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THE BALTIMORE CITY DOMESTIC VIOLENCE FATALITY REVIEW TEAM (BCDVFRT)

DOROTHY LENNIG, CHAIR, JULIE DRAKE, VICE-CHAIR

2009 RECOMMENDATIONS

The mission of the Baltimore City Domestic Violence Fatality Review Team (BCDVFRT) 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 inter-disciplinary training and community based prevention education; and through data-driven recommendations for legislation and public policy.

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

Problem: 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 precautions. If the victim is prepared when the violence occurs, she is more likely to respond quickly and avoid additional injury. However, one of the issues identified by the BCDVFRT this year is that traditional safety planning techniques were insufficient to protect certain victims who were in extremely lethal relationships. While following a traditional safety plan, the victim was still vulnerable to a tragically fatal outcome.

Recommendations: An enhanced response protocol involves a high danger safety plan, which incorporates safety precautions appropriate for victims who are at the highest risk of being murdered. This would necessitate creating or adapting a tool to determine which victims are at the highest risk. The tool should incorporate the Danger Assessment Score and level of danger (developed by Dr. Jacquelyn Campbell), consideration of the abuser's mental illness, review of the abuser's criminal record and length of previous incarcerations, identification of abusive incidents which occurred in front of other people, determination of the abuser's possession of weapons and prior use or threat to use, and determination of whether the abuser belonged to a gang.

An enhanced response protocol should include a high danger safety plan which:

- (1) **Might not include a protective order.** While protective orders benefit most victims of domestic violence, it can be dangerous for a victim in a highly lethal relationship to appear in court at the same time as her abuser.

- (2) **Strongly encourages the victim to move into a domestic violence shelter.** Staying with a friend or family member might not provide safety if the abuser will harm her in front of other people. In addition, it might put the friend or relative at risk. In many cases, the only safe place for a victim in a highly lethal relationship is a domestic violence shelter.
- (3) **Facilitates placement of the victim in a domestic violence shelter in another jurisdiction.** Maryland shelters should create a protocol for “swapping” clients who are at the most risk. A Baltimore City resident might be much safer in a shelter in Carroll County. This would require development of a protocol or memorandum of understanding among various domestic violence shelters in Maryland.

2. INCREASE AWARENESS OF HUMAN BITES AS A FORM OF DOMESTIC VIOLENCE.

Problem: In one of our case reviews, we noted that the Medical Examiner found healing bite marks on the victim. Upon review of the medical chart, there was no documentation of any domestic violence screening, despite the presence of human bite marks on a readily visible part of the upper arm. 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. Because biting is not usually included on lists of examples of domestic violence, victims may not recognize it as a form of domestic violence.

Recommendations:

- (1) **Include human bites on medical screens for domestic violence.** We believe it is important to increase the awareness of biting as a form of intimate partner violence in order to bring attention to the potential need for domestic violence screening or referral, and medical evaluation for victims with this type of injury. Because biting is not commonly cited as an example of domestic violence, both providers and victims may not associate human bites with the other more typically listed domestic violence actions such as “choking, kicking or hitting”. The inclusion of “biting” as an example of domestic violence on routine forms, such as a medical screen, would increase awareness that this behavior is abusive and should not be ignored.
- (2) **Educate medical providers regarding the evaluation and documentation of bite wounds.** Human bites may be an important source of forensic evidence. Specifically, photographs taken at a 90-degree angle of the bite wound showing any tooth impressions and DNA samples of any saliva specimen found at the wound site may help with future identification of the perpetrator. Also, because adult human bite wounds are not commonly seen, there needs to be increased education that bite wounds causing tissue damage may require medical attention. Human bite wounds may become infected without prompt treatment with antibiotics due to the large number of microbial organisms in human saliva. Therefore, health providers should be encouraged to evaluate the need for antibiotics and tetanus immunization to treat or prevent infection. Other life threatening infections such as hepatitis B (and possibly HIV) can be spread through bite wounds. Bite wounds to the face can cause significant cosmetic disfigurement and may cause chronic psychological as well as physical impairment or disability.

Further research on human bites is clearly needed to fully understand the prevalence, risk, and significance of this type of this type of partner violence. This may lead to future guidelines for health, law enforcement and other service providers.

- (3) **Revise the Petition for a Protective Order to include biting as an example of domestic violence.** Because biting is not usually cited as an example of domestic violence, victims may fail to mention it, and advocates may neglect to screen for it. Inclusion of biting on common forms which list examples of domestic violence may help to alleviate this problem. In particular, biting should be listed as an example of domestic violence in the Petition for a Protective Order.

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

Problem: In both the 2007 and 2008 reports, we expressed concern regarding the results of violation of probation (VOP) hearings in domestic violence cases. We have repeatedly reviewed cases in which domestic violence offenders were placed on probation, violated the terms of the 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.

We believe that these decisions send the wrong message to offenders, and leave victims vulnerable to further violence. In order to determine whether these were isolated incidents or examples of a widespread problem, the BCDVFRT recommended that the Baltimore City Domestic Violence Coordinating Committee (DVCC) establish a system for tracking domestic violence VOP cases.

A work group was established to create a systemic tracking mechanism for domestic violence VOPs. As a result of the preliminary work, the Division of Parole and Probation (DPP) and State's Attorney's Office's Felony Family Violence Division (FFVD) are now communicating directly regarding all FFVD domestic violence defendants. FFVD notifies DPP every time a defendant is placed on probation for a domestic violence offense. In response, DPP notifies FFVD whenever a FFVD defendant is scheduled for a VOP. A FFVD prosecutor is expected to handle every VOP hearing involving a FFVD defendant, and to submit a report regarding the outcome.

While helpful, the agreement described above is not sufficient to track all domestic violence VOPs. FFVD handles domestic violence felony cases in Circuit Court. Most domestic violence cases are misdemeanors prosecuted in District Court by the Domestic Violence Unit. Prosecutors in District Court are not able to track and follow their cases that result in VOP hearings. After more analysis, we concluded that the DPP was in the best position to collect the data.

Recommendation: The Division of Parole and Probation's new database should include a section which collects and stores data regarding the results of VOP hearings. If a defendant is placed on probation for a domestic violence case, the case should be designated as such, for retrieval purposes. The data collected should include:

Name of defendant
Case number
Date of hearing
Judge
Court
Original crime

Original conditions of probation
Nature of the violation
Outcome of the hearing, including postponements
New sentence

When the domestic violence VOP tracking system is operational, DPP should report the results of their data collection to the DVCC on a quarterly basis.

Members of the BCDVFRT have met with the Department of Public Safety and Correctional Services and the Division of Parole and Probation and both departments are assisting in the implementation of this recommendation.

PROGRESS TOWARD IMPLEMENTATION OF THE 2007 AND 2008 RECOMMENDATIONS

RECOMMENDATIONS FROM THE 2007 REPORT

1. BETTER EVIDENCE FOR PROSECUTION.

The first recommendation made in the 2007 report was to create a centralized, specialized unit of domestic violence detectives within the Baltimore City Police Department. This unit would be composed of detectives who would receive specialized training in felony level investigations, as well as issues unique to family violence cases. These detectives would operate 24/7, and act as first responders in all felony domestic violence cases.

Thanks to the efforts of Commissioner Frederick Bealefeld, Baltimore City Police Department (BCPD), Patricia C. Jessamy, State's Attorney for Baltimore City, and the Honorable Marcella Holland, Administrative Judge for the Baltimore City Circuit Court, this recommendation is now a reality. In April 2008, the BCPD centralized the domestic violence (DV) detectives pursuant to a pilot project in the Northeast District. The new Family Crimes Unit (FCU) was housed in the Clarence Mitchell Jr. Courthouse, close to the State's Attorney's Office's Felony Family Violence Division (FFVD). The FCU and FFVD work closely as a team on the investigation and prosecution of "first responder" cases, i.e. very serious domestic violence cases which FCU handles as the investigative unit. Whenever a FCU detective begins an investigation, the case is immediately assigned to a FFVD prosecutor, and it is expected that the detective and the prosecutor will work together as a team. An FFVD attorney is on call 24/7 to provide legal advice and assistance to FCU detectives.

Pursuant to the partnership with FCU, FFVD obtained grant funding to hire part-time victim advocates, who are assigned to on-call, 24/7 shifts corresponding to those of the detectives. Whenever a detective is called out to investigate a serious domestic violence case, the on-call advocate is contacted and responds to provide crisis counseling, safety planning, and resource identification with the victim. These victim advocates, who are trained and supervised by a licensed clinical social worker, have provided services to over 170 victims since June 2008.

This pilot was so successful that the project was expanded in October 2008 to include the entire city. While it is early for statistical comparisons, the differences between case outcomes before and after the creation of FCU are striking. As of October 1, 2009, 67 "first responder" cases have been investigated and charged by FCU. Thirty-six (36) of these cases are still pending. From the 31 cases which have been resolved, FFVD has been able to obtain sentences which total in excess of 72 years incarceration, and 99 years and 9 months of suspended time. By comparison the first 31 cases of 2008, which met the "first responder" criteria, but were not handled by FCU, resulted in only 15 years incarceration total, and 71 years of suspended time. Of the 31 cases, investigated by FCU, only 7 resulted in a stet or nol prosse. By contrast 17 of the 31 cases from 2008, which met "first responder" criteria but were not handled by FCU, were resolved by stet or nol prosse.

The significant increase in jail time obtained since the creation of FCU can be attributed to a number of very serious cases involving extremely dangerous offenders who received sentences of sufficient length to protect the victim and the public. Before the creation of FCU these cases might have resulted in suspended sentences, stets, or even nol prosses due to insufficient evidence. Perhaps the most important statistic concerns the dramatic decrease in the number of DV related

homicides since the implementation of this recommendation. In 2007, Baltimore City reported 13 DV related homicides. In 2008, the number rose slightly to 14. Since the beginning of 2009, we have observed a sharp drop in DV related homicides. To date, four victims have died as a result of fatal domestic violence. We cannot be sure that this drop is as result of the policy implementation but we hope that it has contributed. While we would prefer to see no DV homicides, we are gratified to see the numbers moving swiftly in the right direction.

We have been informed that the FCU will be relocated to BCPD Headquarters Building. While this location is not ideal, the FFVD and FCU are committed to working together to overcome any obstacles created by the agencies no longer being co-located within the circuit court.

2. FAMILY JUSTICE CENTER.

The second recommendation of the 2007 report was the creation of a Family Justice Center (FJC) in Baltimore City. Montgomery County and Harford County have created FJCs in their jurisdictions. While Baltimore City is now building the partnerships necessary for successful implementation, substantive planning has not begun.

3. ACCESS TO SERVICES.

The third problem identified in the 2007 report concerned the very large number of victims of fatal domestic violence who had never accessed potentially life-saving services. In an effort to decrease DV related homicides by increasing access to services, the BCDVFRT recommended that police administer the lethality assessment screen to victims of domestic violence, and immediately call the hot line at House of Ruth for those victims at the highest risk. The Baltimore City Police Department, in conjunction with the House of Ruth Maryland, applied for and received a Violence Against Women Recovery Act Grant to begin a lethality assessment pilot project in the Northern and Northeast Districts, with the possibility of expanding citywide. Training of police officers is scheduled to begin in the fall of 2009.

4. LINKAGES BETWEEN DOMESTIC VIOLENCE AND CHILD ABUSE.

This issue is addressed in the 2008 Progress Report.

5. EFFECTIVENESS OF SUPERVISION OF PERPETRATORS.

This issue is addressed in the 2009 Recommendations.

6. TIMELY SERVICE OF WARRANTS.

The last problem identified in the 2007 report was the tremendous backlog of unserved warrants. In 2008, the Baltimore City Police Department created a specialized Warrant Squad dedicated to serving DV arrest warrants. The squad consists of one sergeant and eight detectives. In 2007, 1549 DV warrants were served between January 1 and October 1. In 2008, 1751 DV warrants were served during the same period. In 2009, 2263 DV warrants have been served so far this year. This represents a 29% increase in the service of DV warrants over last year.

RECOMMENDATIONS FROM THE 2008 REPORT

1. RECOGNIZE AND RESPOND TO THE DANGERS OF STRANGULATION.

As we noted in 2008, many professionals working with victims of domestic violence are unaware of the seriousness of strangulation. Strangulation, often dismissed as “choking”, is a significant risk factor for a subsequent fatality and is a weighted item in Dr. Jacquelyn Campbell’s lethality assessment. By itself, strangulation can cause serious injury or death, even in the absence of visible, external injuries.

In an effort to address this problem among law enforcement, the commanding officer of the FCU has created a DVD regarding the differences between “choking” and “strangulation”, and the consequences of strangulation. She has used the DVD as part of a training on domestic violence in 31 in-service trainings this year. By the end of 2009, she will have conducted approximately 40 trainings for law enforcement personnel on domestic violence and strangulation.

In addition to educating law enforcement personnel, BCPD has also instituted procedural changes within FCU. Under the new protocol, all victims of strangulation are transported to Mercy Medical Center for a forensic medical evaluation. Mercy is the only hospital in the Baltimore area which has an alternative light source which is able to identify deep or developing bruising that may not be visible to the naked eye, especially for darker-skinned victims. This technology is particularly valuable in identifying evidence of strangulation, which otherwise rarely leaves visible marks. As a consequence, more “choking” cases are being treated as strangulation cases and are viewed more seriously by prosecutors and police.

Judicial trainings on the seriousness of strangulation have also been scheduled. The Coordinator of the Forensic Nurse Examiner Program at Mercy Medical Center is scheduled to conduct a training for the Baltimore City Circuit Court bench on October 22, 2009. Training for the District Court bench is scheduled for October 7, 2009.

There has been minimal progress in obtaining a statutory change which would classify strangulation as a felony. While discussions have occurred among various advocates and agencies, there is as yet no consensus regarding a legislative change.

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 observation (as with victims of strangulation or abdominal trauma while pregnant). During 2009, the Baltimore Police Department is receiving in-service training on these types of injuries, as well as the delayed effects of strangulation.

3. IMPROVE SCREENING FOR DOMESTIC VIOLENCE IN HEALTH CARE SETTINGS.

In 2008, the BCDVFRFRT noted that despite a mandate that all hospitals have protocols to assess for

domestic violence, hospital medical charts that were reviewed had no documentation of domestic violence screening. We recommended that resources for the evaluation and counseling of domestic violence cases should be aggregated in one place and training be available for medical providers on violence assessment.

Since our 2008 report, a workgroup comprised of members of the BCDVFRT and the Maryland Healthcare Coalition Against Domestic Violence is creating a website with the Maryland Department of Health and Mental Hygiene and the Maryland Medical Society to educate health care providers about screening for intimate partner violence (IPV). The site will include sections about IPV in Maryland, including background information and data, screening tools, legal reporting requirements, associated medical and psychological complications and referral sources by local jurisdiction. The Maryland Health Care Coalition Against Domestic Violence will provide oversight and consultation of the website content.

In addition, the Maryland Network Against Domestic Violence recently received a grant to provide health care provider training at hospitals across the state.

4. IMPROVE FORENSIC MEDICAL DOCUMENTATION FOR DOMESTIC VIOLENCE INJURIES.

Last year, we 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 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. As the introduction of the IPV Kit promised to be an invaluable aid to prosecution efforts, the BCDVFRT recommended a pilot study of case outcomes.

Mercy's Internal Review Board approved an outcome study of the kits, whereby a Social Work intern examined the difference in court outcomes (verdicts and sentences) between cases that had IPV Kit documentation, cases that may have had scant or random medical documentation, and cases with injuries but no medical documentation. The intern worked closely with FFVU and District Court Domestic Violence Unit (DVU) personnel to identify pertinent information. Due to the length of time needed to see a case to completion, too few cases have been available to perform a meaningful quantitative analysis to date. Mercy will seek further cooperation with the FFVU and DVU to continue the study and provide qualitative feedback, as well.

5. TRACK DOMESTIC VIOLENCE VIOLATION OF PROBATION CASES.

This issue is addressed in the 2009 Recommendations.

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

Both our 2007 and 2008 recommendations reflect 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.

In response to the recurring problems we observed in cases where children had witnessed the fatal or repetitive abuse of parent, the BCDVFRT recommended in both 2007 and 2008 that the Department of Social Services (DSS) reestablish its “specialized unit” to handle cases involving children who have suffered mental or psychological injury as a result of witnessing severe or repeated domestic violence”. This has not occurred. Our 2008 report also included a recommendation that that BCPD-Homicide and/or FCU contact an FFVD social worker in the event of a fatal or near fatal DV related incident with child witnesses. The FFVD social worker assesses the child, and refers the child to other agencies for services. Given the delay between the calls and the interviews, this is a stopgap measure.

In April 2009, in response to this recommendation, the House of Ruth Maryland (HRM) applied to the Avon Foundation for funding to work with the Baltimore City Police Department, the Baltimore City State’s Attorney’s Office, the Baltimore City DSS, and hospital based trauma specialists to develop and implement a model protocol to protect and support children affected by domestic violence involving fatality or near fatality of one or more parents, creating a prototype that other jurisdictions can replicate. This proposal was not funded.

In August 2009, the FFVD submitted a grant proposal to the GOCCP which also addresses this problem. FFVD requested funding for child advocates who would respond immediately to provide crisis counseling and trauma assessment for children who had witnessed fatal or serious domestic violence. The child advocate would also conduct a forensically appropriate interview of the child, which would be shared with law enforcement personnel. Children who were in need of services would be referred to a child therapist at the HRM, who would coordinate services to both the adult victim and the child. Unfortunately, this proposal was not funded.

The BCDVFRT is also meeting with the Baltimore City Child Development Community Policing Program (CD-CP) to explore the possibility of a partnership. The CD-CP Program is a child trauma response team, and is a partnership between BCPD, Johns Hopkins Hospital and Baltimore City Communities.

7. CHANGE ATTITUDES ABOUT DOMESTIC VIOLENCE.

In 2008, the BCDVFRT recommended creating a collaborative relationship with school systems and public health, social services and domestic violence experts to utilize already existing Maryland curriculum to ensure that schools and staff are educated and trained to teach about the dynamic of dating and intimate partner abuse and healthy relationships.

In 2009, the Legislature passed a bill that requires the State Board of Education to encourage county boards of education to incorporate age-appropriate lessons on dating violence into the county boards’ health education curriculum. The Baltimore City Criminal Justice Coordinating Council (CJCC) is working with Attorney General Douglas Gansler to implement a teen dating violence initiative as a pilot in the Baltimore City Public School System.

In addition, the House of Ruth Maryland Teen Dating Violence Prevention Program (TDVPP) met with representatives from the Maryland State Department of Education (MSDE), including the Director of Departmental Coordination and National Legislation, the Director of Curriculum Development, and the Health Curriculum Specialist, to discuss the implementation of teen dating violence prevention curriculum across the State. As a result, the TDVPP attended a MSDE curriculum development meeting to provide consultation to curriculum writers working to include domestic violence in the Health Education Voluntary State Curriculum. The MSDE also agreed to offer several existing HRM TDVPP exercises as additional resources for health educators statewide.