BALTIMORE COUNTY
DOMESTIC VIOLENCE FATALITY REVIEW TEAM
ANNUAL REPORT
2015

The mission of Baltimore County's Domestic Violence Fatality Review Team (DVFRT) "is to prevent deaths and serious injury related to and to remember those who have died as a result of domestic violence. To achieve its mission, the team will review a person's life and death and make recommendations to strengthen the community's response to victims of domestic violence" (Baltimore County Domestic Violence Fatality Review Team, 2007, p. 2).

Baltimore County's DVFRT began in 2006, and has conducted a total of seven full case reviews. During 2015, the team was unsuccessful at identifying a case to conduct an in-depth review. As agencies had minimal to no contact with identified victims, the team attempted to contact surviving family members, friends and colleagues, through letters, phone calls and other means, to no avail.

As a result, the team decided to examine aggregate violent death data. A representative from the Department of Health and Mental Hygiene (DHMH) gathered and presented information from the Maryland Violent Death Reporting System 2003 – 2011 to the team. The Maryland Violence Death Reporting System, through funding from the Centers of Disease Control & Prevention, gathers information on all violent deaths in Maryland from a variety of sources.

Data revealed there were 63 intimate partner violence-related deaths which occurred within 51 incidents. There were 50 homicides and 13 suicides. The majority of victims resided in 21222 and 21117, while injuries most frequently occurred in 21222 and 21133. Of the 50 homicides, jealousy was identified as a common circumstance leading to the violent death in 20.4% of cases, and "other argument/abuse/conflict" in 22.5% of cases. Fifty-two point four percent were injured at home, and 55.6% with a gun (Jansson and Stanley, 2015).

The information gleaned from the MD Violent Death Reporting System, in particular, the zip codes and circumstances of death, led the team to develop three recommendations:

2015 DVFRT MEMBERS

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Northwest Hospital, DOVE Program

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Baltimore County Police Department

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Ruby Fischer, Balt. Co Sheriff's Off.

Cantor Mel Luterman

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Amie Post, Family Crisis Center

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Gail Reid, TurnAround, Inc.

Laure Ruth, Women's Law Center

Claire Huselton, Team Recorder

2015 RECOMMENDATIONS

1. **Outreach**

Key Finding: Based on historic knowledge from past reviews conducted by Baltimore County's DVFRT in which victims did not have agency contact, and the team's inability to identify a case to review in 2015 which had any agency involvement, victims at risk for being killed do not seem to reach out for help from domestic violence agencies, and may not be aware of the risk factors for homicide.

Recommendation: Conduct outreach and education on risk factors for homicide and local resources, targeting zip codes 21222 and 21117, which are the two zip codes of residence most common in domestic violence-related violent deaths in Baltimore County.

Evidence: According to the Maryland Violent Death Reporting System, managed by DHMH, between the years of 2003 and 2011, the majority of victims resided in 21222 and 21117, while injuries most frequently occurred in 21222 and 21133. A firearm was used in the majority of cases, and jealousy was a frequent circumstance (Jansson and Stanley, 2015). These homicide risk factors, access to a gun and jealousy, are substantiated in research by Dr. Jacquelyn Campbell on domestic violence homicide risk factors (Campbell, et al, 2003). Interviews with surviving family members, conducted in the past by Baltimore County's DVFRT, illustrate a lack of knowledge of warning signs of domestic violence homicides. Outreach and education are primary prevention techniques used frequently in public health (Cohen, Chavez, Chehimi, 2010).

Action	Timeframe	Person(s) Responsible
Persons responsible, associated with each zip code will identify stakeholders they collaborate with in each community(e.g., County Council, elected officials, churches, synagogues, colleges, hospitals, urgent care clinics, etc.)	Report back at May 6th, 2016 DVFRT quarterly meeting.	21222: Amie Post, DVFRT Member and Executive Director of domestic violence agency and shelter, Family Crisis Center, located in 21222. Officer Annie Cuddy, Baltimore County Police DVC from Northpoint Precinct (21222), conducts home visits with advocates from Family Crisis Center to high danger victims. Marina Esworthy, DVFRT Member and Management Assistant to Safe Schools Section in the Baltimore County Police Department has

		knowledge of domestic violence and this region. Ruby Fischer, DVFRT Member and Sergeant from the Sheriff's Office of Baltimore County, has knowledge of domestic violence and this region. 21117: Officer Darrin Kelly and Officer Amy Rice, Baltimore County Police DVC from Franklin and Pikesville Precincts (21117), conduct home visits with advocates from Northwest Hospital DOVE Program to high danger victims. Audrey Bergin, Ann Myers, DVFRT Members and Manager and Nurse from Northwest Hospital DOVE Program, and Cassie Offutt, LAP Crisis Worker who conducts home visits with the police and works with victims in the 21117 region. Kate Jakuta, or other appointed Outreach Specialist from House of Ruth Maryland for Latino victims in the Northwest area.
Research what is currently being done in the communities (e.g., current outreach, LAP, services) through phone calls and webpage searches.	Report back at May 6th, 2016 DVFRT quarterly meeting.	(Same as above.)
Develop product - fact sheet with messages to be conveyed regarding accessing services and risk factors for homicide.	Work on during July and August 2016 DVFRT meetings	To be determined at the May 6th, 2016 DVFRT quarterly meeting.
Develop communication and distribution plan – determine how and where the fact sheet will be distributed though the targeted zip codes.	Present at September 2016 DVFRT quarterly meeting.	Enact distribution plan through the remainder of 2016.

References

Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollenberger, J., Frye, V., Laughon, K. (2003). Risk factors for femicide in abusive relationships: results from a multisite case control study. Amer Journ of Pub Health, 93(7), 1089-1097.

Cohen, L., Chavez, V., Chehimi, S. (2010). Prevention is primary (2nd ed). San Francisco, CA: Josey-Bass.

Jansson, A and Stanley, J. (2015). Baltimore County intimate partner related violent deaths, 2003-2011. [Power Point slides]. Source: Maryland Violent Death Reporting System. Presented by Alexandra Jansson.

2. **Hospital-based Domestic Violence Services**

Key Finding: Based on past reviews conducted by Baltimore County's DVFRT, many cases of domestic violence homicide show no evidence of the victim engaging in traditional domestic violence services prior to the murder, suggesting a need to identify non-traditional domestic violence services, such as hospital-based programs.

Recommendation: Encourage the development of hospital-based domestic violence advocacy programs in medical settings as a way to identify victims and link them to services in Baltimore County. Focus efforts and support on Bayview Hospital, in the Southeast Baltimore Metropolitan area, where no hospital-based programs currently exist, as it is located in the geographical region with the highest number of domestic violence-related homicides.

Evidence: According to the Maryland Violence Death Reporting System, managed by DHMH, between the years of 2003 and 2011, the majority of victims resided in 21222 and 21117, while injuries most frequently occurred in 21222 and 21133 (Jansson and Stanley, 2015). Research points to the hospital as being one of the best places to identify domestic violence victims in need of assistance. Dr. Jacquelyn Campbell of the Johns Hopkins University School of Nursing demonstrated that in the year before a death, only 4% of female domestic violence homicide victims reached out to traditional domestic violence shelter providers for assistance; whereas as many as 56% of those victims presented for medical care, and 27% of those were in emergency medical settings (Sharps, Koziol-McLain, Campbell, McFarlane, Sachs, & Xu, 2001). Maryland has advocacy-based domestic violence programs in ten hospitals, however, none in the Eastern Baltimore metropolitan area (Maryland Health Care Coalition Against Domestic Violence (MNADV), 2012). Recognizing the need for non-traditional services, an additional hospital-based program in the Eastern Baltimore metropolitan area would increase the ability of domestic violence service providers to identify victims in need of life saving services.

Action	**Timeframe**	**Person(s) Responsible**
Reach out to champion(s) at Bayview Hospital to determine level of interest in creating a hospital-based domestic violence program.	April 1, 2016 DVFRT meeting	Colleen Moore, DVFRT Member, Coordinator of SAFE Domestic Violence Program at Greater Baltimore Medical Center, and President of the

		Maryland Health Care Coalition Against Domestic Violence.
Meet with champions to present data, explore feasibility, and encourage further work with the Health Care Coalition and MNADV to create a hospital-based DV program.	May 6, 2016 DVFRT quarterly meeting.	Colleen Moore, DVFRT Member, Coordinator of SAFE Domestic Violence Program at Greater Baltimore Medical Center, and President of the Maryland Health Care Coalition Against Domestic Violence. Audrey Bergin, DVFRT Member, Manager of Northwest Hospital DOVE Program, and Board Member on Maryland Health Care Coalition Against Domestic Violence. Trainers from Maryland Health Care Coalition Against Domestic Violence. Amber Guthrie, health care trainer from Maryland Network Against Domestic Violence.
Identify and provide training to other health care settings in 21222 and 21117.	Identify by May 6, 2016, DVFRT quarterly meeting and present by the end of the year.	Same as above, plus: Trainers from Turn Around, Inc., Family Crisis Center, and House of Ruth Maryland.
Meet with VAWA Program Manager, from the Governor's Office of Crime Control & Prevention, to present DVFRT findings, recommendations and action plan.	May 6, 2016, DVFRT quarterly meeting.	Colleen Moore, DVFRT Member, Coordinator of SAFE Domestic Violence Program at Greater Baltimore Medical Center, and President of the Maryland Health Care Coalition Against Domestic Violence. Audrey Bergin, DVFRT Member, Manager of Northwest Hospital DOVE Program, and Board Member on Maryland Health Care Coalition Against Domestic Violence.

References

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3. **Shelter**

Key Finding: According to the Maryland Violent Death Reporting System, victims of domestic violence homicides most often reside in Western and Eastern Baltimore County, however, the only domestic violence shelter is in Eastern Baltimore County.

Recommendation: Increase capacity for safe housing options with a focus on Western Baltimore County, and increase capacity at existing shelter.

Evidence: According to the Maryland Violent Death Reporting System, managed by DHMH, between the years of 2003 and 2011, the majority of victims resided in 21222 and 21117, while injuries most frequently occurred in 21222 and 21133 (Jansson and Stanley, 2015). While there is a domestic violence (or safe) shelter facility on the East side of Baltimore County (21222), there is none on the West side. Research by Sharps, Koziol-McLain, Campbell, McFarlane, Sachs, & Xu, (2001), demonstrates that women who enter a domestic violence shelter are less likely to be re-assaulted or killed. According to Maryland Network Against Domestic Violence (MNADV) (n.d.), in Maryland "the total maximum emergency shelter capacity is 443-485, we need a minimum of 543 shelter beds to service Maryland's residents." One of the greatest areas of need is Baltimore (MNADV, n.d.). Furthermore, 68% of callers to Baltimore County's Domestic Violence and Sexual Assault Hotline are seeking shelter.

Action	**Timeframe**	**Person(s) Responsible**
Revitalize the Domestic Violence Coordinating Committee shelter sub-group to explore need, current capacity and options.	Hold first meeting by April 1, 2016.	Audrey Bergin, DVFRT Member and Manager of Northwest Hospital's DOVE Program, located in Western Baltimore County. Colleen Moore, DVFRT Member, and Coordinator of Greater Baltimore Medical Center's

		SAFE Domestic Violence Program. Amie Post, DVFRT Member and Executive Director of domestic violence agency and shelter, Family Crisis Center, located in 21222. Janice Miller, DVFRT Member, and Director of Programs and Clinical Services at House of Ruth Maryland. Kelley Rainey and/or Lauren Miles, DVFRT Member, and Director of Family and Children's Services, located in Western Baltimore County. Cheryl Peguese, DVFRT Member, FSII for Department of Public Safety & Correction Services, and Board Member for Lighthouse Shelter. Aimee Bollinger-Smith, Community Services Coordinator with the Adult & Community Services Division at Baltimore County's Department of Social Services. Karen Mercer, Executive Director of Coleman House, a new shelter in Western Baltimore City. Erin Boguski, Director of Training & Services at Maryland Network Against Domestic Violence.
Meet with VAWA Program Manager, from the Governor's Office of Crime Control & Prevention to discuss DVFRT recommendations and funding.	May 6, 2016	Audrey Bergin, DVFRT Member and Manager of Northwest Hospital's DOVE Program,

		located in Western Baltimore County. Colleen Moore, DVFRT Member, and Coordinator of Greater Baltimore Medical Center's SAFE Domestic Violence Program.

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PAST RECOMMENDATIONS REVIEW

Over the years, Baltimore County's DVFRT has successfully accomplished 12 recommendations. During 2015, the team worked to review all remaining former recommendations. Decisions were made to keep and re-write recommendations in the format used above, or to archive them. Some recommendations that had a similar theme were grouped together (such as school, or mental health). There were 11 pending recommendations that will be consolidated into four, to be worked on during 2016, and reported on in next year's report.

References

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