Maryland Network Against Domestic Violence

WORKING TOGETHER FOR A SAFER FUTURE

2015 STATEWIDE DOMESTIC VIOLENCE FATALITY REVIEW TEAM ANNUAL REPORT

TURNING TRAGEDY INTO CHANGE

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Domestic Violence Fatality Review Teams in Maryland

The Maryland Network Against Domestic Violence coordinates the local Domestic Violence Fatality Review Teams (DVFRT) in Maryland. Unlike many states, which have one statewide DVFRT, Maryland has 18 county-based domestic violence fatality review teams based on an empowerment model. The MNADV offers training and technical assistance and provides the teams with a statewide connection.

Domestic Violence Fatality Review Team (DVFRT) members honor the lives of victims by identifying gaps in services and providing recommendations for improving agency, systemic, and statewide responses to victims of domestic violence. Their professional expertise is critical to working toward preventing future deaths in Maryland. Without their participation, this report would not be possible.

Included in this report are recommendations made by DVFRTs from cases reviewed in 2015. The following teams submitted recommendation reports to the MNADV: Baltimore City and Baltimore, Cecil, Frederick, Carroll, Anne Arundel, Prince George's, and Harford Counties.

MARYLAND DVFRTS

Anne Arundel County, Est. 2003
Baltimore City, Est. 2006
Baltimore County, Est. 2006
Calvert County, Est. 2004
Carroll County, Est. 2008
Cecil County, Est. 2007
Charles County, Est. 2008
Dorchester County, Est. 2008
Garrett County, Est. 2007
Harford County, Est. 2007
Howard County, Est. 2005
Montgomery County, Est. 2005
Prince George's County, Est. 2006
St. Mary's County, Est. 2007
Washington County, Est. 2006
Wicomico County, Est. 2009
Worcester County, Est. 2007

Maryland Domestic Violence Fatality Review Council (MDVFRC)

The MDVFRC meets annually to discuss issues of statewide applicability and to provide training and guidance on local team processes. This year, the Council met on August 11, 2016 and included a discussion on presenting DVFRT recommendations to the public, confidentiality, and highlights from DVFRTs across the state. Templates created by MNADV and provided to DVFRTs included a DVFRT recommendations press release and presentation.

Statewide Training and Technical Assistance

The MNADV coordinated a statewide training facilitated by the National Domestic Violence Fatality Review Initiative on February 10, 2016. The training provided 15 DVFRT members from eight local teams with information on increasing attendance and engagement, addressing team burnout, and managing case information.

Annual Memorial Service

The MNADV held its 28th Annual Memorial Service on February 8, 2016 to honor the memory of Marylanders who lost their lives due to domestic violence during the previous year. To view the 2016 Domestic Violence Memorial Service Fact Sheet visit: http://mnadv.org/_mnadvWeb/wp-content/uploads/2011/07/2016-Memorial-Fact-Sheet-Letter.pdf

MNADV Memorial Service, 2016

2015 Statewide Domestic Violence Fatality Review Team (DVFRT) Report: *Turning Tragedy into Change*

The Maryland Network Against Domestic Violence (MNADV) presents its fourth **Statewide Domestic Violence Fatality Review Team (DVFRT) Report** entitled: ***Turning Tragedy into Change***. This Report is based on information compiled in calendar year 2015. The document represents DVFRT findings and recommendations made by teams from across the state that can be used to create better systems, policies, and procedures to decrease domestic violence-related homicides. It can also be used to guide local and state agencies, funders, nonprofits, and policy makers with their strategic planning and legislative advocacy. The Report is not strictly for providers in the field of domestic violence. Domestic violence is a community issue that spreads far beyond the parameters of shelters, police stations, law offices, and hospital emergency departments. This Report can be a catalyst for discussion and represents issues that have important statewide applications.

Turning Tragedy into Change identifies key findings, recommendations, and statewide trends impacting victims of domestic violence in Maryland, based on reports from DVFRTS across the state. The Report also illustrates the purpose and authorization of DVFRTs, identifies local teams, and describes the methodology utilized in reviewing cases and creating recommendations statewide.

Maryland Domestic Violence Fatality Review Council (MDVFRC) meeting on August 11, 2016.

Statewide DVFRT Recommendations - 2015

These recommendations appeared in multiple local DVFRT reports in 2015.

1. Formalize the Role of the Education System

Several DVFRTs made recommendations regarding the inclusion of the education system in identifying victims of domestic violence, providing education to young adults about domestic violence, and connecting students and employees impacted by domestic violence to community-based services.

Extensive research illustrates the impact domestic violence has on children. According to the National Survey of Children's Exposure to Violence, sponsored by the Department of Justice and the Centers for Disease Control and Prevention, more than 60% of children surveyed were exposed to violence[1]. This violence included assaults perpetrated on the child (including sexual assault) or violence directly witnessed by the child. In a survey published by the American Academy of Pediatrics, 75% of 550 high school counselors surveyed stated a lack of appropriate resources to address the issue of dating violence.[2]

"The first thing I'm looking for are the faces," says Welch, a school counselor. She's searching for hints of fear, pain or anger. "Maybe there was a domestic incident at the house that weekend. That's reality for a lot of our kids."

Researchers estimate that between **10% to 20%** of children are exposed to domestic violence each year.

Recommendations

- **Education System Representation**

  The Maryland Department of Education should encourage, if not require, county school systems to provide staff representation on local DVFRTs and local Domestic Violence Coordinating Councils. A small group of counties have an elevated level of engagement with their education systems, but many do not and this needs to be corrected.

- **Education System Personnel and the Identification of Domestic Violence**

  The Maryland Department of Education should provide training to employees, such as school nurses, counselors, teachers, and support staff, on identifying victims of domestic violence and sexual assault (both direct victims and secondary victims such as child witnesses). Training curricula should also include information on connecting those victims

[1] Office of Juvenile Justice and Detention Prevention. National Survey of Children's Exposure to Violence. http://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf

[2] Pediatrics, Official Journal of the American Academy of Pediatrics. Khubchandani, J., Price, J., Thompson, A., Dake, J., Wiblishauser, M., and Telljohann, S. (2012). http://pediatrics.aappublications.org/content/early/2012/07/03/peds.2011-3130.

to community-based domestic violence service providers. For additional information on best practices, visit the Department of Health and Human Services website (www.childwelfare.gov) or contact the MNADV for training and technical assistance.

While this recommendation appeared in 2015, it has been included in previous DVFRT reports, and continues to be a statewide issue. Previous recommendations have also included education on healthy relationships and dating violence awareness for middle, high school and college students. School-based education programs and many county and statewide awareness events and campaigns continue to address this broader concern, but more work is needed.

2. Law Enforcement Training

Law enforcement officers provide life-saving services critical to the health and well-being of every community in Maryland. As with all professions, ongoing training and education are vital to keeping officers informed and up-to-date with new practices, shifting trends, and changing environments. The MNADV is grateful for the efforts of the law enforcement community and supports the ongoing training and technical assistance needs of those protecting our citizens.

Recommendations

- **Trauma-Informed Police Response**

  The Maryland Department of Public Safety and Correctional Services and the Maryland Police Correctional and Training Commissions should include working with trauma victims, especially victims of domestic violence and sexual assault, in the core academy curriculum for Maryland law enforcement officers. Training on vicarious trauma management and burnout prevention for officers should also be included in the curriculum.

  According to the National Center on Domestic Violence, Trauma and Mental Health, 80% of domestic violence victims meet the diagnostic criteria for Post Traumatic Stress Disorder (PTSD).[3] Trauma creates special challenges in working with victims and/or witnesses, and officers need to be fully equipped to meet the needs of trauma victims at the scene and in follow-up encounters.

  Compounding the problem is the impact working with traumatic situations has on first responders, including law enforcement officers. According to the International Association

[3] National Center on Domestic Violence, Trauma and Mental Health. http://www.nationalcenterdvtraumamh.org/up-content/uploads/2014/10/FactSheet_IPVTraumaMHChronicIllness_2014_Final.pdf

of Chiefs of Police: "Vicarious traumatization results from the repeated exposure to and empathetic engagement with traumatic experiences and those who experience the traumas. It is a process of change that occurs when individuals care about other people who have been harmed and then feel committed and obligated to help them." [4]

For additional information on best practices in trauma-informed policing, contact the Substance Abuse and Mental Health Service Administration, the National Institute of Justice, and/or the International Association of Chiefs of Police. The MNADV is also available to provide training and technical assistance to law enforcement officers in Maryland.

Strangulation Training

The Maryland Department of Public Safety and Correctional Services and the Maryland Police Correctional and Training Commissions should include education on strangulation in the core academy curriculum for Maryland law enforcement officers.

> ***"Of women who experience Intimate Partner Violence…***
>
> **10%** ***experience attempted strangulation by their partner."***
>
> Training Institute on Strangulation Prevention

Extensive research by Dr. Jacquelyn Campbell[5] on intimate partner violence and the MNADV's work on domestic violence homicide through the Lethality Assessment Program[6], finds strangulation to be one of the most lethal forms of domestic violence. A challenge presented by strangulation cases is the lack of visible signs of injury, making the crime difficult to detect, investigate, and prosecute. The Training Institute on Strangulation Prevention affirms these findings and provides information on best practices, training modules, and local and/or state assistance.[7] The MNADV is also available to provide training and technical assistance to law enforcement and domestic violence service agencies in Maryland.

Increasing awareness and education about strangulation for medical personnel, law enforcement officers, and prosecutors has been a recurring DVFRT recommendation for

[4] The Police Chief, The Professional Voice of Law Enforcement. (February 2016). Vicarious Traumatization: A Guide for Managing the Silent Stressor. Famili, A., Kirschner, M., Gamez, A. http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display_arch&article_id=3489&issue_id=92014

[5] Johns Hopkins School of Nursing. http://nursing.jhu.edu/faculty_research/faculty/faculty-directory/community-publichealth/jacquelyn-campbell

[6] Maryland Network Against Domestic Violence, Lethality Assessment Program. http://mnadv.org/lethality/

[7] Training Institute on Strangulation Prevention. http://www.strangulationtraininginstitute.com/impact-of-strangulation-crimes/

several years. A model program was developed in Baltimore County to train these professionals to identify and document, investigate, and prosecute strangulation cases to reduce domestic violence fatalities. This model should be replicated statewide.

3. Educating Court Personnel and Allied Professionals on Domestic Violence Risk Factors

Circuit Court of Anne Arundel County, Annapolis

When a victim of domestic violence leaves an abusive relationship, they are at a severely increased risk of serious bodily injury and/or homicide. Often, perpetrators will tell their partner, "If you ever leave me, I will kill you," and research shows those threats are real and the fear victims feel upon separating from their abusive partner is valid. According to the Center for Relationship Abuse Awareness, 75% of intimate partner homicides occur upon separation from an abusive partner and 75% of victims experience an increase in violence upon separation (two years post-separation).[8] Four of the Maryland DVFRTs (Prince George's, Baltimore County, Baltimore City, and Frederick) made recommendations that officials invest resources in educating criminal justice personnel, allied professions, and stakeholders on the dynamics of domestic violence, trauma, and lethality risk factors, such as separation, that impact victims in their communities.

Recommendations

- **Risk Factor Education – Courts**

  The Maryland Administrative Office of the Courts, through the Judicial Institute of Maryland, should require court personnel, including judges and commissioners, to receive training on the dynamics of domestic violence, trauma, and domestic violence risk factors. According to the National Council for Juvenile and Family Court Judges, twenty-six states require judges to receive domestic violence training. Maryland is not one of those states.[9]

[8] Center for Relationship Abuse Awareness. http://stoprelationshipabuse.org/educated/barriers-to-leaving-an-abusive-relationship/

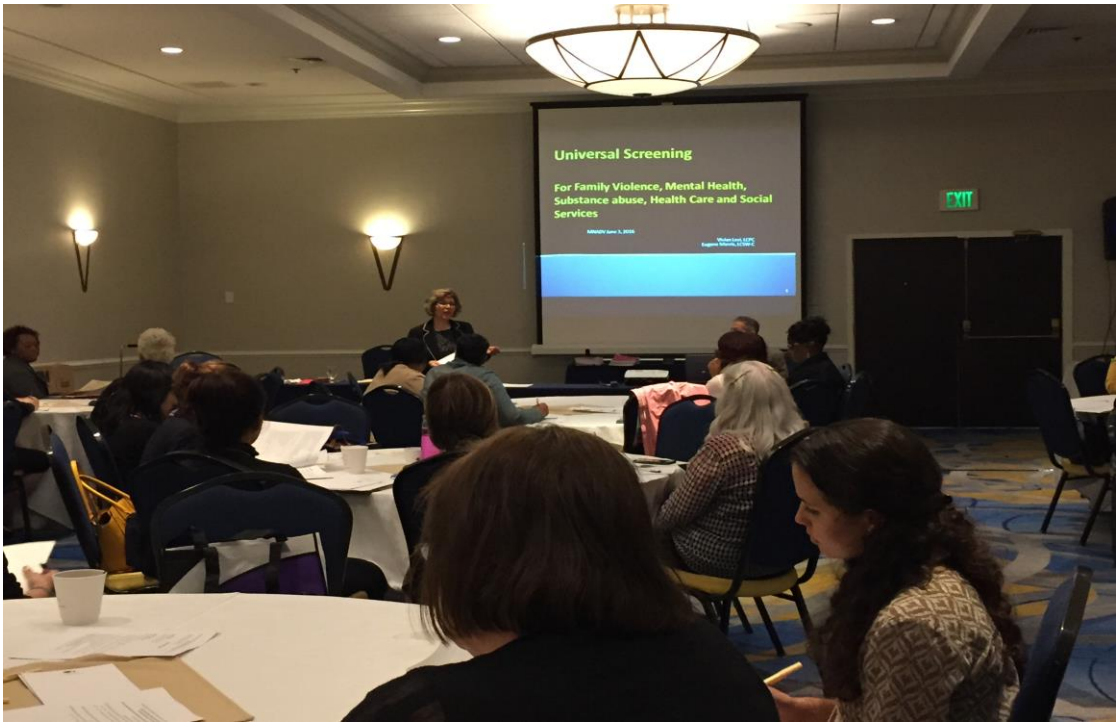
[9] National Council of Juvenile and Family Court Judges. http://www.ncjfcj.org/sites/default/files/chart-mandatory-dv-training-for-judges.pdf

In May of 2016, the Administrative Office of the Courts (AOC) completed the *Maryland Judge's Domestic Violence Resource Manual Administrative,*[10] detailing civil court procedures in relation to domestic violence. The AOC should add a section summarizing domestic violence risk factors to the *Maryland Judge's Domestic Violence Resource Manual.*

For additional information on best practices, training opportunities, and technical assistance, contact the National Council of Juvenile and Family Court Judges. The MNADV is also available to provide training and technical assistance to court personnel in Maryland.

- ## Risk Factor Education – Allied Professionals

The Governor's Office on Crime Control and Prevention (GOCCP) should prioritize funds for training on topics such as the dynamics of domestic violence, trauma, and lethality risk factors for allied professionals, including social workers, mental health professionals, faith leaders, and culturally specific service providers. Training for allied professionals was identified in the 2015 Victims of Crime Act (VOCA) needs assessment for domestic violence service providers conducted by the MNADV. The MNADV is available to provide training and technical assistance to allied professionals in Maryland.



MNADV 2016 Conference, Inform. Empower. Advocate. Working to End Domestic Violence in Maryland.

[10] Maryland Administrative Office of the Courts.
http://www.courts.state.md.us/family/publications/dvmanualcomplete.pdf

Additional DVFRT Recommendations - 2015

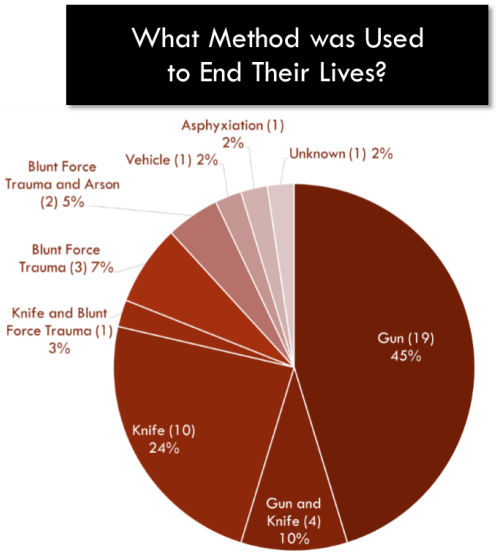
These recommendations were noted in at least one local DVFRT report in 2015, but they have statewide impact.

1. Understanding Culture and Domestic Violence

- **Community leaders, service providers, and stakeholders should educate themselves on the help-seeking behaviors of minority communities to ensure victims are receiving the support and interventions necessary to keep them from experiencing future violence.**

2. Firearms

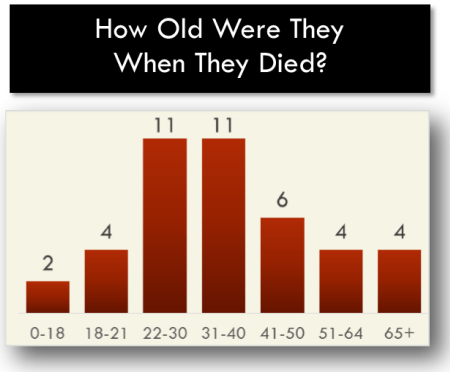
- **Legislators should strengthen current firearm laws to prohibit any perpetrator convicted of a domestically related crime from purchasing or possessing a firearm.** According to Maryland state statistics, guns are the predominate weapon used in domestic violence homicides in Maryland. Between July 1, 2014 and June 30, 2015, 55% (23) of Maryland's domestic violence related fatalities involved the use of a firearm.[11] In the past 16 years, an average of 52% of domestic violence homicides were caused by individuals using firearms.[12]



55% of these deaths involved the use of a gun.

3. Older Victims

- **Targeted outreach and education about domestic violence should be made to older adults.** Between July 1, 2014 and June 30, 2015, 19% (8) of Maryland's domestic violence related fatalities were over the age of 50.[13] Collaborations should be created with local Departments/Offices on Aging.



In Maryland between July 1, 2014—June 30, 2015

[11] Maryland Network Against Domestic Violence, *2016 Domestic Violence Memorial Service.*

[12] Maryland Network Against Domestic Violence

[13] Maryland Network Against Domestic Violence, *2016 Domestic Violence Memorial Service.*

4. Offender Monitoring and Intervention

- **Increase coordinated efforts among victims, local domestic violence service providers, local law enforcement, and the Department of Public Safety and Correctional Services to provide information about offenders, including release from incarceration, monitoring, and compliance with conditions of release to improve victim safety.**

- **Enhance the interstate probation/parolee system to include mechanisms for improved victim notification, monitoring compliance with special conditions, and training family members who house or help parolees on allowable behaviors/activities.**

5. 911

- **911 Call Centers should establish a policy/protocol to dispatch a police response when there is an indication of a disturbance or conflict in the background of a call, even if the caller will not communicate with the call taker (open phone line).**

6. Health Care

- **Increase domestic violence services available in health care settings.** Domestic violence victims, especially victims from minority communities, use health care services at far greater rates than traditional domestic violence programs. Identifying and providing services to victims in health care settings should be a priority in Maryland.

  There are currently 10 hospital-based domestic violence programs in Maryland. Through the partnership of the Maryland Health Care Coalition Against Domestic Violence and the MNADV, hospital personnel and health care professionals around the state have received domestic violence training. These services should continue to be expanded.

Domestic violence costs **$8.3 billion** in expenses annually: a combination of higher medical costs ($5.8 billion) and lost productivity ($2.5 billion).

Forbes, 2013

- **Encourage training for school nurses to help them identify and deal appropriately with trauma, domestic violence, sexual assault, sexually transmitted diseases and birth control.**

7. Shelter

- **Increase the number of domestic violence shelter beds available to victims in Maryland. As outreach efforts to domestic violence victims increases and the ability of first responders to identify high risk victims improves, the need for additional domestic violence safe housing and services will be paramount.**

8. Crime Scene Clean-Up

- **Implement a protocol for assisting victims with crime scene clean-up in private homes and/or on private property.**

9. Additional Training – Special Groups

- ### Bystanders

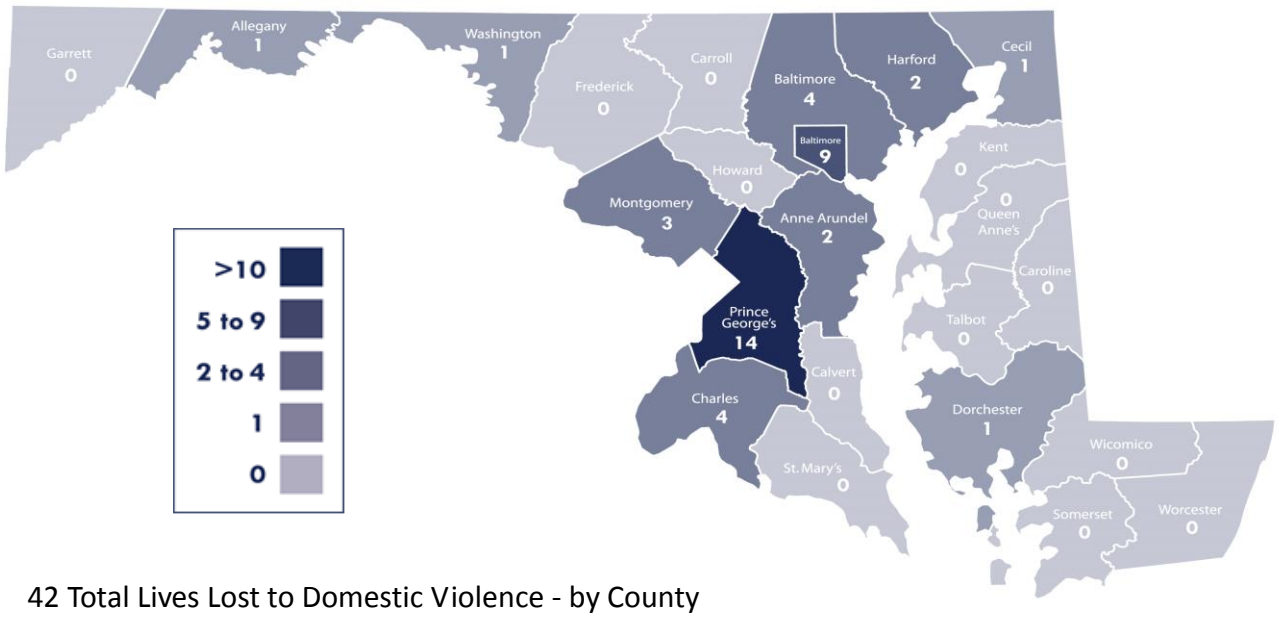
  Enhance the public's awareness and knowledge of ways bystanders can assist victims of domestic violence. Recommendations include targeted community outreach and public awareness campaigns. This expands on a recommendation made in 2014 to inform the community how to intervene when they know or suspect domestic violence is occurring.

- ### Workplaces

  Encourage workplaces to train their employees to identify and respond to domestic violence, including warning signs, local domestic violence resources, and protection for co-workers.

- ### Young Men

  Create a training module/curriculum/program to provide guidance and support for young men after a break up, with a special focus on men who have previously perpetrated acts of violence against their partners and to teach new coping strategies. This recommendation follows up on previous recommendations (2010) to create more resources for men who seek to prevent violence in intimate relationships. Programs have focused on volunteer community and youth leaders. The House of Ruth "Man Up" initiative launched in 2014 is an example of an effort that should be replicated statewide.



42 Total Lives Lost to Domestic Violence - by County
July 2014 – June 2015

Highlights from Local DVFRT Reports - 2015

1. Children Affected by Domestic Violence Homicide

In 2016, the Prince George's County DVFRT adapted the Children Affected by Domestic Violence Homicide protocol established by the Baltimore City DVFRT. This protocol includes a Memorandum of Understanding between the Prince George's County Police Department, Prince George's County Department of Social Services, Prince George's County Crisis Response Team, and the Community Advocates for Family and Youth domestic violence service organization. The MOU provides a protocol for prompt and immediate intervention with children whose parent or parents are involved in a domestic violence homicide.

2. Better Evidence for Prosecution

Over the past nine years, the Baltimore City DVFRT made efforts to improve the collection of evidence in domestic violence cases to achieve positive prosecutorial outcomes. Several positive outcomes were achieved in addition to improved evidence collection procedures, including the use of photographic evidence and recorded statements, increased on-scene witness recording, moving 911 call recordings to a digital format, creating a process for obtaining medical records, enhanced State's Attorney Office efforts to locate and work with victims and witnesses, and improved forensic medical documentation of domestic violence related injuries.

3. Innovative Case Review Techniques

- There were several jurisdictions in 2015 that did not have a homicide case that was appropriate to review. Instead, teams continued to meet and evaluate special circumstances related to domestic violence in their communities.
  - Baltimore County examined aggregate violent death data provided by the Department of Health and Mental Hygiene by zip code. Recommendations were made based on frequency and severity of injury/death in targeted zip codes.
  - Cecil County used DVFRT meetings to address victims at risk of being killed by their intimate partners and provided a coordinated response to providing services and support to those victims.
  - Howard County decided to evaluate suicides related to domestic violence in 2016.

- Prince George's County took a subset of the homicide cases in their jurisdiction to focus review team efforts. In a multi-year evaluation, the Prince George's County DVFRT examined murder/suicide situations and made recommendations addressing those specific findings, including: increased risk after parties separated; premeditation red flags; mental health issues; delay in help-seeking from police, courts, or providers; presence of children; primary use of firearms; female partners killed by men; intense jealousy; family member concerns; lack of public agency involvement by ethnic groups; perpetrator prior involvement with criminal justice system.

Recommendations from Past DVFRT Reports

Additional recommendations were made in previous years but continue to have statewide importance and require continued attention.

1. Children

- **Improve the system response to children who witness the fatal or near-fatal abuse of a parent.** Initial recommendations (2007, 2008) focused on protective services, hospitals, juvenile courts, and the criminal justice system. The recommendation in 2012 was to work with the school system to create a protocol to identify and respond to children whose parents were killed as a result of domestic violence. Beginning in 2013, the Governor's Family Violence Council created a work group with two subcommittees to: 1) draft a model policy and protocol for law enforcement officers who respond to the scene of a domestic violence fatality where children are present and/or are witnesses; and 2) address the issue of children in schools. Subsequently, a three-tiered model police response was proposed, and a brochure for families was developed. Trainings on the impact of domestic violence on children were also supported.

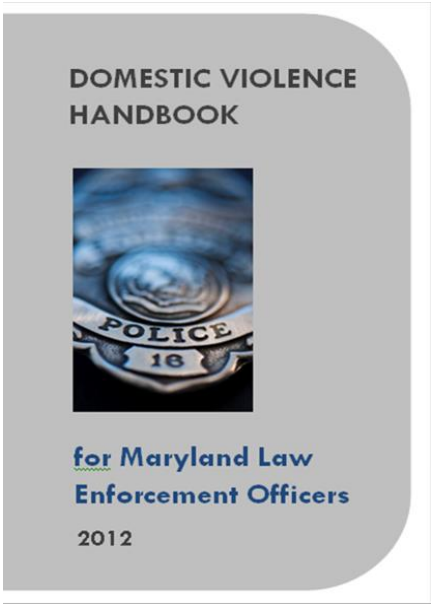
- **Encourage pediatric providers to routinely screen their patients and patients' caregivers for firearm ownership (2012).** The American Academy of Pediatrics Committee on Injury and Poison Prevention found that firearm availability significantly increases children's risk of firearm-related injury and death.[14] The recommendation stated that pediatric medical providers should screen all adolescents and their caregivers for firearm ownership. If firearms are present, providers should counsel adolescents and caregivers about the risks of firearm ownership and/or safe storage. 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."

- **It was also recommended in 2013 that the Maryland Code, which prohibits a child from having access to firearms, be amended to include a potential period of incarceration.** The current penalty only carries a potential $1,000 fine.

- **Display literature in supervised visitation centers so that parents who are victims of domestic violence can access information and referrals without disclosing that they are a victim of domestic violence (2012).**

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

- **Enhance penalties for domestic violence crimes committed in the presence of a child (2010).** Legislation was passed in 2014 that increased penalties for perpetrators convicted of a crime committed in the presence of a child.



2. Law Enforcement

- **Require all law enforcement agencies to complete the Domestic Violence Supplemental Report for every domestic violence call for service (2012).**

- **Expand specialized domestic violence units in local law enforcement agencies and assess the effectiveness of specialized intervention (2012). Increase victim access to officers specially trained in domestic violence by establishing a domestic violence unit or providing specially trained officers in each sheriff's office and law enforcement agency (2009).** Specialized domestic violence units have been established in nine jurisdictions and other jurisdictions and law enforcement agencies have dedicated domestic violence officers. The MNADV has trained thousands of law enforcement officers over the last twenty years and continues to provide general domestic violence training, topical trainings (e.g., primary aggressor), and Lethality Assessment Program (LAP) training.

- **Examine victim follow-through on protective orders and criminal prosecution after contact with domestic violence advocates in law enforcement agencies (2012).**

- **Increase the availability of mental health services immediately following a homicide by establishing a system where crisis intervention is available on the scene of a homicide for surviving loved ones (2009).** Some counties provide crisis response teams or partner with a local domestic violence program or mental health provider to offer on-scene assistance. A model protocol was also developed through the Governor's Family Violence Council for first responders to address the needs of children in these situations.

- **Increase victim awareness of and access to medical treatment for injuries immediately following a domestic assault by creating and implementing a protocol for law enforcement that would encourage victims to seek immediate medical treatment (2009).**

- **Enact legislation to amend the first degree assault statute to include strangulation or create a felony statute prohibiting acts of strangulation (2009).** This legislation has been introduced several times in the Maryland General Assembly with different wording. None

of the bills have passed. In the meantime, the MNADV has supported increased training on the strangulation model developed in Baltimore County to identify and document, investigate, and prosecute strangulation cases to reduce domestic violence fatalities.

- **Create a system that would allow very limited information about emergency petitions to be accessed by law enforcement and parole and probation agents (2009).**

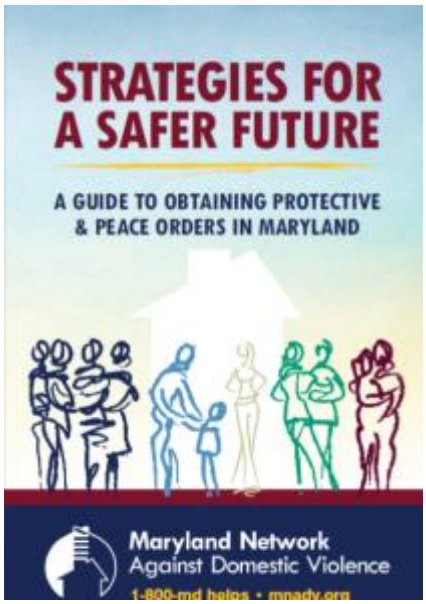
3. Courts

- **Provide more in-depth, regular training for all court commissioners on domestic violence, as well as the legal requirements for the issuance of interim protective orders (2012).**

- **Ensure that all applications for interim protective orders that are denied by a court commissioner are reviewed promptly by supervisory staff and a member of the judiciary to determine if the proper legal standard has been applied (2012).**

- **Develop a video, in English and Spanish, about the process of obtaining an interim protective order as well as available resources and options for victims and show the video in court commissioners' offices (2012).**

- **In sentencing in criminal cases, where a history of domestic violence is evident, specify in the parole/probation order that issuance of a final protective order or peace order shall be considered a violation of probation or parole (2012).**



- **Strengthen follow up with the respondent to ensure the court's expectations to attend anger management or an abuser intervention program have been met and report progress back to the court (2012).** Inform appropriate agencies that a referral has been made to them by the court. Clarify the wording on the protective order or provide a reference in the judges' bench book that differentiates "anger management" from "abuser intervention" so the appropriate program referral is made.

- **Increase victim safety and abuser accountability after a domestic violence incident where the abuser was arrested by using the Lethality Assessment screen to assist in decisions regarding the setting of bond (2009).** The Lethality Screen is intended to identify high risk victims and connect them to life-saving domestic violence services. A new FY 2017

grant awarded to the MNADV will fund the development, implementation and evaluation of a pre-trial risk assessment tool and protocol for offenders.

4. Offender Monitoring and Intervention

- **Create intervention strategies for police responding to repeat and escalating domestic calls, including follow-up contacts, information, and referrals (2014).**

- **Expand, enhance, and standardize training provided to all persons working in correctional facilities so that they can better recognize and identify the characteristics of domestic violence abusers (2013).**

- **Require enhanced supervision for domestic violence and sexual assault cases. Parole and Probation (now called Community Supervision) should be notified of the entry of any protective or peace orders against the offender and consider the entry of such an order to be a violation of the terms of parole/probation (2012).** Also, implement a policy that requires active supervision for every case involving domestic violence (2012).

- **Ensure that state's attorney's offices educate victims about plea bargains and involve Community Supervision in information sharing (2012).**

- **Offer abuser intervention programs for incarcerated offenders (2012).** The Department of Public Safety and Correctional Services (DPSCS) should screen and assess inmates for a history of domestic violence. This should include inmates incarcerated for domestic violence related crimes, inmates abused as children or who witnessed abuse between parents, and inmates who were abusive to their intimate partners even if they are incarcerated for unrelated crimes.

- **Encourage the Division of Parole and Probation (now called Community Supervision) to develop a systematic protocol to ensure that the proper agent receives correspondence (2011).** This recommendation was implemented in 2012.

- **Enhance tracking for domestic violence violations of probation with the Division of Parole and Probation (now called Community Supervision).** This recommendation was initially raised in 2007 and 2008 reports and a recommendation was made in 2009 to improve the tracking of these violations. In 2014-2015, the Governor's Family Violence Council established a work group to address this problem in order to hold abusers more accountable. Working with the Department of Public Safety and Correctional Services (DPSCS), a project was begun to collect data.

- **Foster active, consistent, and on-going communication among detention centers, the Division of Parole and Probation (now called Community Supervision), sheriff's offices and state's attorney's offices regarding firearms and protective orders (2009).**

5. Health Care

- **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 (2013).** This recommendation continues to be discussed by the Maryland Health Care Coalition Against Domestic Violence, but changes are complex and costly.

- **Educate health care professionals, specifically nurses at local hospitals, to screen, identify, and document domestic violence (2012).** The Maryland Health Care Coalition Against Domestic Violence, in partnership with the Maryland Network Against Domestic Violence, provides education and training for health care providers, including nurses, in hospitals and health care clinics.

- **Increase screening and intervention for domestic violence before, during, and after pregnancy (2012).** Homicide is the leading cause of pregnancy-associated death; the majority of these deaths are perpetrated by a current or former intimate partner. [15] 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.

- **Flag medical charts to alert health care providers of patients who have been identified as victims of domestic violence so they may receive more intensive screening, appropriate intervention, confidential treatment, documentation and links to hospital and community services (2012).** This recommendation continues to be discussed by the Maryland Health Care Coalition Against Domestic Violence, but changes are complex and costly.

- **Hospitals should create discharge plans that consider safety, supports, risks, and substance use (2012).** Subsequently, resources and trainings were developed to address the intersection of interpersonal violence, trauma, and substance use by the Regional Perinatal Advisory Group, the Department of Mental Health and Hygiene (DHMH), and the Maryland Network Against Domestic Violence.

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

- **Assess for domestic violence and lethality in local health department addictions programs (2012).**

- **Develop an exception to the privacy laws so that mental health multi-disciplinary teams are permitted to exchange information (2012).**

- **Establish workplace violence committees in hospitals to proactively assess staff for domestic violence and provide assistance as needed in all hospital units (2012).**

- **Include screening for domestic violence in health clinic screens and during treatment for sexually transmitted diseases (STD) (2010).** A federally-funded, three-year women's health project begun in 2013, "Project Connect: A Coordinated Public Health Initiative to Prevent and Respond to Violence Against Women," enabled DHMH to integrate intimate partner violence (IPV) assessment into all its STD sites. Planned Parenthood clinics also incorporated the screening, and the Maryland Network Against Domestic Violence provided coordination and training for comprehensive domestic violence programs in Maryland.

- **Recognize human bites as a form of abuse and a precursor to escalated or even lethal violence (2009).** The recommendation focused on including human bites on medical screens for domestic violence, educating medical professionals regarding the evaluation and documentation of bite wounds, and revising the protective order petition to include biting as a form of abuse. 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.

- **Increase domestic violence assessment within the health care setting by implementing training and continuing education courses for health care professionals (2009).** The Health Care Coalition Against Domestic Violence created the *"Health Care Response to Domestic Violence: An Advocacy-Based Manual for Hospitals, Facilities, and Providers,"* to promote the establishment of hospital-based domestic violence programs and provide models for hospital - local domestic violence program partnerships. The Health Care Coalition, in partnership with the MNADV, has also provided many trainings for health care providers. The MNADV's Lethality Assessment Program-The Maryland Model has also been implemented in 13 health care facilities.

- **Increase awareness of the importance of strangulation as a risk factor in predicting a victim's risk for being killed by providing trainings on strangulation (2009). An additional recommendation was to increase the**

number of medical evaluations for victims of strangulation, creating a statewide protocol standard for evidence collection and medical response to strangulation victims (2009). The MNADV and the Maryland Health Care Coalition Against Domestic Violence are available to provide trainings on strangulation to health care providers, law enforcement, and prosecutors. A model program was developed in Baltimore County to train these professionals to identify and document, investigate, and prosecute strangulation cases to reduce domestic violence fatalities. This model should be replicated statewide.

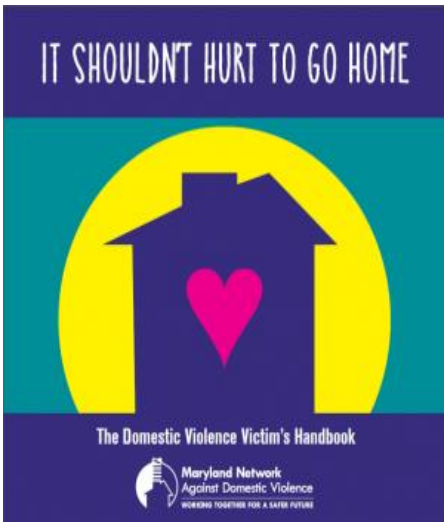
- **Improve forensic medical documentation for domestic violence injuries, including the use of an Alternative Light Source (ALS) (2008).** The ALS is especially useful in detecting and documenting strangulation. More hospitals and hospital-based domestic violence programs now have access to this tool, but its availability and use can still be expanded. Several hospitals have developed forensic tool kits or protocols to collect evidence and document domestic violence. Training has also been provided to nurses.

- **Increase access to resources and assessment tools by health care professionals throughout the state by establishing an information clearinghouse (2009).** The Health Care Coalition Against Domestic Violence and the MNADV websites provide a wealth of information for health care professionals in addition to training and technical assistance.

- **Facilitate provision of medical care to domestic violence victims who sustain injury (2008).** While this recommendation has focused on training for law enforcement officers, this effort has also been recommended for EMS responders.

6. Shelter

- **Create a protocol for Maryland domestic violence programs to "swap" clients who are at most risk (2012).** The MNADV, in conjunction with the statewide Shelter Directors' Group, created the "Shelter to Shelter Domestic Violence Referral Form" and protocol in 2014 to improve coordination and collaboration across shelter programs, provide a consistent way to refer at risk clients to shelters in other counties, and to assist victims to relocate safely from one shelter to another.



- **Establish a funding resource to assist victims fleeing from their homes due to imminent danger. This fund could be modeled after a program in the state's attorney's offices that provides emergency assistance to victims of crime (2012).**

7. Additional Training – Special Groups

- ### Interfaith Community

  1) Expand outreach to the interfaith community and seek partnerships with clergy to improve their response when working with victims of domestic violence; 2) assist domestic violence programs to establish close relationships with faith-based communities; and 3) enable faith-based communities to provide domestic violence information and support within their services and study curricula. Building on DVFRT recommendations in 2010 and 2012 and on the efforts of a previous statewide interfaith group, the effort was reinvigorated and enhanced with the creation of the Interfaith Domestic Violence Coalition (IDVC), which has established local chapters in several Maryland counties and will hold its fourth annual statewide day of dialogue and training in 2016.

- ### Military

  Alert high level commanders at military installations of the growing trend of domestic violence incidents when military personnel return from overseas (2009). This issue is being addressed at the national level and has received media attention. More recently, the Veterans Administration has established a pilot domestic violence program in Baltimore, which is working closely with local domestic violence providers, the Maryland Health Care Coalition Against Domestic Violence, and the MNADV.

8. Pets

- **Expand safe housing programs for pets for all program clients, not just shelter residents (2012).** Many domestic violence programs have arrangements with local SPCAs, humane societies, and pet rescue programs to house the pets of clients while they are in shelter.

9. High-Danger Victims

- **Create an enhanced response protocol and safety planning mechanism for identifying and responding to victims in highly lethal relationships (2009).**

- **Increase high danger victims' access to domestic violence services by establishing a protocol for following up with victims referred through the Lethality Assessment Program (2009).**

- **Expand the Lethality Assessment Program participants to involve the county departments of social services, including child protective service workers, county detention centers, county departments of health, hospital emergency departments and related medical personnel, as well as service providers (2009).**

With the creation in 2005 of the Lethality Assessment Program (LAP)-The Maryland Model by the Maryland Network Against Domestic Violence, a screening tool and protocol was developed and implemented over the next several years with every Maryland law enforcement agency and domestic violence program to identify High-Danger victims and immediately connect them with a local domestic violence hotline with the goal of getting them into services. The program has been expanded to include follow-up visits and calls, use at temporary protective order hearings, implementation in 13 hospitals/health care facilities and three state agencies (DHR, DPSCS, DJS), and use with victims who access programs directly (victim-initiated screens). The MNADV continues to train law enforcement officers and service providers around the state on the LAP as well as jurisdictions in 36 other states. In 2014, following up on a DVFRT recommendation, an enhanced High-Danger Safety Planning Protocol was developed, along with a training for advocates.

10. Public Awareness and Communication Strategies

- **Disseminate domestic violence literature to apartment complexes to educate residents about domestic violence and what to do if domestic violence is suspected (2012).**

- **Local fatality review teams and domestic violence programs should work together to produce a public service announcement or program (2012).**

- **Improve outreach and communications by adopting modern technology to improve access to information and resources for victims, including social media and the Internet as well as neighborhood retailers and service providers (e.g., hair and nail salons, barbershops, and local shops) (2010).** Since this recommendation was made, many alternative outreach and social media efforts have been developed and utilized. More recently, new mobile apps have been created that offer assessment, safety planning, and resources.

11. Training for DVFRTs

- **Provide training for DVFRTs on state and federal privacy laws. This training would explore ethical and legal ways to address barriers caused by privacy laws and discuss potential legislative remedies (2012).**

Purpose and the Law

Purpose of DVFRTs

The primary purpose of DVFRTs is to prevent domestic violence related deaths by:

- **Promoting** a coordinated community response among agencies that provide services related to domestic violence;
- **Identifying** gaps in service and developing an understanding of the causes that result in deaths related to domestic violence;
- **Recommending** changes, plans, and actions to improve:
  - Coordination related to domestic violence among member agencies,
  - The response to domestic violence by individual member agencies, and
  - State and local laws, policies and practices; and
- **Influencing** the adoption of the recommended changes, plans, and actions.

The Law

HB 741 ▪ ***Local Domestic Violence Fatality Review Teams*** was signed into law by Governor Robert Ehrlich on April 26, 2005, effective July 1, 2005. The legislation enabled counties to establish DVFRTs, making Maryland the twenty-first state that passed legislation regarding domestic violence fatality review. The domestic violence fatality review legislation, based on the legislation establishing child fatality review teams, is codified under Title 4, Subtitle 7, entitled "Local Domestic Violence Fatality Review Teams," of the Family Law Article.

FL§ 4-701: Defines domestic violence (DV) as being between "intimate partners."

FL§ 4-702: Authorizes establishment of team and organizing agencies.

FL§ 4-703: Sets out membership.

FL§ 4-704: Establishes:

- Purpose—to prevent deaths,
- Method of operation—creation of protocol and review of DV fatalities and near fatalities,
- Scope of review—number and type of cases for review.

FL§ 4-705: Authorizes mandatory access to records.

FL§ 4-706: Authorizes closed meetings when discussing cases.

FL§ 4-707: Authorizes confidentiality and protection from civil and criminal proceedings.

CJ§ 5-637.1: Allows for protection from liability.

Domestic Violence Fatality Review Team Methodology

Selection of Cases for Review

The review process begins with the selection of cases for review. Some DVFRTs use a case screening committee to identify those cases. The committee determines which cases qualify for review: homicides, suicides, and cases of serious physical injury. Teams not using a case screening committee obtain eligible cases from their prosecutor and/or law enforcement representative and decide as a full team during a review session which cases they will next review. After the team or committee determines which cases will be reviewed, the chairperson submits the victims' names and other basic identifying information to the team's members so that they may research their agency files to determine what, if any, records and/or other information they may have on the victims. Other DVFRTs use a team consensus selection process guided generally by the State's Attorney's Office, law enforcement or other individual team members.

Gathering Information

By request of the DVFRT chair, the team is granted, by law, access to team members' critical information, reports, and records relevant to the victim and the perpetrator. Teams can also request records and information from agencies that are not participating team members. The release of medical records is covered by HIPAA, and local teams work with the health facilities in their counties on an individual basis to seek the release of records.

Interviews

Either the team or the case screening committee determines, before or during the course of a review, whether any family or non-family members have any information useful to the case review. If so, the team or committee appoints members to contact them and determine whether interviews are appropriate. The team or committee will often assign interviews to team members who are domestic violence counselors or advocates by profession. Interviews with family or friends are conducted with great sensitivity, compassion, awareness, and caution. The team or committee may choose not to interview certain family members, friends, or other individuals if they believe that such contact may be counterproductive or harmful in any way. Some interviewees may be asked to address the DVFRT. In near fatality cases, the surviving victim may be invited to address the DVFRT as part of the case review.

Recommendations

With each case that is reviewed, the chairperson instructs each member whose agency was involved in a finding and recommendation to take the particular finding and recommendation to the agency head with a request for consideration and action. At subsequent meetings, the member provides a report of what, if any, action was taken concerning the recommendation.

Annual Report

Each team can prepare an annual report in order to provide information to the public and persons, agencies, or organizations that can have influence in having its recommendations enacted. The report may not, by law, ascribe findings and recommendations to particular cases. If circumstances are described, they may not be attributed by name to the cases, identified by the circumstances, or described in a manner that would readily permit the identification of an individual.

The annual report is a public document that is used as a vehicle to promote social change. It can be distributed to a broad audience including: member agencies/organizations; county and municipal governments; county representatives; legislators and other elected officials; media outlets; non-member agencies that may have an interest in particular recommendations; and other entities that are concerned with victim issues, including the Governor's Office of Crime Control and Prevention, the Governor's Family Violence Council, the State Board of Victim Services, the Maryland Health Care Coalition Against Domestic Violence, and the National Domestic Violence Fatality Review Initiative. The team may distribute its report to any agency, organization, or individual whom it believes can have a constructive effect on its recommendations. Additionally, families of victims whose cases were reviewed may also receive a copy.

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