



MARYLAND NETWORK AGAINST DOMESTIC VIOLENCE

2020 HOMICIDE PREVENTION REPORT

3ND ANNUAL REPORT



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DEDICATION

This report is dedicated to all domestic violence victims, survivors, and all those working to end domestic violence in Maryland.

Dear Community Partner,

INTRODUCTION

The Maryland Network Against Domestic Violence (MNADV) is proud to release our third annual Homicide Prevention Report. This report brings together three important and interconnected components of homicide prevention:

- Statewide data on those who have lost their lives as a result of intimate partner violence;
- Information on the nationally recognized lethality assessment program, which reflects preventative efforts to identify those who are at high risk of being killed by their partners; and
- An overview of Maryland Domestic Violence Fatality Review Teams' efforts to improve systems, policies, and procedures with the goal of decreasing domestic violence-related homicides.

As Maryland's state domestic violence coalition, it is our mission to bring together victim service providers, allied professionals, and concerned individuals for the common purpose of reducing intimate partner violence and its harmful effects on our citizens. One of the ultimate measures of our success is a reduction in the number of domestic violence-related homicides in our State and this report serves as a snap shot of how we are working to achieve this goal. However, during 2020, factors related to the Covid-19 pandemic contributed to the highest number of intimate partner violence related homicides in our state in over a decade. This report discusses steps MNADV took in 2020 and beyond to address this staggering uptick in homicides, including working toward the creation of a domestic violence fatality review state implementation team to address statewide homicide reduction efforts. We hope this report will encourage increased action and collaboration among all system partners to ensure victims receive the most effective support possible.

We cannot and do not do this work alone. The following Homicide Prevention Report is a reflection of cooperative efforts of field professionals throughout our State whose work builds on each other with the intent to keep our communities safe from intimate partner violence. Thank you to all that have contributed to this report through research, case review, implementation of lethality assessment and policy/protocol recommendations. Your leadership and vision for a safer Maryland make a real difference in the lives of our citizens. Thank you for the important work you do every day to advocate for and support victims of domestic violence.

In gratitude,



Jennifer Pollitt Hill
MNADV Interim Executive Director

ACKNOWLEDGEMENTS

This report has been in the making for several years, with contributions from multiple current and former MNADV staff.

2020 HOMICIDE STATISTICS

In 2020, 56 Marylanders lost their lives to domestic violence: 38 intimate partners, 3 bystanders, 11 abusive partners, and 4 individuals who lost their lives due to domestic violence dynamics that cannot yet be classified pending legal action. This is the highest recorded number of fatalities in the past 13 years, since 2007.

Of the intimate partner victims who were murdered, about 42% were previously or currently married and 58% were involved in previous or current dating relationships. The majority of victims were women (70%). The ages of the victims ranged from 3 to 76 years old. Guns were used in 100% of abusive partner deaths and in 75% of overall deaths.

A number of victims who lost their lives were trying to leave or had left their domestic violence situation; 12 deaths occurred between estranged/ex partners. As such, the question "why don't they just leave?" not only blames victims for the abuse they face, but also fails to acknowledge the danger

that comes with leaving. On aggregate, most victims know that they are in dangerous relationships, but they also understand that leaving is the greatest threat to an abuser's control. They are aware that leaving often puts them and their loved ones at risk, loved ones who may have additionally been threatened with violence. The infographics below are representative of victims, family members, and friends who lost their lives when those threats of violence turned lethal.

These statistics compiled yearly by the MNADV illuminate several trends in intimate partner homicide that provide opportunities for intervention. These cases should motivate agencies to review their practices and consistently strive to improve their response to intimate partner violence.

Traditionally, the MNADV would track homicides from July 1st of one year to June 30th of the following year; however in 2019 decided to move the practice of tracking these homicides to a calendar year, making these numbers easier to track and more useful for the general public. As such, 2020 is the first homicide report representing all deaths in the calendar year, from January to December of 2020.

56 MARYLANDERS DIED JANUARY-DECEMBER 2020

38 INTIMATE PARTNERS DIED

19 women and one teen girl were killed by a current or ex-boyfriend.



14 women were killed by their current or ex-husband.



4 men lost life due to domestic violence dynamics (case details are unknown pending legal action).



2 men were killed by their current or ex wife.



1 man was killed by his girlfriend.



1 woman was killed by her ex-girlfriend.



3 BYSTANDERS DIED

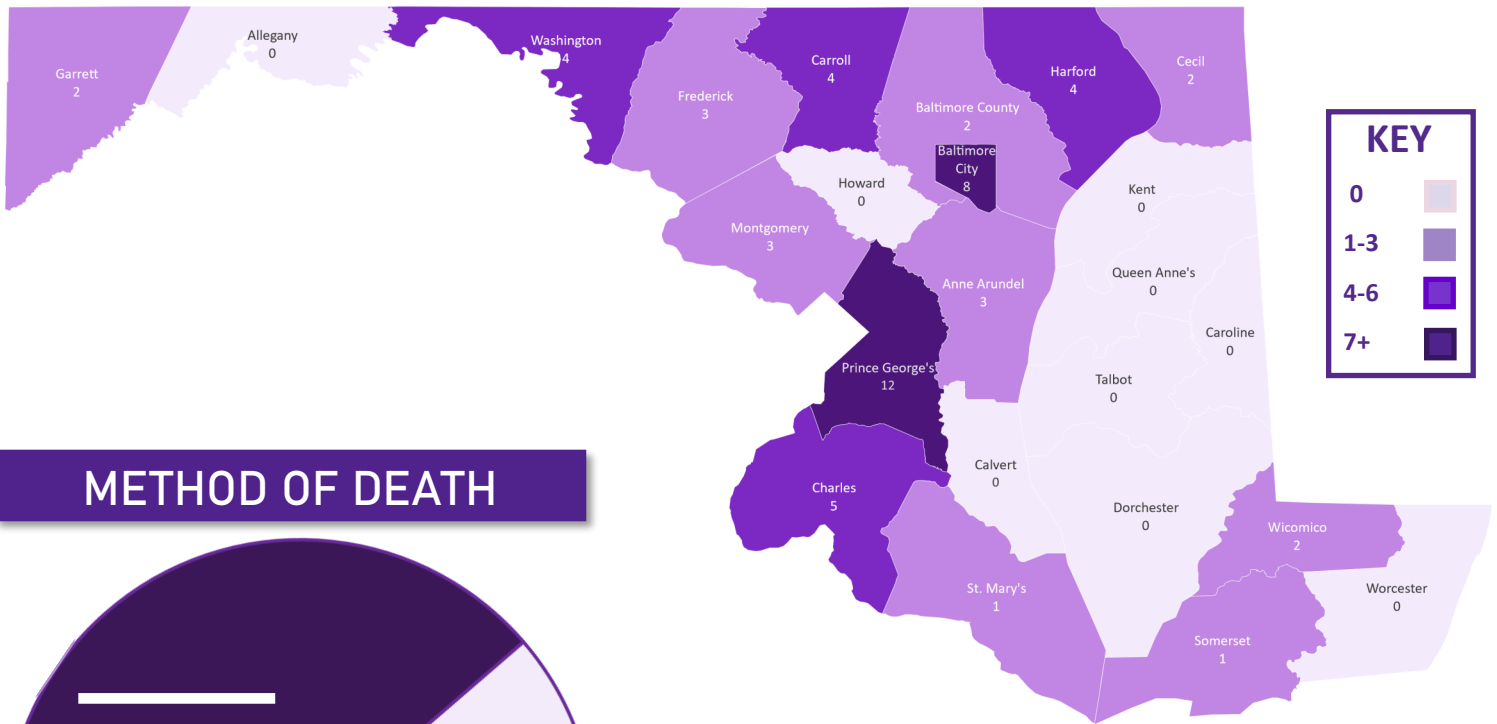


1 woman and 1 child were killed by a relative's boyfriend.

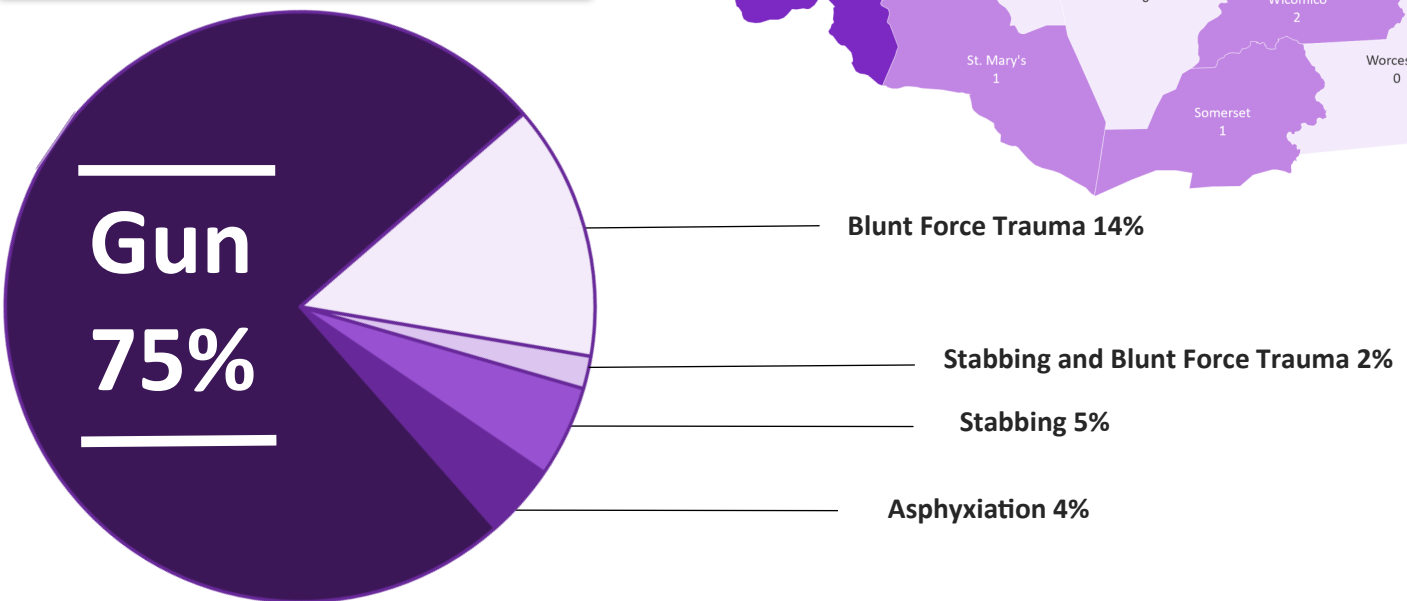


1 man was killed by a neighbor.

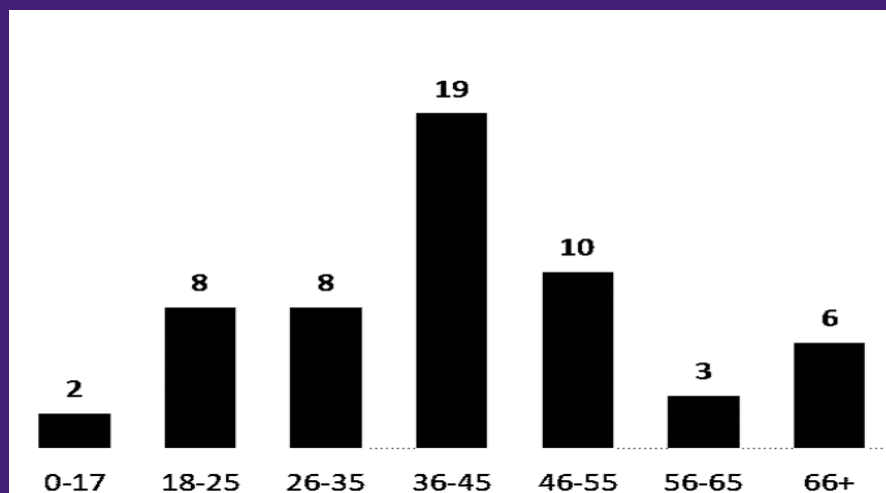
TOTAL DOMESTIC VIOLENCE-RELATED DEATHS BY COUNTY



METHOD OF DEATH



AGE WHEN THEY DIED



MNADV MEMORIAL SERVICE



Each February, MNADV holds a Statewide Domestic Violence Homicide Memorial Service in Annapolis. Due to the ongoing Covid-19 pandemic, the 2021 service was held virtually. The Memorial Service remembers the Marylanders who died as a result of domestic violence during the previous year, celebrates the survivors, and focuses attention on changing laws to reduce domestic violence, improve victim safety, and provide greater accountability for abusive partners. The Memorial Service heightens awareness of domestic violence and reminds the community of the terrible toll it takes each year on families in Maryland. Yet, it also focuses on positive actions that can prevent future tragedies.

In memorializing the victims who lost their lives to intimate partner violence in 2020, Interim Executive Director of MNADV Jenn Pollitt Hill delivered keynote remarks, Executive Director of the Governor's Office of Crime Prevention, Youth, and Victim Services V. Glenn Fueston, Jr. delivered the Governor's Citation Presentation, and MNADV Board President Inga James provided closing remarks.

After the service, MNADV held an open healing space for attendees to grieve, in which many survivors and surviving family chose to share their stories and reach out for support.



2021 MNADV DOMESTIC VIOLENCE HOMICIDE MEMORIAL SERVICE

YOU ARE CORDIALLY INVITED TO SAVE THE DATE.

MONDAY FEBRUARY 8, 2021

LETHALITY ASSESSMENT PROGRAM

THE LEGACY

THE LETHALITY ASSESSMENT PROGRAM—Maryland Model (LAP), created by the Maryland Network Against Domestic Violence (MNADV) in 2005, is an innovative strategy to prevent domestic violence homicides and serious injuries. It provides an easy and effective method for law enforcement and other community professionals—such as health care providers, case workers, and court personnel—to identify victims of domestic violence who are at the highest risk of being seriously injured or killed by their intimate partners, and immediately connect them to the local community-based domestic violence service program.

The LAP is a multi-pronged intervention that consists of a standardized, evidence-based lethality assessment instrument and accompanying referral protocol that helps first responders make a differentiated response that is tailored to the unique circumstances of High-Danger victims. The Lethality Assessment Program (LAP) was originally designed for law enforcement. While the LAP is now used by various allied professionals—nurses, social workers, hospital personnel, case workers, and court personnel—the basic protocol is similar for all disciplines.

The process begins when an officer arrives at the scene of a call for service. Once the scene is secure and the investigation of the incident is complete, an officer may activate the LAP, if certain criteria are met. If the individuals involved are intimate partners and the officer discerns a “manifestation of danger,” the officer

asks the victim the 11 questions on the Lethality Screen, which is the first component of the LAP. The screen itself takes less than five minutes to conduct and is adapted from Dr. Jacquelyn Campbell's Danger Assessment, an instrument used by clinicians and counselors to assess a victim's risk of being killed by an intimate partner.¹

Upon completion of the Lethality Screen, the practitioner utilizes a corresponding referral and service protocol based on the dangerousness of the situation. This second and equally important prong of LAP is the real time connection for at-risk victims to specific domestic violence services.

The MNADV has received federal grants to expand the use of the LAP nationally. With training provided by the MNADV, the LAP is now being implemented in jurisdictions in 39 states across the country, partnering teams of law enforcement agencies and domestic violence programs.

LAP STEPS: ASSESS & CONNECT

ASSESS

SCREEN VICTIMS FOR HIGH RISK

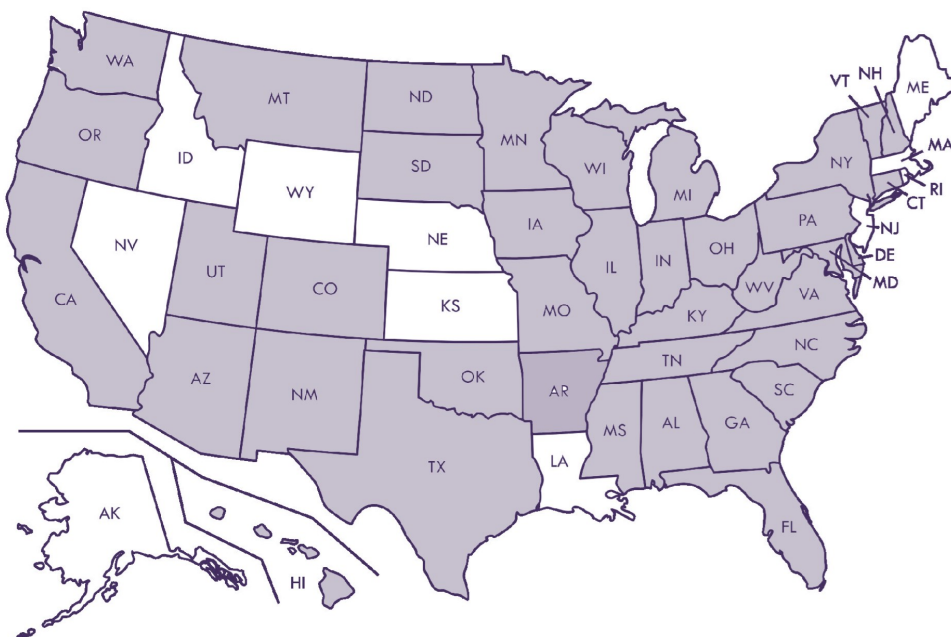
CONNECT

CONNECT VICTIMS BY PHONE TO A HOTLINE ADVOCATE

HOTLINE ADVOCATE SPEAKS TO THE VICTIM

FOLLOW-UP SERVICES BY PHONE OR VISIT TO DVSP

STATES WITH LAP IMPLEMENTERS



LAP IS CONDUCTED IN ALL OF MARYLAND, AND HAS BEEN IMPLEMENTED IN JURISDICTIONS IN 39 STATES ACROSS THE US.

 = LAP IMPLEMENTING

¹ The Danger Assessment: Validation of a Lethality Risk Assessment Instrument for Intimate Partner Femicide." Campbell, JC, et al. 2009. "Journal of Interpersonal Violence. 24(4): 653-674.

IMPLEMENTING AGENCIES IN MARYLAND

LAW ENFORCEMENT ON-SCENE SCREENS: Seventy-one Maryland-based law enforcement agencies are currently sending in data regarding their LAP implementation. Specifically they are administering a Lethality Screen to a domestic violence victim at the scene of an incident and connecting High-Danger victims to local domestic violence services.

SCREENS INITIATED BY HOSPITALS & HEALTH CARE PROVIDERS: Twelve hospitals and health care providers are currently collaborating with their local domestic violence program to implement the LAP. This practice allows health care professionals to administer a Lethality Screen to a victim who is seeking medical attention and directly connect them to local services.

SCREENS INITIATED FOLLOWING INTERIM AND TEMPORARY PROTECTIVE ORDER HEARINGS: Five law enforcement agencies have implemented the LAP in courthouses after interim and temporary protective order hearings. The deputies and advocates utilize their contact with victims who are seeking protective orders to assess their risk of lethality and directly connect them to local domestic violence services.

SCREENS INITIATED AT STATE DEPARTMENTS: Department of Human Services (DHS) staff administers Lethality Screens to victims who are referred to or seek services from Child Protective Services or Adult Protective Services. Currently 21 Department of Human Resources agencies are participating in the LAP. Often this process is an opportunity for a victim to seek assistance when the focus may primarily be on their child. It offers a victim an additional opportunity to be connected with life-saving domestic violence services.

SCREENS INITIATED BY DOMESTIC VIOLENCE PROGRAMS FROM VICTIM-INITIATED CALLS: Twelve domestic violence service programs (DVSP) are assessing for lethality domestic violence victims and survivors who call their hotline or contact the program. This practice is domestic violence service program-initiated LAP, as the DVSP is initiating the Lethality Screen, rather than a law enforcement officer, health care provider, or state department.

NOTE: The added totals of High Danger and Non-High Danger screens is less than the total number of Lethality Screens in the chart below because the chart is not reflective of the administered lethality screens that were unable to be completed due to the need for immediate medical attention and other similar circumstances.

UNDERSTANDING LE LAP

	AGENCIES SUBMITTING DATA	LETHALITY SCREENS	HIGH- DANGER	NON-HIGH DANGER	SPOKE TO HOTLINE	WENT INTO SERVICES
TOTAL 2020	71	9,585 (26/day)	4,498 (47%)	3,300 (34%)	1,441 (32%)	790 (18%)

AGENCIES SUBMITTING DATA: Although there are close to 100 law enforcement agencies implementing the LAP in Maryland, only 71 submitted data for January-December 2020.

LETHALITY SCREENS: Total number of Lethality Screens administered by the participating Lethality Screen-administering agency. This number should include the total number of High-Danger, and Non High-Danger, Lethality Screens that were collected.

HIGH-DANGER: Number of Lethality Screens where the victim has been assessed as being "High-Danger," either based on the victim's answers on the Lethality Screen, or on the belief of the practitioner. This number is a combination of the High-Danger assessments based on the Lethality Screen and the practitioner's belief.

PERCENTAGE OF HIGH DANGER: Calculation that divides the number of High-Danger Lethality Screens by the total number of Lethality Screens.

NON-HIGH DANGER: Number of Lethality Screens where the victim has been assessed as being "Non-High Danger."

PERCENTAGE OF NON-HIGH DANGER: Calculation that divides the number of Non-High Danger Lethality Screens by the total number of Lethality Screens.

SPOKE TO HOTLINE ADVOCATE: Number of High-Danger victims who spoke by phone to the hotline advocate after being encouraged by the practitioner to do so.

PERCENTAGE OF SPOKE TO HOTLINE ADVOCATE: Calculation that divides the number of victims who spoke to the hotline advocate by the number of High-Danger Screens.

WENT TO SERVICES: The number of High-Danger victims who spoke on the phone to the hotline advocate during the practitioner-initiated call, who also availed themselves of the DVSP services. This includes any High-Danger victim who went to an intake appointment, into shelter, engaged in counseling or crisis management, attended support group meetings, received legal advocacy, obtained transitional housing, etc.

PERCENTAGE WENT TO SERVICES: Calculation that divides the number of High-Danger victims who engaged in DVSP services by the number of High-Danger Screens.

2020 STATEWIDE MARYLAND LAP DATA



12,168

LETHALITY SCREENS
CONDUCTED



6,260 (51%)

SCREENS CONSIDERED
HIGH DANGER



2,845 (45%)

HIGH DANGER VICTIMS
SPOKE WITH A HOTLINE
ADVOCATE



1,881 (30%)

HIGH DANGER VICTIMS
SPOKE WITH AN ADVOCATE
AND FOLLOWED UP ON
SERVICES

	AGENCIES SUBMITTING DATA	LETHALITY SCREENS	HIGH-DANGER	NON-HIGH DANGER	SPOKE TO HOTLINE	WENT INTO SERVICES
LAW ENFORCEMENT	71	9,585	4,498	3,300	1,441	790
HEALTH CARE	12	565	398	145	262	162
TPO	5	301	245	41	144	127
DHS	21	805	399	340	154	92
DVSP	12	912	720	183	844	710
TOTAL 2020	121	12,168	6,260 (51%)	4,009 (33%)	2,845 (45%)	1,881 (30%)

EVEN WITH THE ONGOING COVID-19 PANDEMIC, WHICH MADE ACCESSING AND SCREENING VICTIMS MORE CHALLENGING (CONTRIBUTING TO THE LOWER OVERALL NUMBER OF SCREENS COMPARED TO PREVIOUS YEARS), 1,881 VICTIMS RECEIVED SERVICES WHO OTHERWISE MAY NOT HAVE, DUE TO THE LAP. THANK YOU TO OUR PARTNERS FOR THEIR TIRELESS EFFORTS DURING THIS YEAR OF UNPRECEDENTED CHALLENGES. MNADV IS DEEPLY GRATEFUL FOR YOUR COMMITMENT TO VICTIMS.

	TOTAL NUMBER AND PERCENTAGE OF HIGH-DANGER VICTIMS GOING INTO SERVICES IN 2020
LAW ENFORCEMENT	790 (18%)
HOSPITAL SCREENS	162 (41%)
TPO/IPO HEARINGS	127 (52%)
DEPARTMENT OF HUMAN SERVICES	92 (23%)
DVSP VICTIM-INITIATED CALLS	710 (99%)
TOTAL - 2020	1,881 (30%)
TOTAL - 2019	2,244 (56%)
TOTAL - 2018	1,472 (56%)
TOTAL - 2017	2,578 (60%)
TOTAL - 2016	2,721 (52%)

FATALITY REVIEW

WHAT DVFRTS DO

DOMESTIC VIOLENCE FATALITY REVIEW TEAMS (DVFRts) are teams of multi-disciplinary professionals and community members who come together to analyze cases of intimate partner homicides and near-homicides. There are similar fatality review teams for child death, overdose deaths, and elder abuse deaths.

Teams examine the circumstances of the homicide and earlier abusive incidents, the relationship history, as well as the individual histories of the victim and the perpetrator. Although teams primarily focus on intimate partner homicides, they are open to reviewing near-fatal incidents, suicides that are connected or related to intimate partner violence, and trends between homicidal incidents, e.g. strangulation, guns, etc.

Teams identify gaps in services and provide recommendations for improving agency, systemic, and statewide responses to victims of domestic violence. This review process looks for missed opportunities for intervention, opportunities for improvement, and areas for change that may have prevented the homicide or near-homicide. Their professional expertise is critical to preventing future deaths in Maryland.

IN MARYLAND, DVFRts ARE COMPRISED OF:

- Domestic Violence Service Providers;
- Law Enforcement Agencies;
- The State's Attorney's Office;
- The Department of Health;
- The Department of Human Services;
- The Domestic Violence Coordinating Council;
- Abuse Intervention Services Providers;
- The Department of Public Safety and Correctional Services;
- Hospitals;
- Judges and Clerks of the District and Circuit Courts;
- The Chief Medical Examiner's Office;
- Survivors of domestic violence; and,
- Any other person or entity deemed necessary by the team.

PURPOSE OF DVFRts

THE PRIMARY PURPOSE of DVFRts is to prevent domestic violence-related deaths by:

- **Promoting** a coordinated community response among agencies that provide service related to domestic violence
- **Identifying** gaps in service and developing an understanding of the causes of deaths related to domestic violence
- **Recommending** changes, plans, and action to improve:
 - Coordination related to domestic violence among member agencies
 - The response to domestic violence among member agencies
 - State and local laws, policies, and practices
- **Influencing** the adoption of the recommended changes, plans, and actions

MARYLAND DVFR LAW

HOUSE BILL 741 – Local Domestic Violence Fatality Review Teams was signed into law by Governor Robert **Ehrlich** on April 26, 2005. It became effective on July 1, 2005. The legislation enables counties to establish DVFRts, making Maryland the twenty-first state that passed legislation regarding domestic violence fatality review. It allows system partners to share records and examine the circumstances of a relationship from multiple perspectives without internal confidentiality limitations, risk of liability, or concerns about assigning blame. The domestic violence fatality review legislation, based on the legislation establishing child fatality review teams, is codified under the Family Law Article, Title 4, Subtitles 701-707 and the Courts and Judicial Proceedings Article, Title 5, Subtitle 637.

DVFR meetings are subject to the Open Meetings Act except when teams are discussing individual cases. Accordingly, each meeting may have closed and open portions, with associated closed and open agendas and meetings. DVFR meetings are exempt from disclosure requirements under the Public Information Act.

THE DVFRT PROCESS

1. SELECT CASE(S) FOR REVIEW—The review process begins with the selection of cases. Some DVFRTs use a case screening committee to identify cases that are appropriate for review, such as homicides, suicides, and cases of serious physical injury. Some teams obtain eligible cases from their prosecutor and/or law enforcement representative and decide as a full team which case they will next review. Other DVFRTs use a team consensus selection process guided generally by appointed team members.

2. GATHER INFORMATION—By request of the DVFRT chair, the team legally is granted access to team members' critical information, reports, and records relevant to the victim and the perpetrator. Teams can also request records and information from agencies that are not participating team members. The release of medical records is covered by HIPAA, and local teams work with the health facilities in their counties on an individual basis to seek the release of records.

3. CONDUCT INTERVIEWS—The team can decide to interview a family member or friend, or the perpetrator, to gather additional information. Interviews are conducted with great sensitivity, compassion, awareness, and caution. Individual team members or the entire team may conduct the interviews, depending on the preference of the interviewee. The team may choose not to interview certain family members, friends, or other individuals if they believe that such contact may be counterproductive or harmful in some way. In near-fatality cases, the survivor may be invited to address the DVFRT as part of the review.

4. DETERMINE RECOMMENDATIONS—Once the team has reviewed a case, they may create recommendations based on the case to improve and close gaps in the response to intimate partner violence in their community. All recommendations are identified to respect the privacy of the victim, the perpetrator, and their families. Team members will take back any recommendations to their individual agency with a request for consideration and action. At subsequent meetings, team member may provide feedback from their agency and report any actions taken. If the recommendation applies to laws, community practices, or entities other than those represented by the members, the team will create an action plan to effectuate the recommendations, often with the assistance and guidance of the MNADV.

5. CREATE ANNUAL REPORT—Each team may prepare an annual report that compiles their recommendations in order to provide information to the public, agencies, and organizations. The annual report is a public document that is used as a vehicle to promote social change. The report may not, by law, ascribe findings and recommendations to particular cases. The team may distribute its report to any agency, organization, or individual whom it believes can have a constructive effect on its recommendations.

TEAMS ESTABLISHED

TEAMS IN RED ARE NO LONGER ACTIVE OR WERE DISSOLVED.
THE NETWORK IS WORKING WITH MANY OF THESE COUNTIES

- ALLEGANY COUNTY, EST. 2007
- ANNE ARUNDEL COUNTY, EST. 2003
- BALTIMORE CITY, EST. 2006
- BALTIMORE COUNTY, EST. 2006
- CALVERT COUNTY, EST. 2004
- CARROLL COUNTY, EST. 2008
- CECIL COUNTY, EST. 2007
- CHARLES COUNTY, EST. 2008
- DORCHESTER COUNTY, EST. 2008
- FREDERICK COUNTY, EST. 2007
- GARRETT COUNTY, EST. 2007
- HARFORD COUNTY, EST. 2007
- HOWARD COUNTY, EST. 2005
- MONTGOMERY COUNTY, EST. 2005
- PRINCE GEORGE'S COUNTY, EST. 2006
- ST. MARY'S COUNTY, EST. 2007
- WASHINGTON COUNTY, EST. 2006
- WICOMICO COUNTY, EST. 2009
- WORCESTER COUNTY, EST. 2007

FATALITY REVIEW

TEAM COLLABORATION

AS THE STATEWIDE DOMESTIC VIOLENCE COALITION, the MNADV brings together victim service providers, allied professionals, and concerned individuals for the common purpose of reducing intimate partner violence and its harmful effects on our citizens. The MNADV accomplishes this goal by providing education, training, resources, and advocacy to advance victim safety and abusive partner accountability. For DVFRs specifically, the MNADV provides coordinated and individualized technical assistance and training, as well as regular convenings of the 19 teams to share information, support, and guidance. Beginning in 2020, the Network is also the housing body of the NEW Maryland Domestic Violence Fatality Review State Implementation Team, which will begin meeting in 2021.

STATEWIDE FORUMS

In 2020 MNADV convened two different forums of DVFR Chairs, Co-Chairs, and Coordinators, creating opportunities to discuss issues of statewide applicability and training, as well as guidance on local team processes and issues. The first of these forums, held in July, consisted of updates on the new state team project, a discussion of how the Covid-19 pandemic has impacted DVFR work and how to adapt the work to a virtual setting, and a review of statewide legal questions submitted to MNADV with a consensus discussion regarding these questions. The second forum took place in September, and involved a facilitated

ALTHOUGH STATEWIDE COLLABORATION is a critical component to effectively changing the high rate of domestic violence homicides, Maryland does not have a single, statewide domestic violence fatality review entity, as Maryland law only authorizes county-based teams to conduct case reviews on a local level.

In previous years, the local county based-teams had been doing great work around the state, making change on the local level, though over time it became apparent that many teams would identify similar trends and may even create similar recommendations, but did not have opportunities to coordinate their efforts.

Following the 2019 creation of the state team work group to address this issue and the decision for the statewide team to fall under the coordination of MNADV, the Covid-19 pandemic put a short pause on efforts to plan for the state team.

discussion regarding a webinar the chairs had watched. The webinar, conducted by Dr. Neil Websdale from the National Domestic Violence Fatality Review Initiative, addressed best practices for continuing DVFR work during the Covid-19 pandemic.

MNADV TECHNICAL ASSISTANCE

The MNADV provides technical assistance by attending meetings to share the experiences of other teams, offering state and national resources, creating electronic updates, and consulting regularly with team members. During calendar year 2020 MNADV staff attended 5 local DVFR meetings across the state, in which 60 professionals participated. This number is lower than usual due to the ongoing Covid-19 pandemic, which created challenges for local teams, and prevented many from meeting during the calendar year. MNADV continued assisting teams throughout the pandemic by providing information on local resources, contact information to keep teams connected to their partners in this work, and information on conducting fatality reviews virtually and keeping member engagement up. MNADV staff also provided two technical assistance consultations and presentations on DVFR history, purpose, best practices, and the Maryland landscape and statute to two different counties.

UNIFYING MARYLAND'S RESPONSE

However, in 2020, efforts were reinvigorated virtually. The work group determined that under the coordination of MNADV, this new team would review county team recommendations and work to implement them at the state level. This multidisciplinary group would include a diverse group of stakeholders from all regions of Maryland to address changes that can impact all of Maryland to reduce domestic violence related fatalities.

To prepare for this process, MNADV partnered with the Johns Hopkins University Bloomberg School of Public Health and their intern placement at MNADV, MaLaysia Mitchell, to conduct a thematic analysis of all submitted county DVFR recommendations from 2007-2020; this research served as the guiding force in creating the statewide team's structure and priorities in 2021.

Plans were made to hire a new staff person to coordinate, recruit, and draft documents for the team. This staff person, who was hired in early 2021, plans to have the new Maryland Domestic Violence Fatality Review State implementation Team meet in September 2021.

ABOUT MNADV

OUR VISION

One day Maryland will be a state where families and relationships thrive on mutual trust and respect and where there is no place for violence.

OUR MISSION

The Maryland Network Against Domestic Violence (MNADV) is the state domestic violence coalition that brings together victim service providers, allied professionals, and concerned individuals for the common purpose of reducing intimate partner and family violence and its harmful effects on our citizens. The Network accomplishes this goal by providing education, training, resources, and advocacy to advance victim safety and abuser accountability.

VISIT US ONLINE TO BECOME A MEMBER, ACCESS RESOURCES,
DONATE, ORDER OUTREACH PUBLICATIONS, GET INVOLVED
IN LEGISLATIVE ADVOCACY, OR REQUEST A
TRAINING FOR YOUR AGENCY!



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