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FATALITY REVIEW TEAM (BCDVFRT)**
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2011 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 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 create workgroups dedicated to refining its recommendations to address specific ongoing system problems. In addition, the BCDVFRT identified one new issue, and agreed upon the following recommendation.

**1. ENCOURAGE THE DIVISION OF PAROLE AND PROBATION
TO DEVELOP A SYSTEMATIC PROTOCOL TO ENSURE THAT
THE PROPER AGENT RECEIVES CORRESPONDENCE**

Problem: 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.

Recommendation: 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.

PROGRESS TOWARD IMPLEMENTATION OF THE 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 little admissible evidence was collected by the police. As a consequence, the FFVD attorneys were routinely forced to reduce charges, stet cases, or nolle prosee cases. The BCDVFRT recommended the creation of a centralized, specialized unit of domestic violence detectives within the Baltimore Police Department (BPD). This unit would be comprised 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 felony domestic violence cases. The Family Crimes Unit (FCU) began as a pilot project April 2008 and is now city-wide. 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.

Update: Outcomes in “first responder” cases have dramatically improved. Current sentences for domestic violence offenders in serious cases average over five times higher than those obtained prior to the creation of the FCU. The number of stets and nol proesses has been reduced to less than half their previous rates. However, the most important statistic concerns the dramatic decrease in the number of domestic violence related homicides since the implementation of this recommendation. In 2007, Baltimore City reported 13 domestic violence related homicides. In 2008, the number rose slightly to 14. Since the beginning of 2009, there has been a sharp drop in domestic violence related homicides. In 2009, 5 victims died as a result of domestic violence. In 2010, the number was six. As of September 1, 2011, only six victims have died as a result of domestic violence. We cannot be certain that this drop occurred as a result of the establishment of FCU, but we believe it has contributed. While we would prefer to see no domestic violence homicides, we are gratified to see the numbers drop significantly following the successful implementation of this recommendation.

In 2011, the SAO consolidated the Domestic Violence Unit in the District Court with the Circuit Court FFVD. Subsequently, the new Family Violence Unit (FVU) and the FCU have extended their partnership to include all felony and serious misdemeanor cases. The FCU currently performs significant follow-up investigations on all aggravated assaults, regardless of whether the assault meets felony criteria. FVU and FCU have developed a protocol in which detectives assigned to investigations are immediately paired with a prosecutor. The goal is to ensure that the detective and prosecutor work as a team throughout the investigation and prosecution of the case.

2007 – 2

FAMILY JUSTICE CENTER

The second recommendation of the 2007 report was the creation of a Family Justice Center (FJC) in Baltimore City. A BCDVFRT workgroup has been established to develop a blueprint for a FJC, and to seek funding for this enterprise. The workgroup is comprised of members of the Baltimore City State's Attorney's Office, the BPD, the Mayor's Office, the House of Ruth Maryland (HRM), TurnAround Inc., Mercy Medical Center, the Maryland Crime Victims Resource Center, Adelante Familia and the Women's Law Center. Outreach is planned to other city agencies. The workgroup has agreed upon basic foundational principles underlying the operation of the center, toured the Montgomery County Family Justice Center and agreed that the Chief of the FFVD of the State's Attorney's Office would write a grant for a project coordinator. The project coordinator will have responsibility for drafting a proposal that reflects the shared vision of the representatives and for securing funding to implement the project.

Update: Due to the change in administration in the State's Attorney's Office, meetings of the BCDVFRT workgroup were temporarily put on hold. It is anticipated that the workgroup will resume its meetings in the new year.

The courthouse Feasibility Study completed in the spring of 2011 recommended that a new Criminal Courthouse be built, and that it would contain a consolidated Domestic Violence Center which would be located on the lower level and would be open twenty four hours a day, seven days a week.

2007 – 3

ACCESS TO SERVICES

The third 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 HRM, applied for and received funding to begin a lethality assessment pilot project. The protocol required that when the police respond to a domestic violence call where they believed a crime has 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 the HRM within 24 hours. HRM staff attempt to contact the victim within 24 hours and offer that person services. The project began in the Northern and Northeast districts.

Update: With continued funding, the partners expanded the project into the Southern District during the fall of 2010. The program has been very successful. From November 2009 through August 2011, the HRM received 3925 lethality assessment screens, has reached 2092 (53.3%) victims, and has enrolled 588 (30.5%) of them in HRM services. The BPD and the HRM have applied for GTEAP funding to allow the partners to implement the program city-wide.

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: In 2010, the squad served a total of 2643 domestic violence warrants. So far in 2011, the squad has served 2007 domestic violence warrants, compared to 1940 during the same period last year.

At this year's State of the City address, the Mayor announced the creation of DVStat. DVStat was developed to improve outcomes for victims of domestic violence, reduce re-victimization and prevent both domestic and community violence. DVStat brings together state and local criminal justice agencies as well as victim services organizations to develop stronger systems to hold domestic violence offenders accountable for their actions, protect victims and reduce domestic violence and homicide. One important component of DVStat is the use of data to concentrate criminal justice resources on the density of domestic violence related incidents and the most dangerous domestic violence offenders.

DVStat closely tracks the most high risk domestic violence offenders based upon standardized criteria and has developed a strategy to target domestic violence offenders with open domestic violence warrants through the BCPD Jump Start Initiative. In addition, it monitors lethality project data and provides information on the prosecution of domestic violence crimes in Baltimore. Participants include the Mayor's Office of Baltimore City, Mayor's Office of Criminal Justice, Baltimore Police Department, State's Attorney Office, Division of Parole and Probation, and community domestic violence service providers

2008 – 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 incorrectly termed 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.

During 2009, the BPD conducted 40 trainings for law enforcement personnel on domestic violence and strangulation. BPD also instituted procedural changes within FCU whereby all victims of strangulation are transported to Mercy Medical Center for a forensic medical evaluation. Mercy was the first hospital in the Baltimore area to utilize 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 often does not leave visible marks.

In addition, in 2009, members of the judiciary also received training on the seriousness of strangulation. Despite these efforts, some judges, lawyers and law enforcement officers still downplay the danger posed by strangulation.

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 2011, domestic violence advocates supported legislation to classify strangulation as a first-degree assault felony. While the bill passed unanimously in the Senate, it was never voted on in the House Judiciary Committee. It is anticipated a bill will be introduced again in the 2012 legislative session.

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 observation (as with victims of strangulation or abdominal trauma while pregnant), and may not actively encourage or facilitate transfer for medical care. During 2009, the BPD received in-service training on these types of injuries, as well as the effects of strangulation.

Update: Since the implementation of the FFVU, Mercy Medical Center has seen a marked increase in the number of injured victims who are transported directly to the hospital for medical clearance and evidence documentation. In 2008, the Mercy Medical Center SAFE and Forensic Examiners Program began seeing domestic violence victims in addition to sexual assault victims. In 2010, staff in the program saw 272 victims of physical domestic assaults, the majority of whom were transported to the hospital by BPD. This number does not include sexual assaults within a domestic violence context. In addition, the BPD Academy's basic training includes information on medical issues, treatment options and the dangers of strangulation. The Academy instructors have been trained by Mercy's forensic program.

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, 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.

In addition, a workgroup comprised of members of the BCDVFRT, the Maryland Health Care

Coalition Against Domestic Violence (the Coalition) and others created website content to educate health care providers about responding to domestic violence. The site includes many sections from the toolkit regarding domestic violence in Maryland, background information and data, screening and documentation tools, legal reporting and confidentiality requirements, and associated medical and psychological complications and referral sources by local jurisdiction. The Coalition provides oversight of and consultation on the website content. The Coalition and its partners have investigated funding for its production and maintenance, and have explored ways to post it on a free-standing site, or under the umbrella of MedChi, the Maryland Medical Society or the Maryland Department of Health and Mental Hygiene.

Update: In 2011 Governor Martin O'Malley issued an Executive Order to promote the development of hospital-based domestic violence intervention programs in the state recognizing health care settings as an important means of identifying, treating and referring victims of intimate partner violence. Lt. Governor Anthony Brown and the state's Family Violence Council identified the Maryland Health Care Coalition Against Domestic Violence's Toolkit as being an effective means to facilitate this goal.

Members of the BCDVFR and the Coalition collaborated to develop a toolkit on domestic violence for health care facilities. This 75-page comprehensive workbook, "Health Care Response to Domestic Violence: A Toolkit for Hospitals, Facilities, & Providers" was written to facilitate an effective response to domestic violence in health care facilities. The Coalition also hosted a well-attended conference on the Toolkit focusing on hospital-based programs and community partnerships in June 2011. As a result of these efforts, the Coalition has Toolkit trainings planned for Greater Baltimore Medical Center and the University of Maryland Shock Trauma Center, with other Baltimore area hospitals expressing interest in training.

In addition, the Coalition has also finalized provider resource information to be posted on the web. The content will be available through the PowerAndControlFilm.com site with links from the Maryland Health Care Coalition Against Domestic Violence and the Maryland Department of Health and Mental Hygiene. The information available is particularly timely as the US Department of Health and Human Services recently issued new guidelines for women's health requiring preventative screening and counseling for domestic violence as part of annual check-ups.

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: During spring 2010, all of the prosecutors and staff in the SAO District Court Domestic Violence Unit were trained by the Coordinator of the Mercy SAFE Program on the use of the IPV Kit and the Alternative Light Source (ALS). In the 2010 Recommendations, we reported that a District Court prosecutor successfully qualified the Mercy Forensic Nurse Examiner, who collected evidence for the IPV Kit, as an expert witness, and obtained a favorable ruling on the use of the ALS as accepted medical practice. Prosecutors won a conviction in this case. In 2011, a similar ruling was obtained in a circuit court case and the prosecutor also won a conviction. Prosecutors are now seeking introduction of the ALS findings and the IPV Kit in every appropriate case and continue to encounter challenges from the defense.

2008 – 5

**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 a 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. Our 2008 report also included a recommendation that that BPD Homicide Unit and/or FCU contact an FFVD social worker in the event of a fatal or near fatal domestic violence related incident with child witnesses. The FFVD social worker would assess the child, and refer the child to other agencies for services. Given the delay between the calls and the interviews, this is a stopgap measure.

Update: In July 2010, the House of Ruth Maryland (HRM) received funding from the Fund for Change to work with the BPD, the Baltimore City SAO, 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. Numerous meetings of a workgroup comprised of stakeholders have been held this year to draft the protocol and we expect the completed protocol to be implemented by the end of 2011. Currently, the BPD is contacting a forensic social worker in the FVU to conduct a forensically appropriate interview of the child. The forensic social worker then refers the child’s caretaker to services.

2008 – 6

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) worked with Attorney General Douglas Gansler's staff to promote a teen dating violence initiative as a pilot in the Baltimore City Public School System.

In our reviews, we continue to hear that victims do not view themselves as victims because they do not understand the dynamics of a healthy relationship. The BCDVFRT will continue to seek partnership opportunities and promote the importance of providing young children with age-appropriate information on dating violence and what constitutes a healthy relationship.

Update: The House of Ruth Maryland currently offers the House of Ruth Teen Initiative, which provides an eight session school curriculum geared to 10th graders addressing a range of healthy relationships, from friendships to intimate partners. Outreach is also made through their teen website www.youlovemeyoulovenot.com as well as a Facebook page to better reach their intended audience. The Baltimore City Health Department applied for a grant to fund twelve city middle schools for a healthy relationships curriculum, and the Criminal Justice Coordinating Council submitted a letter in support of the initiative to promote healthy relationships and prevent teen dating violence. In September 2011, the City was notified it was selected as one of four cities in the country to receive funding. The grant will also fund an extensive outreach component to students and their communities in six of the twelve city middle schools.

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 precautions. If the victim is prepared when the 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 HRM has applied to the Fund for Change to enable HRM to collaborate with members of the BCDVFRT and Maryland domestic violence service providers to create a high danger safety plan that incorporates safety precautions appropriate for victims who are at the

highest risk for being murdered. This protocol will be made available to other Maryland domestic violence providers and stakeholders.

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.

Update: Dr. David Williams, DSS, MPH a forensic dental expert from the University of Maryland Dental School, addressed the BCDVFRT on the issue of bite wounds and offered guidance on developing a fact sheet for medical providers in screening, treating and documenting these injuries. The Maryland Health Care Coalition Against Domestic Violence has helped the group P. A. N. D.A. (Prevent Abuse Neglect through Dental Awareness) with incorporating information on domestic violence in its standard abuse awareness curriculum for dentists. The Coalition has included information on bite wounds in the website material and is considering other ways to raise awareness of bite wounds and domestic violence among other medical providers.

As reported last year, this recommendation was brought to the Domestic Violence Subcommittee of the Family Law Committee of the Judicial Conference for consideration. The Subcommittee voted to recommend including biting as an example of domestic violence in the Petition for a Protective Order. Biting has been added to the revised Protective Order petition effective October, 2011.

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 regarding the results of violation of probation (VOP) hearings in domestic violence cases. We had 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.

Believing that this sent the wrong message to offenders, and leaves 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.

In 2009, we recommended that the Division of Parole and Probation's new Offender Case Management System 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 are assisting in the implementation of this recommendation. The new database with the VOP tracking system is not operational at this time but is in the planning stages.

Update: The new Offender Case Management System is scheduled for implementation within the Division of Parole and Probation in 2012.

2010 – 1

**CREATE RESOURCES FOR MEN WHO SEEK TO PREVENT
VIOLENCE IN INTIMATE RELATIONSHIPS**

In 2010, the BCDVFRT identified that there were scant resources available for men who could benefit from help prior to an act of domestic violence or for men who wanted to persuade an abusive friend or family member to stop battering. Men seeking this type of assistance 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. We recommended that resources must be developed to assist men who want to avoid domestic violence in their own relationships, or to address it appropriately when the relationships of friends or family members become violent.

Update: In September, 2011, a completer of the HRM Abuser Intervention Program was awarded an Open Society Institute fellowship scholarship. His project is going to focus on engaging program completers to (1) mentor men currently in the program, (2) continue their work on themselves and their relationships with regular meetings, and (3) participate in a number of community events to raise awareness with men about the issue of violence against women. The scholarship begins on November 1, 2011 and runs for 18 months.

2010 – 2

SEEK PARTNERSHIPS WITH CLERGY

A second recommendation in 2010 was that the BCDVFRT should create a subcommittee to explore developing partnerships with the faith-based community, possibly enlisting the aid of a liaison such as a Police/Fire Department Chaplain or government faith-based liaison. Many victims and perpetrators of domestic violence 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 we reviewed, a pastor encouraged a victim to stay in an abusive marriage, resulting in fatal consequences. The Team suggested that strategies could be discussed to effectively deal with domestic violence when a clergy member provides couples counseling.

Update: Due to the enormous influence clergy members have over many individuals experiencing domestic violence, the Baltimore City Criminal Justice Coordinating Council's Domestic Violence Coordinating Committee has begun to establish a working relationship with Baltimore City's clergy. The Mayor's Faith-Based Liaison has assisted in facilitating outreach to members of the clergy, and a presentation on domestic violence was made to the Interdenominational Ministerial Alliance. A separate workgroup should be formed to further address this recommendation and continue outreach efforts.

2010 – 3

IMPROVE DOMESTIC VIOLENCE SERVICE PROVIDERS' OUTREACH TO VICTIMS BY DEVELOPING EFFECTIVE, MODERN COMMUNICATION STRATEGIES

In 2010, the BCDVFRT recommended that agencies offering 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 computer sites. After interviewing victims and family members we discovered that while most domestic violence agencies publicize their services by means of flyers, brochures and print media, many domestic violence victims either do not or cannot read this material. 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 and 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: In the fall of 2010, the HRM designed and launched a website for teens: www.youlovemeyoulovenot.com. The website provides detailed information about what teen dating violence is, how to recognize the signs, an interactive quiz, and how to get help for the teen or someone they care about. This site includes video upload capabilities so people who may need to access services can watch videos from other teens and upload their own. Once uploaded and approved by agency staff, the videos are also shared on YouTube. Teens

can also access HRM via e-mail from the site. HRM also established Twitter and Facebook accounts both for HRM as an agency and specifically for the Teen Initiative. The Facebook and Twitter pages serve as an avenue to address teen dating violence. HRM posts articles, video clips, and other relevant information to keep the teen audience engaged. In addition, the HRM Teen Coordinator has a cell phone where she can not only talk to teens and their parents but she is also able to text with them.

HRM is working with the Department of Human Resources to create a video about violence against women that is directed toward fathers (using federal fatherhood grant money). The video is scheduled to be completed by the end of 2011 and is intended to be played in various DSS sites across Maryland that have video capabilities. HRM will use the video as an outreach tool to engage men around the issue.

From October 2010 until January 2011, the SAO conducted the Cut It Out program, in which they worked with local salons to train salon professionals about how to identify domestic violence and refer clients to resources. During this period, they worked with approximately with 40 salons

In addition, the Family Crimes Unit (FCU) will continue to participate in an annual day of beauty and information for victims of domestic violence. This year, the FCU is sending one detective and one victim advocate to provide information and assist domestic violence victims who may not have reported a crime. This effort is coordinated by Sunshine Promises, an outreach group for domestic violence victims sponsored by hair care professionals.

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 we continued to find 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 screening and treatment is done 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: Free services for STD screening and treatment are available at local health department STD clinic sites throughout the state. Because the peak incidence of STDs occurs among women 15-24 years of age, the Title X family planning (FP) program (a federally subsidized program) also routinely screens all women under 25 years of age and provides treatment for STDs in their local health department programs. A clinical guideline about domestic violence assessment is included in the Maryland Family Planning guidelines. A presentation about domestic violence was also given at the annual Reproductive Health Update for family planning providers in 2010. There will be a follow-up presentation at the 2012

Reproductive Health Update conference to help providers assess for domestic violence. Similarly, a presentation about domestic violence is scheduled for the 2012 Maryland Sexually Transmitted Infections Update so that Maryland STD providers can get clinical information about this common co-morbid condition. Additionally, educational materials will be ordered and re-stocked so that, by 2012, all family planning and STD clinic sites in Baltimore City (the jurisdiction with the highest incidence of STDs) have information and resources about domestic violence for patients. It is anticipated that women attending these clinic sites will be able to see information about domestic violence displayed in the clinic setting and also be able to access information privately in examining rooms and bathrooms.

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. Perpetrators also reported witnessing domestic violence as a child. 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: House Bill 663 sponsored by Delegate Luiz Simmons was introduced in the 2011 legislative session. This bill would have created a distinct crime entitled "Committing a Crime of Violence in the Presence of a Minor." Under its provisions, an individual who commits a crime of violence against an adult victim within a residence could also be charged with a separate crime against a child victim, whom the defendant knew, or reasonably should have known, was within sight or hearing of the crime of violence. The maximum penalty for this misdemeanor would have been five years incarceration, consecutive to the sentence imposed for the crime of violence.

HB 663 passed the House Judiciary Committee, but was never called for a vote in the Senate Judicial Proceedings Committee. It is anticipated that the bill will be introduced again in the 2012 legislative session.