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

Baltimore County's DFVRT was developed in collaboration with Baltimore County's Department of Social Services, Police Department and State's Attorney's Office in 2006, after legislation was passed in Maryland in 2005 allowing the establishment of teams. Under the leadership of the Department of Social Services, and with guidance from Maryland Network Against Domestic Violence, operational protocol were developed and the team began reviewing cases in 2008.

DFVRTs are multi-agency, multi-disciplinary groups, which seek to decrease intimate partner homicides. Use of a multi-disciplinary approach promotes partnerships and collaborations while seeking to save lives by preventing intimate partner homicides, and avert the suffering of surviving family members (Wilson, Websdale, 2006).

Baltimore County's DFVRT has conducted a total of eight full case reviews, and reviewed aggregate data from the Maryland Violence Death Reporting System. During 2016, the team added two community members, representatives from Baltimore County Police - Safe Schools, and Goucher College, and held four quarterly meetings and six smaller meetings. The team reviewed a homicide of a pregnant woman killed by her husband, after conducting interviews with family members. While the case had no prior police involvement, there were several risk factors for homicide including strangulation, pending separation and pregnancy. There was also stressors in the relationship as a result of problem gambling.
2016 RECOMMENDATIONS

Gambling

Key Finding: The team found that stressors from problem gambling were a significant factor in the domestic violence homicide case reviewed.

Recommendation: Explore the link between gambling and domestic violence and consider outreach to these venues.

Evidence: According to Korman et al (2008), in one study, 62.9% of gamblers reported perpetrating and/or being victims of domestic violence in the past year.


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<th>Action</th>
<th>Timeframe</th>
<th>Person(s) Responsible</th>
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<tr>
<td>Explore existing research on the intersection of gambling and domestic violence (including risk factors, warning signs, stressors.)</td>
<td>March 2017</td>
<td>Gail Reid, Turn Around, Inc.</td>
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<td>Lauren Miles, Family and Children’s Services</td>
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<td>Explore resources for individuals with gambling addiction, such as Gam-Anon, Gamblers Anonymous, mdgamblinghelp.org, Maryland Centers for Excellence in Problem Gambling (specifically Lori Rogle), and other organizations.</td>
<td>March 2017</td>
<td>Cheryl O. Peguese, Department of Public Safety and Correctional Services</td>
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<td>Colleen Moore, SAFE Domestic Violence at GBMC and Maryland Health Care Coalition Against Domestic Violence</td>
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<td>Kathleen King, Baltimore County Department of Social Services</td>
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<td>Define problem gambling (both legal and illegal) in Baltimore Metropolitan area (types, patterns, places), through Baltimore County VICE and other sources.</td>
<td>March 2017</td>
<td>Officer George Mussini, Baltimore County Police Department</td>
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<td>Create fact sheet on the intersection of gambling and domestic violence with available resources to share with both gambling and domestic violence service providers.</td>
<td>June 2017</td>
<td>Janice Miller, House of Ruth, Maryland</td>
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<td>Deena Hausner, House of Ruth, Maryland</td>
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<td>Disseminate information/fact sheet to agencies addressing gambling and domestic violence.</td>
<td>September/October 2017</td>
<td>Audrey Bergin, Northwest Hospital DOVE Program</td>
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<td>Kathleen King, Department of Social Services</td>
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| Research existing material for training Ob/Gyn created by Futures Without Violence, and best practices for screening. Explore the possibility of pulling stats from police reports on abuses to pregnant women. | February 2017 | Janice Miller, House of Ruth, Maryland  
Colleen Moore, SAFE Domestic Violence at GBMC and Maryland Health Care Coalition Against Domestic Violence  
Audrey Bergin, Northwest Hospital DOVE Program and Maryland Health Care Coalition Against Domestic Violence  
Officer George Mussini, Baltimore County Police Department |
| Develop best practices and resource sheet. | April 2017 | Colleen Moore, SAFE Domestic Violence at GBMC and Maryland Health Care Coalition Against Domestic Violence  
Audrey Bergin, Northwest Hospital DOVE Program and Maryland Health Care |

**Ob/Gyn Screening for Domestic Violence**

**Key Finding:** Victim was pregnant at the time of homicide, and was seen multiple times by OB, but was not screened for abuse.

**Recommendation:** Offer resources, including trainings, in local Ob/Gyn clinics and offices.

**Evidence:** According to Dr. Diana Cheng (2010), homicide is the leading cause of death of pregnant women in Maryland. Around the country, it is among the leading causes of death. The majority of homicides of pregnant women are domestic violence-related.

Reach out to Baltimore County Health Department, the Maryland Hospital Association and college health centers to disseminate best practices and resource sheet.

October 2017

Coalition Against Domestic Violence
Rina Rhyne, Goucher College

Colleen Moore, SAFE Domestic Violence at GBMC and Maryland Health Care Coalition Against Domestic Violence
Audrey Bergin, Northwest Hospital DOVE Program and Maryland Health Care Coalition Against Domestic Violence
Carolyn Miller, Baltimore County Health Department
Gail Reid, Turn Around, Inc.
Rina Rhyne, Goucher College

2015 Recommendations Review

Outreach: The first problem identified last year based on review of aggregate information of intimate partner homicides was that most victims did not have contact with domestic violence agencies leading prior to the homicide, and homicides were highest in zipcodes 21222 and 21117. The recommendation was to focus outreach efforts in these areas.

Update: Family Crisis Center took the lead on the east side of the county (21222), connecting with Baltimore County Department of Social Services Young Parents Support Center, Public Library North Point Branch, Community College Baltimore County Essex and Dundalk campuses, local health care providers, Dundalk PAL Center and Caroline Center for outreach and programming. On the west side of the county, members from Northwest Hospital’s DOVE Program, Family and Children’s Services, CHANA and Adelante Familia met with representative from the Baltimore County Executive’s Office, Baltimore County Schools, and Reisterstown Methodist Church four times in 2016 to discuss outreach ideas. A report was also developed with the help of research and consulting firm in Baltimore, Carson Research Consulting, Inc., detailing data from five years of intimate partner related deaths in visual graphs. Work on outreach will be ongoing.

Hospital-Based Program: The second problem identified was the lack of a hospital-based intervention available for victims on the east side of the county.

Update: Colleen Moore, DVFRT Member, Coordinator of SAFE Domestic Violence Program at GBMC and President of the Maryland Health Care Coalition Against Domestic Violence has been in conversation with Johns Hopkins Hospital and Bayview. The Health Care Coalition received funding to help assess policies and practices related to current screening and intervention, consultation to improve practices and train hospital staff. Work will continue through September 2018.
**Shelter:** The third problem identified was the lack of emergency domestic violence shelter and safe housing options in Western Baltimore County.

**Update:** The Domestic Violence Coordinating Committee shelter sub-group held four meetings in 2016. The group held several meetings with a local transitional housing program for homeless women, in hopes of converting some beds to emergency shelter. It was determined that this was financially unfeasible. The shelter sub-group is continuing to look at best practice for hotel sheltering and other options to traditional shelter.

**References**
