV trainings diagnosed or assessed for intimate partner violence.** Ensuring that victims have access to healthcare and that health professionals have the necessary intervention tools will help address this serious public health problem.

IMPROVING OUTCOMES FOR CHILDREN

MEET THE NEEDS OF CHILDREN WHO WITNESS DOMESTIC VIOLENCE

WHAT - Work via The Children's Center on Family Violence, a partnership between CCADV and Connecticut Children's Medical Center, to address the needs of children who witness intimate partner violence while ensuring that the necessary and proper supports are provided to the non-offending parent and that the offending individual is held accountable for his or her actions.

WHY - In FY16, CCADV's 18 member organizations provided services to 5,927 children. **Over 1,000 Connecticut children were housed in emergency shelter, 69% of whom were 6 years old or younger.** According to the State Police, children were present at the scene of 3,363 family violence incidents in 2015. Children exposed to family violence often face lifelong, negative consequences. Evidence-based best practices throughout systems that come into contact with these children are critical to meeting these needs.

STRENGTHEN SCHOOL-BASED PREVENTION

WHAT - Increase educational and training opportunities for both students and education professionals in grades K-12 regarding healthy relationships and teen dating violence. Efforts should address the full inclusion of teen dating violence in the state's Safe School Climate.

WHY - Children with healthy concepts of relationships tend to grow up to be adults with healthy concepts of relationships. A 2013 CT Dept. of Public Health survey revealed that **26% of Connecticut high school students surveyed reported being verbally and emotionally abused by a dating partner and 9% reported physical abuse.** Connecticut's efforts to support prevention efforts in school must be strengthened to truly impact the long-term costs of abusive adult relationships.

ENHANCING PROFESSIONAL TRAINING & TECHNICAL ASSISTANCE

WORK ACROSS SYSTEMS TO BUILD CAPACITY AMONG PROFESSIONALS WORKING WITH VICTIMS

WHAT - CCADV will...

- Partner with the National Council of Juvenile and Family Court Judges to develop specialized training and policy guidance to assist judges, advocates, prosecutors and other personnel working with victims involved in the court system and, in particular, address implications of an offender's willingness to violate court orders as a key indicator of increasing violence.
- Expand training opportunities for law enforcement related to the impact of witnessing family violence on children, risk indicators for fatal family violence, and the impact of trauma on victim decision-making.
- Develop enhanced training opportunities for legal professionals, particularly private attorneys working with potential victims on matters related to divorce and child custody, to help them better identify domestic violence, risk factors for fatal family violence, and to provide them with the knowledge to make proper referrals for services.
- Partner with Women's Health Connecticut and Planned Parenthood of Southern New England to offer targeted approaches for women's health programs and maternity & obstetric providers/departments to offer domestic violence prevention and intervention to patients.

WHY - Victims interact with a variety of systems outside of domestic violence service providers as they seek to end abusive relationships. While it is not necessarily the primary responsibility of any individual in any one of those systems to be an expert in domestic violence, it is incumbent upon all of those systems to have an understanding of the complexities of domestic violence and develop best practices when serving victims.

For questions or more information, please contact:

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