THE BALTIMORE CITY DOMESTIC VIOLENCE FATALITY REVIEW TEAM (BCDVFRT)

DOROTHY LENNIG, CHAIR, RHONDA MCCOY & MAJOR SABRINA TAPP-HARPER, VICE-CHAIRS

2015 RECOMMENDATIONS

The mission of the Baltimore City Domestic Violence Fatality Review Team (BCDVFRT or Team) is to reduce domestic violence-related fatalities and near fatalities through systemic multi-disciplinary review of domestic violence fatalities and near fatalities in Baltimore City; through interdisciplinary training and community based prevention education; and through data-driven recommendations for legislation and public policy.

In the past year, the BCDVFRT continued to review domestic violence-related homicides and near homicides as part of our ongoing mission to identify systemic flaws. Many of the issues which surfaced in these cases were identified in previous years, but have yet to be fully addressed. As a consequence, the BCDVFRT plans to continue working through workgroups dedicated to refining its recommendations to address specific ongoing system problems. In addition, the BCDVFRT identified four new issues, and agreed upon the following recommendations. Throughout this report, domestic violence and intimate partner violence (IPV) are used inter-changeably.

1. ENCOURAGE WORKPLACES TO TRAIN THEIR EMPLOYEES TO IDENTIFY AND RESPOND TO DOMESTIC VIOLENCE

Problem: This year, the Team recognized the critical role employers can play in identifying, protecting, and responding to employees who experience intimate partner violence. Often thought of as a problem occurring exclusively in the home, a 2005 phone survey of 1,200 full-time American employees revealed that 21% self-identified as a victim of domestic violence.[1] It is estimated that 75% of victims face stalking and harassment from intimate partners while at work.[2] Research also demonstrates that not only do victims experience compromised work performance, they also often require more time off than co-workers who are not abused.[3]

Recommendation: Employers should create a workplace culture that ensures employees are well informed about domestic violence. Employers should offer regular training and educational seminars for staff about how to

identify warning signs of domestic violence; locally available domestic violence resources; and how to protect a co-worker who is a victim of abuse. Employers should also be knowledgeable about how to support staff who are experiencing domestic violence. This might include prohibiting an abuser from entering the workplace; not requiring the employee/victim to answer the phone if the abuser is harassing her/him by phone, walking the employee/victim to her/his car, etc.

2. CREATE A TRAINING MODULE/CURRICULUM/PROGRAM TO PROVIDE GUIDANCE/SUPPORT FOR YOUNG MEN AFTER A BREAK UP

Problem: This year the Team acknowledged that many of the programs and interventions about dating violence focus on providing support, education, and services to young women, yet the Team reviewed cases which suggest that young men frequently commit acts of violence against a partner during or after a relationship break-up and there are few resources for young men.

Recommendation: Ending a relationship is hard on both young men and women. Intervention programs need to target young men who have been traumatized or have a personal history of exposure to violence and abuse, as these men might be more likely to abuse a current or former intimate partner. Often young men learn at an early age that acts of violence are accepted, tolerated behavior. Intervention programs targeted to young men who are dealing with a relationship break-up should have special focus on men who have previously perpetrated acts of violence against their partners and should teach new coping strategies.

3. ENCOURAGE THE BALTIMORE POLICE DEPARTMENT TO RECOGNIZE THE IMPACT OF TRAUMA ON POLICE AND PROVIDE MENTAL HEALTH SERVICES TO OFFICERS THAT ARE TRULY CONFIDENTIAL AND ENCOURAGE THEM TO REACH OUT TO NATIONAL POLICE ORGANIZATIONS FOR BEST PRACTICES

Problem: This year, the Team reviewed a case involving a BPD officer. The Team recognized the impact of trauma, stress and fatigue on police. The Team also discussed barriers some officers experienced in obtaining mental health services.

Over the years, our reviews have shown us that police officers, emergency care providers, and other city personnel may experience similar physical and emotional manifestations of stress, leading the Team to believe that they may be experiencing "secondary traumatic stress," which is emotional duress from indirect exposure to trauma such as hearing about or working with traumatized individuals (also known as vicarious trauma). Secondary traumatic stress can lead to compassion fatigue and burnout. One barrier officers face is the significant stigma that police and other first responders encounter when they recognize they are having their own symptoms of burnout or compassion fatigue or secondary traumatic stress.

Recommendation: Encourage BPD to train police officers and other first responders in trauma informed care, a service model which recognizes the impact of trauma on victims and those who work with victims and that integrates knowledge about trauma into policies, procedures and practices. Ideally, the training would be presented by other professionals in the field who deal regularly with traumatic experiences, such as seeing dead bodies, dealing with severely injured persons, having others attack them, and dealing with cases where lives could not be saved in spite of the best efforts of those charged with serving the public. Such trainings should include topics such as: how to identify stress, compassion fatigue and trauma, with emphases on hazardous duty assignments and domestic violence prevention; how to determine levels of compassion fatigue and trauma exposure, with specific consideration of work hours, lack of vacation, and exposure to violent cases; exposure to police-involved domestic violence cases. BPD should incorporate some of these topics into the In-Service Training Program.

The Team also encourages BPD to create options for staff to receive confidential mental health services, including hiring an in-house psychologist who could provide confidential services. BPD should have a mechanism for offering confidential training to staff in appropriate circumstances. BPD should reach out to national police organizations such as the National Organization of Black Law Enforcement (NOBLE) and the International Association of Chiefs of Police (IACP) for best practices.

The Team suggests that any police-involved domestic violence cases be assigned to a permanently-ranked supervisor at the time of the initial call triage.

4. ENCOURAGE BALTIMORE CITY SCHOOL NURSES TO BE TRAINED IN IDENTIFYING AND DEALING WITH TRAUMA, DOMESTIC VIOLENCE, SEXUAL ASSAULT, SEXUALLY TRANSMITTED DISEASES AND BIRTH CONTROL WITH STUDENTS AS APPROPRIATE

Problem: Throughout the course of our reviews, the Team has seen that adolescents involved as perpetrators and victims often have repeated exposure to traumatic events in their homes and neighborhoods, including seeing adults in their home hit each other, being physically or sexually abused themselves, as well as witnessing shootings, stabbings, violent robberies or seeing dead bodies in their neighborhood. Cumulative exposure to traumatic life events can result in post-traumatic stress disorder, which may manifest in both overt and subtle ways such as poor scholastic performance, aggressive behavior, and hypervigilance to one's surroundings (anticipating attack even when there is none coming) and physical symptoms like stomach pains and trouble sleeping. For adolescents, school may be one of the most stable and safe places in their lives. Victims engaged in the school system may come into contact with school nurses for these physical symptoms associated with exposure to stress and trauma, or be referred to school officials for missing school.

Recommendation: Train school nurses on recognizing and dealing with symptoms of exposure to stress, trauma and abuse. As appropriate, encourage school nurses to identify, discuss and refer students for domestic violence, sexual assault, sexually transmitted diseases, and birth control.

UPDATES ON PAST RECOMMENDATIONS

PROGRESS TOWARD IMPLEMENTATION OF PAST RECOMMENDATIONS

2007 – 1

BETTER EVIDENCE FOR PROSECUTION

The first issue identified in 2007 was that the Baltimore City State's Attorney's Office Felony Family Violence Division (FFVD) was hampered in its efforts to successfully prosecute felony domestic violence cases because police collected little admissible evidence. (In 2012, the Baltimore City State's Attorney's Office (SAO) merged the FFVD with the Sex Offense Division into what is now the Special Victims' Unit (SVU).) The BCDVFRT recommended the creation of a centralized, specialized unit of domestic violence detectives within the BPD. Begun in 2008, the Family Crimes Unit (FCU) is comprised of detectives who receive specialized training in felony level investigations, as well as issues unique to family violence cases.

Update: This year, the SVU has worked to increase the evidence available in domestic violence cases in the following ways and continues to work with partners to improve prosecution:

1. **Photographic Evidence**

During the past year, the SVU in the District Court (which sees the greatest number of domestic violence cases) implemented a system with BPD whereby patrol officers email evidentiary photographs to an email address maintained by BPD (dvphotos@baltimorepolice.org). Those photographs are then auto-forwarded to the State's Attorney's Office email address (dvimages@stattorney.org). This system results in prosecutors having almost immediate access to photographs for trial and disclosure to defense counsel.

In the circuit court, where the more serious felony domestic violence cases are prosecuted, the FCU calls Crime Lab Technicians to respond, document and photograph the scene and any physical injuries. In addition, some of the patrol officers use their Pocket Cop cell phones to photograph the victim's injuries or any damaged property and will use the DVIMAGES upload, which prosecutors can access fairly easily from MS Outlook.

2. **Recorded Statements at the Crime Scene-Felony Domestic Violence Investigations by FCU**

SVU prosecutors have encouraged FCU detectives to get recorded statements from witnesses and victims as early as possible in the investigation. Sometimes detectives are on the scene within a few hours of the initial report and are able to speak to the domestic violence victim when the likelihood of cooperation is at its highest. Some of the taped statements are actually taken at the hospital when the victim gets medical treatment. These recorded statements are helpful if the victim later recants, and may be used substantively in evidence if the victim does not remember or changes her/his version of events. In addition, these statements are very powerful evidence in jury trials, as the jury then hears an incredibly fresh report of the crime.

3. **911 calls**.

At the DV Stat meetings in 2013, BPD's Information Services staff reported that, with the help of the SAO, it has undertaken an effort to develop a plan for switching 911 call retrieval and sharing to a digital format so that evidence can more easily be shared between the offices. At this time, SAO has not developed a uniform system for obtaining 911 tapes other than to have individual units within the SAO ordering the CDs by the thousands each month to be picked up at the BPD headquarters. SVU is committed to working with BPD to improve the current system.

4. **Jail Calls**

The SVU uses jail calls quite a bit as prosecutors have a lot of leeway in entering them into evidence. These calls are the most helpful in difficult, hard to prove cases. On many occasions, an SVU prosecutor is able to listen in to an abuser intimidating the victim not to come to court or to change her testimony. Such calls have resulted in witness intimidation charges. The calls can also be used as evidence of guilt and often are the impetus for an abuser to plead once confronted with them. One downside for prosecutors is that this evidence review is extremely time consuming. Defendants also attempt to circumvent the recording system by using another inmate's identification number which makes tracking their calls difficult. Legal interns from the local law schools sometimes assist prosecutors and listen to the many hours of this evidence looking for admissions about the crime or threats or intimidation.

5. **Medical Records**:

The SVU in the District Court is struggling to get medical records from the multiple hospitals in Baltimore City in a timely fashion. Trial dates are set within 30 days of arrest and it is proving difficult to obtain medical records in time for trial and disclosure to the defense. The SVU has worked with some of the larger area hospitals to develop a streamlined process for obtaining records through an online records request submission. The SVU will work with police and detectives to better document details about the victim's hospital visit and to note the full name of the treating physician so that prosecutors can subpoena the treating physician to testify at trial. It is very helpful to be able to present a treating doctor's description of "serious physical injury," which is an element for 1st degree assault and which is important in urging a jury to convict on more serious charges.

6. **Working with victim-witnesses**:

A consistent issue in domestic violence cases is that, for a variety of reasons, some victim-witnesses do not wish to testify at trial. Some do not appear for trial and the case is dismissed. The SAO and BPD have collaborated to bring back several police witness locators to help the SAO find witnesses. In addition, the SAO employs its own investigators who try to find missing witnesses. The SAO calls and sends letters to every single domestic violence victim for their court cases, but many still do not appear. Recently, the House of Ruth volunteered to reach out to victims in the most serious cases when the victim will not appear in court, in order to support the victim and encourage her appearance in court. Further complicating cases in District Court is that trial dates are set within 30 days of a perpetrator's arrest, leaving little

time to prepare an average of 40-50 cases per day. With the Court reluctant to grant postponements, such a short time frame leaves little time to work with victims of domestic violence, foster a relationship with them, and encourage them to come to court. The SAO is exploring whether the Court could consider setting trial dates 45 days from arrest, as is the practice in many other jurisdictions. This would allow more time for the SAO to work with victim-witnesses prior to trial, as well as to obtain medical records, 911 calls, and other evidence.

2007 – 2

FAMILY JUSTICE CENTER

A 2007 recommendation was for the creation of a Family Justice Center (FJC) in Baltimore City. At that time a BCDVFRT workgroup met to develop a blueprint for a FJC, and to seek funding for this enterprise. The group was not able to obtain funding and no progress has been made on this recommendation.

Update: During the past year, the Governor's Family Violence Council (FVC) Best Practices for Family Justice Centers (FJC) workgroup has been meeting in an effort to establish recommendations for Best Practices and Alternatives for Family Justice Centers Statewide. The goal of the workgroup is to develop a comprehensive plan that, if implemented, will aid counties throughout Maryland in developing FJCs that make victims safer, hold offenders accountable and provide wrap around services, which include mental health and long-term support for victims and their families through collaboration and coordinated services. The workgroup will conduct focus groups with survivors as well as a survey of needs with service providers to support the continued efforts to develop a Best Practices model for FJCs.

2007 – 3

ACCESS TO SERVICES

Another problem identified in the 2007 report concerned the large number of victims of fatal domestic violence who never accessed potentially life-saving services. In an effort to decrease domestic violence-related homicides by increasing access to services, the BCDVFRT recommended that police administer the lethality assessment screen to victims of domestic violence. In 2009, the BPD, in conjunction with the House of Ruth Maryland (HRM), applied for and received funding to begin a lethality assessment project (LAP). The protocol required that when the police respond to a domestic violence call where they believed a crime had been committed, the officer would administer the lethality assessment screen with the victim. The screen and a copy of the police report are delivered to HRM within 24 hours. HRM staff attempt to contact the victim within 24 hours and offer that person services

Update: As of July 2013, LAP has expanded into all nine police districts. The program has been very successful. From November 2009 through July 2015, HRM has received 18,919 lethality assessment screens and reached 8,546 people (45%), enrolling 2,731 (35%) of them in HRM services.

2007 – 4

TIMELY SERVICE OF WARRANTS

The last problem identified in the 2007 report was the tremendous backlog of unserved warrants. In 2008, the BPD created a specialized Warrant Squad dedicated to serving domestic violence arrest warrants.

Update: During the past year, there has been a significant increase in the backlog of domestic violence warrants. In response to this, the BPD Public Affairs Unit has a weekly media broadcast that FCU now utilizes to publicize the existence of open warrants in the most violent domestic violence cases.

From September 1, 2014 to August 26, 2015, there were a total of 2,359 new domestic violence warrants issued for service. The Domestic Violence Warrant Squad and patrol officers served 1,794 warrants.

2008 – 1

RECOGNIZE AND RESPOND TO THE DANGERS OF STRANGULATION

As we noted in 2008, many professionals who work with victims of domestic violence are unaware of the seriousness of strangulation. Strangulation, often incorrectly called "choking," is a significant risk factor for a subsequent fatality and is a weighted item in the lethality assessment. By itself, strangulation can cause serious injury or death, even in the absence of visible, external injuries.

Update: The BCDVFRT continues to support its 2008 recommendation for domestic violence advocates to secure legislation which would classify strangulation as either a first-degree assault or a separate felony. In 2015, the Maryland State's Attorneys Association and the domestic violence advocates decided not to ask a member of the General Assembly to introduced a bill regarding strangulation because they did not believe it would have any different outcome than the bills introduced during the last several sessions.

2008 – 2

FACILITATE PROVISION OF MEDICAL CARE TO DOMESTIC VIOLENCE VICTIMS WHO SUSTAIN INJURY

In our 2008 recommendations, we noted that victims often do not seek medical treatment for injuries sustained in domestic violence incidents. When police are first responders, they may not recognize the gravity of the injury and that the victim requires medical treatment, and may not actively encourage or facilitate transfer for medical care.

Update: In 2015, the BPD Academy's basic training curriculum included information about medical issues associated with strangulation and treatment options for victims. Mercy Medical

Center has continued its partnership with the Police Academy, providing officers with a comprehensive block of instruction relevant to possible injuries sustained during intimate partner violence. In addition, BPD's victim advocates routinely attended roll call sessions where they update officers with new information about intimate partner violence injuries.

BPD is planning to update the domestic violence curriculum with Mercy Medical Center and include information about the Maryland Criminal Injuries Compensation Board.

2008– 3

IMPROVE SCREENING FOR DOMESTIC VIOLENCE IN HEALTH CARE SETTINGS

In 2008, the BCDVFRT noted that, despite a mandate that all hospitals have protocols to assess for domestic violence, the Team found hospital medical charts that had no documentation of domestic violence screening. We recommended that medical facilities aggregate their resources for the evaluation and counseling of domestic violence cases and that they offer training for medical providers on violence assessment.

Update: In 2012, the Department of Health and Mental Hygiene (DHMH) established a Maryland IPV Task Force. The Task Force developed a simple IPV assessment tool that was adapted from evidence-based screens. The Task Force agreed to promote use of the assessment tool within their respective specialties. The Maryland IPV Task Force assessment tool has been cited as a public health model for other states. In 2014, the Johns Hopkins University School of Medicine piloted an IPV training module for medical students, obstetrical and gynecological residents and faculty. In addition, in 2014, DHMH created a website to help health care providers assess patients for IPV. The web site is accessible at www.dhmh.maryland.gov/ipv. DHMH has conducted over 100 IPV trainings and received over 1,000 pledges from health providers in support of IPV assessment by primary care providers.

In 2015, DHMH accepted a Governor's Victim Services award from the Governor's Office of Crime Control and Prevention for Project Connect Maryland, a 2013-2015 initiative focusing on the public health response to IPV.

Currently, DHMH is partnering with the University of Maryland School of Social Work to host an annual symposium about IPV beginning in October 2015. The symposium will target interdisciplinary participation by the schools at University of Maryland Baltimore, including Law, Pharmacy, Medicine, Nursing, Social Work and Dentistry, to work together on screening and interventions for IPV.

2008 – 6

CHANGE ATTITUDES ABOUT DOMESTIC VIOLENCE

In our reviews, we have heard that victims do not view themselves as victims because they do not understand the dynamics of a healthy relationship. In 2008, the BCDVFRT recommended creating a collaborative relationship with school systems and public health, social services and domestic violence experts to utilize an already-existing Maryland curriculum to ensure that

school personnel are educated and trained to teach about the dynamics of dating and intimate partner abuse and healthy relationships.

Update: In 2011, the Criminal Justice Coordinating Council supported the Baltimore City Health Department's Office of Youth Violence Prevention's award of a five year grant to implement the Dating Matters Initiative. The goal of this initiative is to implement a curriculum in Baltimore City Public Schools to promote healthy relationships and prevent teen dating violence.

Dating Matters has been implemented in eleven Baltimore City Public Schools (BCPS). Seven schools implemented the evidence-based program, Safe Dates, with 8th grade students only. Four schools implemented evidence-based and CDC-developed curricula with students in the 6th -8th grades. During the 2014-2015 academic school year, 710 students were reached through curricula implementation in 35 classrooms. Four additional community/school-based implementers were trained to deliver the curricula.

Dating Matters trained six additional parent implementers in January 2015 to implement the parent curriculum program. Four of the project's schools implemented this program component, reaching a total of 70 parents with a 66% program completion rate. Dating Matters has also participated in the development of BCPS's Wellness, Nutrition and Physical Activity policy and has recommended the incorporation of healthy relationship skill development using evidence- based, violence prevention, and trauma informed strategies as part of the comprehensive health education, and as a continuum under the district's student support services. The Youth Brand Ambassadors hosted three community events (Movie Night, Block Party and Video Contest) with an average attendance/participation of 40 students per event.

The program has begun planning to launch a city-wide public awareness campaign for teen dating violence to commence September 14 through December 6, 2015. The program seeks to bring more awareness to policy makers and the community at large about the warning signs of dating violence and its consequences. The program hopes to partner with more domestic violence programs and provide opportunities for domestic violence organizations to serve as Community Advisory Board members for increasing advocacy efforts, improving program delivery, and sustainability planning beyond the demonstration period.

2009 – 1

CREATE AN ENHANCED RESPONSE PROTOCOL FOR IDENTIFYING AND RESPONDING TO VICTIMS IN HIGHLY LETHAL RELATIONSHIPS

Our 2009 recommendations stated that one of the most important services advocates provide to victims of domestic violence is safety planning. This is the time the advocate discusses with the victim the precautions she can take to attempt to protect herself from further abuse. It is a time to assess her level of danger and identify safety options. If the victim is prepared when violence occurs, she is more likely to respond quickly and avoid additional injury. However, in some cases, traditional safety planning techniques were insufficient to protect certain victims who were in extremely lethal relationships. We recommended the creation of an enhanced response protocol involving a high danger safety plan that incorporates safety precautions appropriate for victims who are at the highest risk of being murdered.

Update: In 2014, the Maryland Network Against Domestic Violence (MNADV) received funding to address this recommendation. MNADV has convened a team of domestic violence advocates to develop an enhanced response protocol for high danger cases and statewide protocols for high risk safety planning and following up with high risk victims. The team created a High-Danger Safety Planning Protocol, High-Danger Safety Planning Protocol Resources (which includes the Safety Planning Considerations), and a PowerPoint Presentation designed to train new and existing advocates on the High-Danger Safety Planning Protocol as a group or it can be used as an individual training. These resources are available on the MNADV website (www.mnadv.org). While this newly developed protocol does not establish a different safety planning protocol to specifically address people in extremely lethal relationships, it does provide important safety planning training and resources for domestic violence advocates.

2009 – 3

CREATE A SYSTEMATIC TRACKING MECHANISM FOR DOMESTIC VIOLENCE VIOLATIONS OF PROBATION WITHIN THE DIVISION OF PAROLE AND PROBATION

In both the 2007 and 2008 reports, we expressed concern about the results of violation of probation (VOP) hearings in domestic violence cases. The Team had repeatedly reviewed cases in which domestic violence offenders were placed on probation, violated the terms of their probation, and received no consequence for the violation other than continued probation. In one case, the special condition which the defendant refused to satisfy was simply eliminated by the judge. Each of these probations was terminated only after the probationer murdered his victim.

Believing that this sent the wrong message to offenders and left victims vulnerable to further violence, we recommended establishing a system for tracking domestic violence VOP cases. A workgroup was established to create a systematic tracking mechanism for domestic violence probation cases.

In 2009, we recommended that the Division of Parole and Probation's new Offender Case Management System (OCMS) include a section which collects and stores data regarding the results of VOP hearings. The Secretary of the Department of Public Safety and Correctional Services and the head of the Division of Parole and Probation agreed to assist in the implementation of this recommendation.

Update: During FY 14, the Governor's Family Violence Council created a workgroup to examine the trends in outcomes for domestic violence offenders who violate their probation. The purpose of this group was to examine the various responses by the criminal justice system when abusive partners fail to meet the conditions set by a criminal court order. The aim was to raise awareness of patterns within the system and to identify opportunities to help the courts hold abusers accountable to their orders.

In an effort to understand the criminal justice system's response to abusers failing to meet the conditions of their probation, the workgroup developed research questions. These questions

were provided to the Department of Public Safety and Correctional Services (DPSCS) to determine what data was currently collected in OCMS and to determine whether additional information could be collected through the data base.

DPSCS agreed to revise OCMS to begin to capture many of the specific data points that the group requested. The business requirements have been completed and approved. The project is on hold waiting for funding approval.

2010 – 1

CREATE RESOURCES FOR MEN WHO SEEK TO PREVENT VIOLENCE IN INTIMATE RELATIONSHIPS

In 2010, the BCDVFRT identified that there were few resources available for men who might not follow through on an act of domestic violence if they received appropriate intervention or for men who wanted to persuade an abusive friend or family member to stop battering. Men who seek this type of support have no place to turn for advice or assistance. Although domestic violence is often viewed as a "women's issue," we interviewed several men in the course of our case review process who suggested that services need to be developed for men who are interested in taking an active role in addressing domestic violence or who are experiencing their own relationship stress. As a result, we recommended developing resources to assist men who want to avoid domestic violence in their own relationships, or who want to address it appropriately when the relationships of friends or family members become violent.

Update: House of Ruth Maryland (HRM) launched the "Man Up" initiative in the fall of 2014. This is an effort to engage men in efforts to end intimate partner violence. The initiative is led by a core group of volunteers who come from a variety of backgrounds such as corporate and business, domestic violence advocates, professional athletes, faith leaders, men who have successfully completed an intervention program and men who witnessed intimate partner violence as children. High profile groups such as the Baltimore Ravens and the Aberdeen IronBirds have signed on to and are in support of the initiative. The group aims to redefine what it means when a young man is challenged to "man up" and has created the following declaration:

> ***We lead the way to challenge the attitudes and beliefs of men so women and children can live free from intimate partner violence. We take personal responsibility to prevent intimate partner violence and take action when it occurs.***

The group meets monthly and is currently conducting listening sessions with young men in Baltimore City to ask about barriers to speaking out against intimate partner violence and support they may need to address it.

HRM will be launching a three year project that will be focused on working with youth leaders to incorporate messages about healthy masculinity, healthy relationships and intimate partner violence into the day-to-day work they are already doing with youth. The three target audiences are young athletes, the faith community, and boys who have witnessed intimate partner

violence. The goal is to, over time; have the young men's community saturated with the message that violence against women is not acceptable. Throughout the project, HRM will be collecting messages from young men and asking for their ideas about how to speak to other men about the issue of intimate partner violence. The end of the project will include a city-wide campaign targeting young men that speak against intimate partner violence.

2010 – 2

SEEK PARTNERSHIPS WITH CLERGY

Another 2010 recommendation was that the BCDVFRT create a subcommittee to explore developing partnerships with the faith-based community since many domestic violence victims and perpetrators reach out to clergy for advice and support. However, many clergy members are not trained on the dynamics of domestic violence or the need for safety planning. In one case the team reviewed, a pastor encouraged a victim to stay in an abusive marriage, resulting in fatal consequences.

Update: This year marks the 3rd Annual Interfaith Dialogue & Training Session on October 14, 2015 in Annapolis. Clergy of all faiths can have a powerful role in their communities and, through training and support from advocates and other leaders in the government and legal arena, can influence and guide both abusers and those who are abused. Clergy are the role models within the community and they are well-positioned to take a stand against domestic violence and empower those who have been suffering in silence. Together with domestic violence advocates, legal experts, governmental and community partners, faith leaders will continue learning ways that they can share words of encouragement and conciliation with those suffering from the pain of domestic violence.

It is evident that the Interfaith Dialogue programs have resulted in collaborations between the clergy and community partners that are coming together to host events such as the September 23, 2015 program "The Role of Men in Preventing Domestic Violence" sponsored by the Howard County Collaboration to Prevent IPV.

2010 – 3

IMPROVE DOMESTIC VIOLENCE SERVICE PROVIDERS' OUTREACH TO VICTIMS BY DEVELOPING EFFECTIVE, MODERN COMMUNICATION STRATEGIES

In 2010, the BCDVFRT recommended that agencies that offer support and services to victims of domestic violence should begin to advertise with alternative social media sources such as cable TV, Facebook, You Tube, and other internet sites. Interviews with victims and family members revealed that many victims either do not or cannot read the variety of flyers, brochures and print media that most domestic violence agencies utilize. These victims were far more likely to be engaged with electronic media.

The Team also recommended that hospitals and health clinics provide information on closed circuit televisions in waiting rooms. We also recommended that information regarding

domestic violence and available services must be visible where victims, witnesses and perpetrators are likely to go, e.g. hair and nail salons, barbershops, and neighborhood shops.

Update: Last year, Johns Hopkins University researchers with support from the OneLove Foundation developed a safety decision aid smartphone application (MyPlan) for college-aged women and their friends (18-24). The application allows the user to answer questions on the Danger Assessment (DA) and then provides immediate feedback through a graphic with the participant's DA score and level of danger in the relationship with personalized messages about safety related to the level of danger. The DA score and risk factors are then combined with the safety priorities of participants to develop a tailored safety action plan with links to community resources and services in the participant's county of residence.

An updated release of MyPlan, expected in fall 2015, will add safety planning content for women of all ages, a Spanish-language version, and an updated look with functionality and security enhancements.

2012 – 1

IMPROVE SYSTEM RESPONSE TO CHILDREN WHO WITNESS FATAL ABUSE OF A PARENT

Since the BCDVFRT began meeting, it has reviewed cases with children who witnessed one or both of their parents being killed or almost killed as a result of domestic violence. The impact of witnessing this crime is immense and the child's life is changed forever. Traumatized and bereaved, these children must struggle to find a new life. Over the course of our reviews, we have seen children who witness this event and ultimately are incarcerated for later committing serious crimes themselves or who are lost to systems of care or help. In 2012, we recommended working in conjunction with the school system to create a protocol which will identify and develop an appropriate response to children whose parent(s) have been killed as a result of domestic violence.

Update: Beginning in FY 13 and continued in FY 14, the Governor's Family Violence Council (FVC) created a workgroup to focus on the issue of domestic violence in the presence of a child. The workgroup divided into two subcommittees, the Criminal Justice Subcommittee and the Schools Subcommittee.

The Criminal Justice Subcommittee drafted a protocol and model policy, Trained Police Response, to be used when police respond to a domestic violence call and children are present. The Trained Police Response consists of three tiers depending on the severity of the case. The Subcommittee also recommended that Maryland participate in the Yale Child Study Center pilot program that is developing a protocol on addressing situations in which children witness domestic violence.

In addition, the workgroup developed a brochure "Fighting in the Home: Is Your Child Being Affected?" Based on the responses from two focus groups, the Subcommittee recommended creating a card instead of a brochure.

The Schools Subcommittee focused on identifying resources for children who have witnessed domestic violence and on the possibility of law enforcement notifying the school system when a child has witnessed domestic violence. Currently there are no laws that would prevent law enforcement from sharing information with school personnel when a child has witnessed domestic violence; however, law enforcement does not have the resources to notify the school system when a child witnesses domestic violence in the home, and is skeptical about sharing the information because cases may involve open investigations. No directory of services currently exists to refer children who have witnessed domestic violence. The Subcommittee recommended that a training be developed about the effect of domestic violence on children that can be presented at the Child Abuse Suicide Prevention Conference; the Directors of Student Services, Coordinators and Supervisors of Pupil Personnel, and School Counselors training; and other various school personnel trainings.

No update for 2015

2012 - 2

INCREASE SCREENING AND INTERVENTION FOR DOMESTIC VIOLENCE BEFORE, DURING AND AFTER PREGNANCY

Homicide is the leading cause of pregnancy-associated death in Maryland; the majority of these deaths are perpetrated by a current or former intimate partner.[4] Throughout this report, we have identified cases where medical staff did not complete a domestic violence screen during a victim's prenatal visits or during her hospital stay for her delivery. In 2012, we recommended increased screening and intervention for domestic violence before, during and after pregnancy.

Update: In 2015, the Maryland Maternal Mortality Review Committee issued recommendations to obstetricians and gynecologists to screen and treat or refer appropriately for IPV, substance use and depression. These recommendations were based upon the findings from cases where women died of accidental overdose, homicide and suicide during pregnancy or the year after. These cases made up nearly half of all pregnancy-associated deaths in 2013 and the Committee identified an overlap between substance use and other causes of death such as IPV.

2012 - 4

"FLAG" MEDICAL CHARTS TO ALERT HEALTH CARE PROVIDERS OF PATIENTS WHO HAVE BEEN DOMESTIC VIOLENCE IDENTIFIED

Another 2012 recommendation was that health care facilities should institute a confidential, internal system of "flagging" the charts of patients who have been identified as victims of domestic violence so that they may receive more intensive screening, appropriate intervention, confidential treatment, documentation and links to needed services at the hospital and to allow for intervention and services as needed on any subsequent visits.

Update: The Team acknowledges that revisions to the medical chart are linked to each organization's electronic medical record. As such, changes are complicated and may be cost-prohibitive. At the appropriate time for health care facilities to make changes to the electronic medical record, we urge them to include this change.

2012 - 5

HOSPITAL-BASED INTERVENTION AND SAFE DISCHARGE – RESPOND TO THE NEEDS OF DOMESTIC VIOLENCE VICTIMS WHO HAVE SUBSTANCE ABUSE ISSUES

In cases where a patient is intoxicated or otherwise temporarily impaired, medical facilities should hold the patient until staff can complete domestic violence screening and offer appropriate intervention. Substance abuse is pervasive in Baltimore City and many domestic violence victims self-medicate as a way to cope with their abuse. In 2012 we recommended that Emergency Departments complete domestic violence screening even if it means holding the patient until s/he is no longer impaired and the provider is able to conduct the screening. When a patient is medically ready for discharge from a hospital, health care providers should consider the clinical, functional, and social aspects of the situation to which the patient will be released. Hospitals regularly create a discharge plan for patients that assesses for adequate medical provisions, accessibility, necessary utilities, family or community support, potential suicide risks, as well as for potential abuse in juvenile patients. In many cases the facility must delay discharge until staff can identify an adequate environment for release. Similarly, hospitals should delay discharge of domestic violence victims until they are able to develop an adequate discharge plan.

Update: The Regional Perinatal Advisory Group (RPAG) toolkit, "Substance Use during Pregnancy" is being disseminated in 2015 and includes a section about IPV. DHMH initiated new projects in 2015 to train providers about substance use disorders and also the comorbidity of substance use with other conditions such as IPV. So far, regional trainings have occurred in Western Maryland and the Eastern Shore. The Maryland Network Against Domestic Violence is currently recruiting for a new position focused primarily on IPV, trauma and substance use.

2012 - 6

THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES SHOULD SCREEN INMATES FOR A HISTORY OF DOMESTIC VIOLENCE AND OFFER ABUSER INTERVENTION PROGRAMS

Throughout the cases the Team has reviewed, we have interviewed inmates who have been convicted of domestic crimes and those who were themselves victims of family violence. In addition, we are aware that some inmates who were convicted of non-domestic violence crimes were also involved in abusive relationships. In 2012, the Team recommended that the Department of Public Safety and Correctional Services (DPSCS) should screen and assess inmates for a history of domestic violence. This should include those inmates who are incarcerated for domestic violence-related crimes, inmates who were abused as children or who

witnessed abuse between their parents, and inmates who were abusive to their intimate partners even if they are incarcerated for unrelated crimes.

Update: No update for 2015

2013 - 1

REQUIRE HEALTH CARE PROVIDERS TO SCREEN FOR DOMESTIC VIOLENCE BY MAKING IPV QUESTIONS REQUIRED FIELDS IN ELECTRONIC CHARTS AND REQUIRING THAT THE ELECTRONIC RECORD AUTOMATICALLY REPOPULATE POSITIVE IPV SCREENS ON SUBSEQUENT VISITS

Throughout the work of the Team, we have reviewed cases where the hospital medical charts had no documentation of domestic violence screening. Screening and assessment is the first step in the best practice response to IPV victims who are medical patients, followed by proper treatment, documentation, resource linkage and an advocate response. In 2013, we recommended that as health care facilities convert to electronic medical charts, they make the IPV screening questions "required fields," so that the health care provider cannot advance to the next section of the chart unless the screen is completed. In addition, once a medical professional records a positive response in a domestic violence screening field in the electronic medical chart, that field should automatically repopulate as a positive screen on subsequent visits.

Update: See update 2012 – 4.

2013 - 2

EXPAND, ENHANCE, AND STANDARDIZE THE TRAINING PROVIDED TO ALL PERSONS WORKING IN CORRECTIONAL FACILITIES SO THAT THEY CAN BETTER RECOGNIZE AND IDENTIFY THE CHARACTERISICS OF DOMESTIC VIOLENCE ABUSERS

In 2013, the Team discovered during a case review that the training provided to employees of DPSCS's outside vendors varied from region to region. The Team recommended that an expanded, enhanced, and standardized domestic violence training be provided to all DPSCS employees and vendors' employees who have contact with inmates, offenders, or defendants.

Update: No update for 2015

2014 - 1

SHIFT THE COMMUNITY'S AWARENESS AND UNDERSTANDING OF HOW INTERVENTION BY A BYSTANDER WHO WITNESSES OR SUSPECTS DOMESTIC VIOLENCE CAN MAKE A DIFFERENCE

In 2014, the Team recommended creating outreach efforts to inform the community how to intervene when they know or suspect domestic violence is occurring. This effort creates awareness about the issue and gives bystanders the tools and resources to intervene.

Update: The House of Ruth Maryland (HRM) is turning its attention to creating resources for friends and family of both survivors and abusive partners that can be quickly referenced in emergencies and guide sensitive conversations. Bystanders must make the important distinction between intervention and altercation. Too often, bystanders report that they felt they had to put themselves in harm's way in order to help a survivor.

As part of a larger, three year project, HRM is drafting an emergency palm card creating three steps anyone in the community can take if they witness an act of domestic violence. HRM is also creating a second document that will serve as a guide for individuals who want to talk with someone they suspect is either experiencing or perpetrating domestic violence. Finally, this project will create a messaging campaign created by men for men about how they can play a key role in ending domestic violence by speaking out against it in their own peer circles. HRM believes it is essential to this project's success to include the voices and feedback of individuals who grew up in abusive homes or lost loved ones to domestic violence.

2014 - 2

CREATE INTERVENTION STRATEGIES FOR POLICE RESPONDING TO ESCALATING DOMESTIC DISPUTE CASES

In 2014, the Team reviewed a case this year where the parties had an extensive history of domestic disputes. A domestic dispute is when the police respond to a domestic call but determine that no crime has been committed. In domestic dispute cases, the police do not provide all of the domestic violence interventions and services that they would provide to a domestic violence victim. The Team recommended that BPD should create a strategy for responding to repeat and escalating domestic dispute calls. This might include home visits, friendly knock and talks, or providing the victim with domestic violence information and referrals as a way to de-escalate the situation and prevent it from turning into a domestic violence crime or homicide.

Update: No update in 2015

COMPLETED RECOMMENDATIONS

2008 – 4

IMPROVE FORENSIC MEDICAL DOCUMENTATION FOR DOMESTIC VIOLENCE INJURIES

Our 2008 recommendations identified a problem that medical documentation of injuries often does not adequately support later prosecution of domestic violence cases. The Mercy Sexual Assault Forensic Examiner's Program, with the aid of the Mercy Family Violence Response Program, developed an Intimate Partner Violence Forensic Evidence Standard Kit (IPV Kit), modeled on the state's accepted SAFE Kit, to thoroughly and expertly document domestic violence injuries and evidence.

Update: Completed and ongoing. Since we made this recommendation, there have been two *Frye-Reed* challenges (2010 and 2013) made in Baltimore courts about the validity and acceptability of forensic evidence obtained through the use of an Alternative Light Source (ALS). The ALS shows injury and bruising often invisible to the naked eye. In both cases, the ALS findings were admitted into evidence under the challenges to the *Frye-Reed* test as accepted in the scientific community. The ALS has become a significant tool in the IPV Kit documentation, particularly in strangulation cases in which there may be no visible bruising. Currently the Special Victim's Unit and other prosecutors use ALS evidence routinely in court without further legal challenges as the circuit court and defense counsel have come to accept such evidence. The ALS evidence is proving extremely helpful in cases where the injury happened many days and even weeks before and can document internal injury to the neck and other areas long after the outward bruising or marks have faded. Police now routinely take children who are suspected victims of child abuse and victims of sexual and domestic violence to hospitals that have ALS capabilities, thus improving a prosecutor's arsenal of evidence.

2008 – 5

ASSESS CHILDREN EXPOSED TO FATAL AND NEAR FATAL ABUSE OF A PARENT

Both our 2007 and 2008 recommendations reflected our growing concern with the extremely negative consequences children face as a result of living in violent homes. In our case reviews, we repeatedly observed that these children were known to the Department of Social Services (DSS), the Juvenile Court and ultimately the criminal justice system. The HRM, the BPD, the Baltimore City SAO, the Baltimore City DSS and hospital-based trauma specialists developed and implemented a model protocol to protect and support children affected by domestic violence involving fatality or near fatality of one or both parents.

Update: Completed in 2012 and ongoing.

2009 – 2

INCREASE AWARENESS OF HUMAN BITES AS A FORM OF DOMESTIC VIOLENCE

In 2009, the BCDVFRT discussed that although biting has been referenced in the literature as a form of domestic and sexual violence, there is little knowledge regarding the prevalence of this form of abuse, or its significance as a precursor to escalated or even lethal violence. Because biting is not usually included on lists of examples of domestic violence, victims may not recognize it as a form of domestic violence. We recommended specifically: (1) Include human bites on medical screens for domestic violence; (2) Educate medical providers regarding the evaluation and documentation of bite wounds; and (3) Revise the Petition for a Protective Order to include biting as an example of domestic violence. In 2010, the Maryland Department of Health and Mental Hygiene included biting as a type of abuse in their 2010 women's health screening cards. In 2011, biting was added to the revised Protective Order petition on the list of types of abuse.

Update: Completed in 2011

2010 – 4

INCLUDE SCREENING FOR DOMESTIC VIOLENCE IN HEALTH CLINIC SCREENS AND DURING TREATMENT FOR SEXUALLY TRANSMITTED DISEASES

A fourth problem identified in 2010 was that many victims of domestic violence do not access potentially life-saving services because they do not realize that their violent relationships are "abusive." In an effort to encourage screening for domestic violence in many kinds of settings that women use, we recommended that health clinics should include a screen for domestic violence whenever they screen and treat patients for sexually transmitted diseases (STDs). If health clinic personnel were to screen, record, and provide referrals, victims might be more likely to take advantage of domestic violence services.

Update: As reported last year, Maryland was one of six states funded by the Office of Women's Health for "Project Connect: A Coordinated Public Health Initiative to Prevent and Respond to Violence Against Women." This three-year grant, begun January 2013, is being used to integrate IPV assessment into the Title X Family Planning Program, a program that sees approximately 75,000 women per year.

In addition, the STD program at the Maryland Department of Health and Mental Hygiene (DHMH) made an official commitment to integrate IPV assessment at all their sites using the Maryland IPV Task Force assessment tool. During 2014, staff at DHMH has made regular presentations about IPV assessment at the STD annual meetings and conducted two webinars for the STD clinical program. The Project Connect Leadership team also recently recruited members from the STD program at DHMH. Ongoing trainings will facilitate IPV assessment by STD clinic staff.

2010 – 5

ENACT LEGISLATION CREATING ENHANCED PENALTIES FOR CRIMES INVOLVING DOMESTIC VIOLENCE COMMITTED IN THE PRESENCE OF A CHILD

The final problem we discussed in 2010 was our continued concern about the effects of domestic violence on children in the household. We repeatedly observed that these children were subsequently more likely to be known to the Department of Social Services, the Juvenile Court and ultimately the criminal justice system. Many perpetrators also reported witnessing domestic violence as children. As a consequence, we learned that when an act of domestic violence is perpetrated in the presence of a child, the adult victim is not the only one who suffers. The children who witness the violence, as well as the community which must live with the consequences of that violence, are also victimized. The criminal penalties for these acts should reflect the damage which is done to the children who witness the violence and the community which must address it. One appropriate means of expressing the community's outrage over this crime, as well as its concern for the victims, is a law which provides enhanced penalties for crimes involving domestic violence perpetrated within the sight or hearing of a child.

Update: Completed in 2014

2011 – 1

ENCOURAGE THE DIVISION OF PAROLE AND PROBATION TO DEVELOP A SYSTEMATIC PROTOCOL TO ENSURE THAT THE PROPER AGENT RECEIVES CORRESPONDENCE

In more than one case that we reviewed, a probation agent did not receive correspondence alerting the agent that the probationer had violated his probation or that a warrant had been issued. In cases reviewed this occurred because the original probation agent retired, resigned, or was reassigned. This resulted in the probationer not being sanctioned for the violation or arrested for the warrant. We recommended that the Division of Parole and Probation should develop a systematic way for correspondence (mail, fax, email, etc.) to get to the appropriate agent, in light of the fact that the office inevitably experiences turnover in personnel.

Update: Completed in 2012

2012 - 3

ENCOURAGE PEDIATRIC PROVIDERS TO ROUTINELY SCREEN THEIR PATIENTS AND THEIR PATIENTS' CAREGIVERS FOR FIREARM OWNERSHIP

The American Academy of Pediatrics Committee on Injury and Poison Prevention found that firearm availability significantly increases children's risk of firearm-related injury and death. In addition, many firearm-related homicides occur impulsively during conflict, and the majority of homicides committed by juveniles involve firearms.[5] In 2012, the Team recommended that pediatric medical providers should screen all adolescents and their caregivers for firearm ownership. If firearms are present, pediatric medical providers should counsel adolescents and caregivers about the risks of firearm ownership and, if families refuse to remove firearms, about safe storage.

Update: As reported last year, in 2014, the American Congress of Obstetricians and Gynecologists issued a policy statement to recommend IPV assessment and "periodic injury prevention evaluation and counseling regarding firearms." The Team considers this recommendation as complete.

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[1] *CAEPV National Benchmark Telephone Survey*. (2005). Bloomington, IL: Corporate Alliance to End Partner Violence. Available at: http://www.caepv.org/getinfo/facts_stats.php?factsec=3

[2] (1997). *Family Violence Prevention Fund.* San Francisco.

[3] (2002). *Partnership for Prevention, Domestic Violence and the Workplace Study*.

[4] Cheng, D and Horon I. (June 2010). *Intimate Partner Homicide Among Pregnant and Postpartum Women.* Obstetrics and Gynecology, vol.115:1181-6.

[5] *Firearm-related injuries affecting the pediatric population.* (2000). Committee on Injury and Poison Prevention American Academy of Pediatrics. Pediatrics; 105:885-95.