



## **Howard County Domestic Violence Fatality Review Team Howard County, Maryland**

**Amy E. Hott, Chair**  
*Howard County State's Attorney's Office*

**Jennifer Pollitt- Hill, Vice-Chair**  
*Executive Director, Hope Works*

**Sgt. Brian Baer**  
*Howard County Sheriff's Office*

**Patricia Daley**  
*Howard County Public Schools*

**Lisa DeHernandez**  
*Department of Health*

**Michael Demidenko**  
*Department of Social Services*

**Lt. Michele Denton**  
*Howard County Police Department*

**Simone Ingram**  
*Mental Health Authority/HCPD*

**Kevin Hogan**  
*Community Supervision*

**Devora Kirschner**  
*Howard County State's Attorney's Office*

**Major Lee Lachman**  
*Howard County Police Department*

**Jo-Ann Middleton**  
*Howard County General Hospital*

**Sgt. Woodrow Myers**  
*Maryland State Police*

**Sgt. Craig Ream**  
*Howard County Police Department DVS*

**Lt. Jennifer Reidy-Hall**  
*Howard County Police Department MH*

**Dr. Cynthia Schulmeyer**  
*Howard County Public Schools*

**Dina Ward**  
*Howard County Sheriff's Office*

**Robin Wessels**  
*Howard County General Hospital*

**Donna Wells**  
*Mental Health Authority*

**Katie Wicklund**  
*Grassroots Organization*

### **2015 Recommendations**

The mission of the Howard County Domestic Violence Fatality Review Team (HCDVFRT) is to attempt to reduce domestic violence, specifically domestic related fatalities and near fatalities in our County through a multi-disciplinary review of our response to domestic violence in our community. The goal is to utilize a multi-disciplinary model to address training and community based prevention programs, as well as to effect systemic change to our community's response to domestic violence.

The HCDVFRT has reviewed over the past year a domestic related homicide that occurred in our community with the purpose of identifying systemic issues that might be addressed and corrected. The HCDVFRT has identified three (3) issues and has agreed upon the following recommendations to address these issues.

#### **1. Promote education of elderly population about DV and available resources in the community.**

##### **Identified Problem:**

There is a lack of assessable information and minimal education available for the elderly population on elder domestic violence. There exists an identifiable gap due to a generational issue related to domestic violence; including a difference of thought process amongst that population. Elderly domestic violence victims present unique barriers such as generational attitudes towards domestic violence, health issues, religious mores, fixed income that are not addressed

with traditional domestic violence education and programming.

**Recommendations:**

Increase resources available to the senior population on issues of domestic violence. The Team arranged to have pamphlets and domestic violence information available at the Office of Aging 50+ Expo that was held this year in Howard County.

Create collaboration between the Office of Aging, Department of Social Services and HopeWorks to provide existing posters, pamphlets and pocket cards at Senior Centers and other identified areas.

Collaborate with the Maryland Network Against Domestic Violence to create elder specific domestic violence materials.

Provide the available materials in public locations such as the District Courthouse in Howard County. Pamphlets have been displayed in the lobby of the Office of the State's Attorney-District Court.

Continue education of Howard County Police patrol officers to identify the signs of domestic violence, including financial and emotional control, in the elderly population and to help provide resources to those individuals.

**2. Promote education of medical personal about screening and referrals -possibly targeting medical conferences, medical schools, and physicians that serve the delay population.**

**Identified Problem:**

Health care providers in our community that specialize in serving the elderly population may have a lack of knowledge on how health and mental health issues complicate domestic violence issues. Specifically, how a patient with dementia or Alzheimer's may become aggressive with family members creating a domestic violence situation for the caregiver. Health care providers are under no obligation to discuss an elderly patients mental health issues with family members or informal caregivers.

In the case we reviewed, the defendant was under treatment by a physician for a variety of issues, including dementia. The victim initially went with him to the doctor but she stopped when her comments about his health resulted in an increase of verbal abuse in the home. The victim further provided information regarding the dementia and the defendant driving and getting lost. The doctor did not follow through with the patient or Motor Vehicle Administration which resulted in the defendant getting into an accident and injuring the victim. Although the victim never reported any domestic violence to the doctor, the doctor did not ask

about any escalation of violence at home. The doctor did comment to the victim that if there was violence that she should call the police. This demonstrates a recognition that there was a potential for violence but there were no resources provided to the victim/caregiver.

**Recommendations:**

Increase educational opportunities for doctors and nurses in regards domestic violence issues and elder abuse issues. Our review shows that no education exists for these health care providers in Maryland.

Coordinate with Howard County General Hospital to include domestic violence as part of their continuing education requirement for health care providers.

Collaborate with the Maryland Health Care Coalition to provide resources on domestic violence and opportunities for training and continued education for health care providers.

**3. Require an obligation for mandatory report by hospital staff and doctors of elder domestic violence abuse.**

**Identified problem**

There is no requirement for Health Care Providers to report evidence of violence against the elderly, specifically domestic violence. In the typical domestic violence case involving the elderly they do not qualify under the mandatory reporting rules for Vulnerable Adults. Due to a number of unique barriers, including generational attitudes towards domestic violence, health issues, religious mores, and fixed income the elderly are a more vulnerable group and should have increased protections.

**Recommendation**

Create a statute that would mirror other mandatory reporting statutes to protect these victims that are in a unique position and are especially vulnerable.