THE BALTIMORE CITY DOMESTIC VIOLENCE FATALITY REVIEW TEAM (BCDVFRT)

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2014 RECOMMENDATIONS

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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 two new issues, and agreed upon the following recommendations. Throughout this report, domestic violence and intimate partner violence (IPV) are used inter-changeably.

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

Problem: This year during one of our reviews we learned that several people close to the parties were aware of the domestic violence but did not intervene. All too often, friends, family members, co-workers, and other bystanders do not intervene because they either do not know what to do or believe it is not their place to get involved.

Recommendation: Create an outreach effort to inform the community how to intervene when they know or suspect domestic violence is occurring. This can include different interventions for family members, co-workers, and strangers. This effort creates awareness about the issue and gives bystanders the tools and resources to intervene.

This effort should also include health care clinicians by encouraging them to discuss healthy relationships with all of their patients. The health care clinicians should have resources available to disseminate to patients and be familiar with appropriate intervention strategies to offer to family members who want to help people they believe are experiencing domestic violence.

2. CREATE INTERVENTION STRATEGIES FOR POLICE RESPONDING TO ESCALATING DOMESTIC DISPUTE CASES

Problem: We also 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 this case, the deceased victim had 19 prior domestic violence contacts and was involved in at least 14 domestic disputes. 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.

Recommendation: Baltimore Police Department (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.

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).) This year, with the assistance of the Baltimore Sheriff's Department, the SVU constructed a secure, private waiting area for victims of domestic violence in the District Court. 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 been working to increase the available evidence in domestic violence cases in the following ways:

1. Victim Subpoenas – The SVU partners with the FCU of BPD and the Baltimore Sheriff's Office to personally serve subpoenas upon domestic violence victims. SVU prosecutors provide approximately 25 subpoenas a week to these agencies for service which enhances its ability to find reluctant victims and compel them to appear in court. The SVU prioritizes those cases in which the defendant has been arrested previously for abusing the victim and the victim has been uncooperative, the abuser's record is extremely violent, and/or the defendant is on the Domestic Violence Violent Repeat Offender list.

2. 911 recordings – SVU and BPD are working on developing a system wherein all 911 recordings are digitally stored on a central server that can be accessed by both agencies.

3. Photographs – The SVU continues to work with the BPD to train all responding officers to photograph injuries and/or property damage, label the images, and send them electronically to the shared site so that the SVU can download them.

4. Medical/phone records – The SVU has asked officers responding to domestic violence calls to document identifying information in their reports, e.g. to which hospital a victims was taken, so that subpoenas can be issued as soon as possible.

5. SVU and BPD are listening to jail recorded phone calls between the defendant and the victim in domestic violence cases and are using them as evidence at trial. In many cases, the defendant can be heard attempting to influence the victim's anticipated testimony. In other cases, the defendant is heard threatening the victim into changing her story or not appearing in court at all. This compelling evidence has resulted in securing more guilty pleas. The substance of these calls has also been used by the SVU served as the basis for charging the defendant with witness intimidation.

6. The SAO and the Baltimore Sheriff's Department are working closely to share information about abusers who are involved in both criminal court cases as well as civil protection order cases.

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: The Governor's Family Violence Council (FVC) chose Best Practices for Family Justice Centers as one of its focus areas for 2014. A committee of FVC members has agreed to concentrate on this topic and will deliver expert research and recommendations.

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 August 2014, HRM has received 15,021 lethality assessment screens and reached 6,693 people (45%), enrolling 2261 (34%) of them in HRM services.

In July 2014, HRM discovered that it was receiving many fewer LAP assessments then it had during the same period in previous years. HRM and BPD are scheduled to meet soon to discuss this issue.

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: The Domestic Violence Warrant Squad along with patrol officers continue to make the service of domestic violence warrants a top priority. From September 1, 2013 to August 26, 2014 there were a total of 2003 new domestic violence warrants issued for service. The Domestic Violence Warrant Squad and patrol officers served 2408 warrants, continuing to reduce the backlog of unserved 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 2014, a member of the House of Delegates introduced a bill regarding strangulation, but it did not receive a vote.

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 2014, the BPD Academy's basic training curriculum includes 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.

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. See Update 2012 – 2 for an update on the training module. In addition, in 2014, a website was created to help health care providers assess patients for IPV. The web site is accessible at www.dhmh.maryland.gov/ipv. Maryland's Secretary of Health, Dr. Sharfstein, discussed the important role of health care providers in IPV assessment during a

2014 Maryland public radio commentary. Maryland has conducted over 100 IPV trainings and received over 1,000 pledges from health providers in support of IPV assessment by primary care providers.

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 to promote healthy relationships and prevent teen dating violence.

During the 2013-2014 academic school year, 988 students participated in the Dating Matters Initiative program and five middle schools have implemented a curriculum for parents. To date, 12 schools have participated in this initiative, with seven implementing curricula for grade eight and five implementing curricula for grades six through eight. Unfortunately, two schools are no longer participating. The Dating Matters Initiative also held four community events this year in Upton, Druid Heights, Curtis Bay, and East End to raise awareness about teen dating violence. In addition, the parent, educator, and school-based youth-focused components of Dating Matters are accompanied by the youth-focused communications campaign- i2i: What R U Looking 4, a Facebook page that is created and managed by Youth Ambassadors to promote respectful, nonviolent dating relationships among preteens and teens. Likewise, this campaign is intended to reinforce messages learned in the school curricula and ambassadors can host i2i events and work with after school programs using technology and language that is appealing and relevant for youth. Additional digital media strategies such as Instagram are used to support their efforts and complement their Facebook page. As The Dating Matters Initiative enters its fourth year, the program is hiring a new director.

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: 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.

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 its FY 14 work year, 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 is 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 and they will be sent to the vendor to complete the module in OCMS. After that, the module will be tested and put into production. Once the program is operational, it will be able to provide reports for all jurisdictions throughout the State about domestic violence offenders.

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 recently completed its 2015 to 2019 Strategic Plan, which included a goal for engaging men to use their influence to "model and promote intimate relationships that value respect, equality and nonviolence." They are kicking off this effort this fall by convening a select group of men, which includes successful completers of its abuse intervention programs, agency leaders, and influential community members, to develop targets, messages and strategies to build networks of men invested in ending 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: On July 15, 2014, Governor Martin O'Malley and the Interfaith Domestic Violence Coalition met to share resources and fellowship on the topic of domestic violence in the community. The Interfaith Domestic Violence Coalition brings together faith leaders, domestic

violence advocates, legal experts, governmental and community partners to share words of encouragement and conciliation with those suffering from the pain of domestic violence. In addition to the Governor, Judge Karen Friedman who chairs the Interfaith Domestic Violence Initiative Committee addressed those who attended.

Major Sabrina Tapp-Harper of the Baltimore Sheriff's Department and members of the BCDVFRT have also established an ongoing dialogue with members of the Governor's Office of Community Initiatives who invited Major Tapp-Harper to sit in on the monthly Interfaith Domestic Violence Initiative Committee meetings to keep the BCDVFRT fully informed of plans, developments, and upcoming events/training involving the Interfaith Community and Domestic Violence. Major Tapp-Harper has also started a dialogue with the President/CEO of Nu Season Nu Day Ministry, Inc. who is interested in making a greater impact in the community.

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: Johns Hopkins University researchers have developed the 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 participants' 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 participants' county of residence. Johns Hopkins University is disseminating the MyPlan App in partnership with One Love Foundation as part of the Be 1 for Change initiative. It is available for free on the foundation website (http://www.joinonelove.org/resources-help) and in both iTunes and android app stores. The One Love Foundation was created by Sharon Love, mother of Yeardley Love, after her daughter was murdered by a boyfriend. The Foundation created the "Be 1 for Change" campaign which was launched in the fall of 2012, with the goal of combating relationship violence throughout the United States.

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 3-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 the past year, staff at DHMH has made regular presentations about IPV assessment at the STD annual meetings and conducted two webinars for the STD clinical program.

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 work group 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.

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.[1] 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 2014, DHMH collaborated with the American College of Obstetricians and Gynecologists (ACOG) to promote IPV screening in the pregnant and non-pregnant population. The project provided funding for trainings which promote evidence-based domestic violence screening tools coupled with interventions for those who screen positive for domestic violence. The Johns Hopkins University School of Medicine piloted this project and included training for Hopkins obstetrician and gynecologist faculty, residents, and medical students. The School of Medicine developed educational modules for medical students and residents. Unique to the project was the training of all Hopkins affiliated clinic staff (from front desk personnel to

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

physicians). The project promoted partnerships between clinicians and local domestic violence organizations, including House of Ruth Maryland, TurnAround, and the Family Crisis Center in Baltimore County. Project participants presented at the 2014 annual ACOG meeting in Chicago to demonstrate a model for training obstetricians in other states.

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.[2] 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: While there is no update with respect to pediatricians screening their patients and patients' caregivers for firearm ownership there is support for this recommendation from obstetricians and gynecologists. 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." This statement stemmed partly from recognition of Maryland data on IPV and firearms.

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: No update for 2014

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

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: No update for 2014

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 2014

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: No update for 2014

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 2014

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. Overcoming the *Frye-Reed* challenges paves the way for future admissibility of these findings.

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 – 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: The 2014 General Assembly passed a bill creating an enhanced penalty for crimes of violence committed in front of a minor.

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