# FIRST ANNUAL REPORT

## 2021-2022

## MARYLAND DOMESTIC VIOLENCE FATALITY REVIEW STATE IMPLEMENTATION TEAM (MD-DVFRSIT)

mnadv
Maryland Network Against Domestic Violence

MD-DVFRSIT
An Initiative of the MNADV

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## DEDICATION

**This report is dedicated to all those who have lost their lives due to intimate partner violence in Maryland and the dedicated professionals who reviewed their cases in hopes of preventing future tragedies.**

# INTRODUCTION

**Dear Community Partner,**

The Maryland Network Against Domestic Violence (MNADV) and The Maryland Domestic Violence Fatality Review State Implementation Team (MD-DVFRSIT) are proud to release our first annual MD-DVFRSIT Report. This report serves to provide a detailed snapshot of intimate partner violence related homicide and suicide trends in Maryland as of the team's inception in 2021, an account of team and subcommittee progress throughout the team's inaugural term, and an evaluation of the team's efforts by its guiding body, The Survivor Advisory Board.

Brought about by MNADV, local Domestic Violence Fatality Review Teams (DVFRTs), and over 70 professionals from 18 of Maryland's jurisdictions, this team seeks to reduce the number of lives lost in Maryland each year to intimate partner violence. Through the statewide implementation of homicide prevention recommendations contributed by local DVFRTs, this team envisions and works to build a Maryland where all people can live lives free of violence.

As Maryland's state domestic violence coalition, we strive 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. As such, this team is one of many initiatives the coalition spearheads in pursuit of this goal. While both 2020 and 2021 saw rising intimate partner violence related death rates, it is our commitment that this team will be part of a broader strategy for change. We hope this report will demonstrate the benefits of a coordinated, statewide response to homicide prevention.

This team is a truly collaborative effort. Thank you to all that have contributed to this team and this report: from local DVFRT members, to the work group members who helped MNADV design and build this team, to past and future MD-DVFRSIT member agencies and individuals.

Thank you for volunteering your expertise in pursuit of a safer Maryland. We look forward to building upon this year's success.

In gratitude,

Mariesa Robinson
Prevention Coordinator
Maryland Network Against Domestic Violence


## ACKNOWLEDGEMENTS

**This report is the product of efforts by all MD-DVFRSIT 2021-2022 Chairs, Members, and the MNADV Team Coordinator. Special thanks to the Survivor Advisory Board for their detailed team evaluation, their bravery, and their leadership.**

# OVERVIEW OF THE TEAM

The Maryland Domestic Violence Fatality Review State Implementation Team (MD-DVFRSIT) was formed in 2021 by the MNADV and a work group comprised of representatives from 5 local teams. This volunteer implementation body brings statewide changemakers together to close the feedback loop between local teams reviewing cases and recommending changes, and those changes actually being implemented in order to decrease the prevalence of intimate partner related homicide in Maryland. This report documents the progress made during the inaugural term of this initiative.

## Mission Statement

The Maryland Domestic Violence Fatality Review State Implementation Team (DVFRSIT), a multi-disciplinary group of experts with the knowledge and ability to enact change, reviews the recommendations of county DVFRTs, identifies trends and patterns in those recommendations, and works to enact those systemic and societal improvements throughout the state of Maryland.

## Vision Statement and Team Responsibilities

Statewide collaboration is a critical component to effectively changing the high rate of domestic violence homicides in Maryland. Often, local county based teams will identify similar trends and may even create similar recommendations, but do not have opportunities to coordinate their efforts. The intention of a statewide team is to identify trends and systemic gaps on a statewide level, for the purpose of creating solutions that can impact all of Maryland. The statewide team falls under the purview and coordination of MNADV.

The Maryland Domestic Violence Fatality Review State Implementation Team's responsibilities will entail:

- Convening with representatives from numerous local teams and partner agencies in Maryland a pre-determined number of meetings per year;
- Collecting and reviewing local-team recommendations;
- Determining which recommendations are viable for implementation by discussion and majority vote of the Core Team and assigning these recommendations to subcommittees to implement;
- Assisting in implementing recommendations, plans, and actions to improve coordination related to domestic violence by individual member agencies, laws, policies, and practices on a statewide level;
- Promoting a coordinated statewide response among agencies that provide services related to domestic violence;
- Providing technical assistance and guidance to local teams.

# Guiding Principles

1. The MD-DVFRSIT will implement recommendations at a statewide level that help reach the goal of a violence free Maryland.

2. The MD-DVFRSIT places special emphasis on diversity, inclusion, and serving those most at risk of experiencing a domestic violence related fatality: it invites input from all regions of Maryland, with special focus on creating solutions that impact all of Maryland.

3. MD-DVFRSIT members offer each other support and compassion, taking on this process with the sensitivity and respect for one another needed to facilitate success.

4. MD-DVFRSIT team members acknowledge, respect, and learn from the expertise and wisdom of all who participate in the implementation body, regardless of their status as core or subcommittee member, their titles or roles therein.

5. The MD-DVFRSIT works to honor victims and victim family members, by promoting projects that prevent future deaths and near fatalities, better serve survivors and surviving family in Maryland, and which acknowledge the need for a coordinated community response including but never limited to the Criminal Justice System.

6. The MD-DVFRSIT is committed to operating in a professional manner, free from shame, blame, or the hierarchization of skillset.

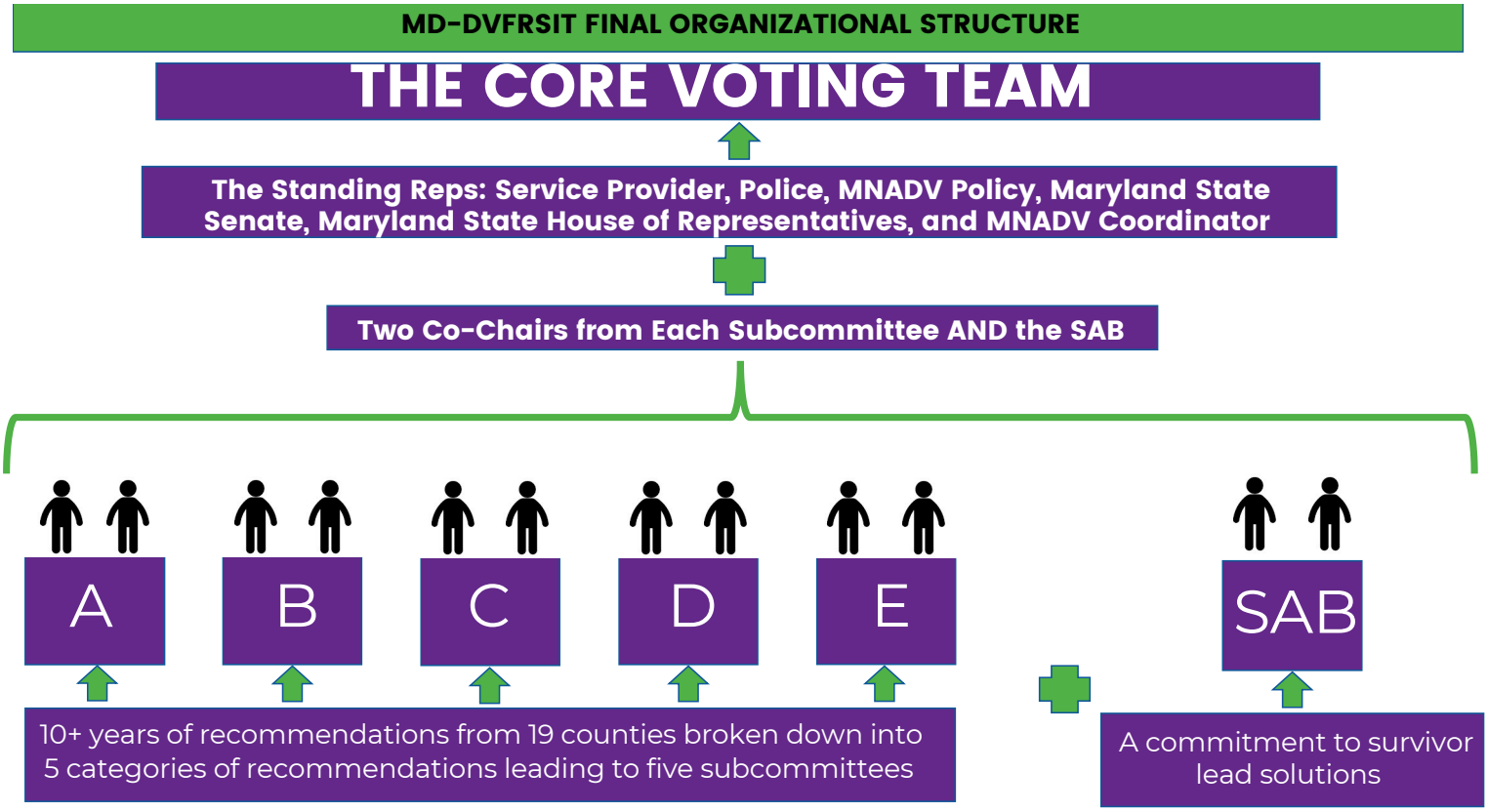
7. The MD-DVFRSIT has a mutually beneficial and respectful relationship with county teams and is created to serve county teams as their partner implementation body. County team members are invited to the statewide team, consulted regarding which recommendations to move forward, and are offered technical assistance.

8. Members of the MD-DVFRSIT attend meetings consistently, commit to their portion of projects with fervor, and share responsibilities and workload.[1]

1 Because Maryland has 23 counties and the separate jurisdiction of Baltimore City, meaning there are 24 unique jurisdictions with the ability to house a Domestic Violence Fatality Review Team and submit recommendations, this document uses county/ jurisdiction, county, and local team language interchangeably.

# STRUCTURE, MEMBERS, AND RECOMMENDATIONS

The main body of the team, who decides which recommendations are feasible in their expertise area and then guides the subcommittees on implementation, is the Core Team. This Core Team consists of 18 individuals: the two co-chairs of each of the five subcommittees, the two co-chairs of the Survivor Advisory Board, the MNADV Policy Director, the MNADV Prevention Coordinator, one higher level police representative (due to the high level of criminal justice focused recommendations), one DV service provider representative, one Maryland State Delegate, and one Maryland State Senator.




Acknowledging that survivors should be empowered to guide domestic violence policy and programming, a Survivor Advisory Board acts as a standing subcommittee to provide feedback on which recommendations to move forward and on the general process and activities of the Core Team and its subcommittees. This concept comes from the literature on domestic violence coordinating councils, where expert recommendations for said councils often suggest the formation of a survivor oversight body. While the Survivor Advisory Board is exclusively an oversight body and not obligated to take on projects, individual survivors are welcomed into other subcommittees as the survivors see fit, so they may work on implementation projects therein at their discretion.



2 Allen, N. E., Javdani, S., Anderson, C. J., Rana, S., Newman, D., Todd, N., . . . Davis, S. (2010). Coordinating the Criminal Justice Response to Intimate Partner Violence: The Effectiveness of Councils in Producing Systems Change. A Research Report Submit- ted to the U.S. Department of Justice. Retrieved from https://www.ojp.gov/pdffiles1/nij/grants/229248.pdf.

The 5 standing subcommittees, who take the area specific recommendations chosen by the Core Team, design plans to implement them, and then work to implement them at the state level are known as subcommittees A-E. These subcommittees are created in line with the five categorizations of types of recommendations submitted to MNADV by county teams from 2007-2020, based on a thematic analysis conducted in conjunction with the John Hopkins Bloomberg School of Public Health and their intern placement at MNADV, MaLaysia Mitchell.

## Summary of Recommendations

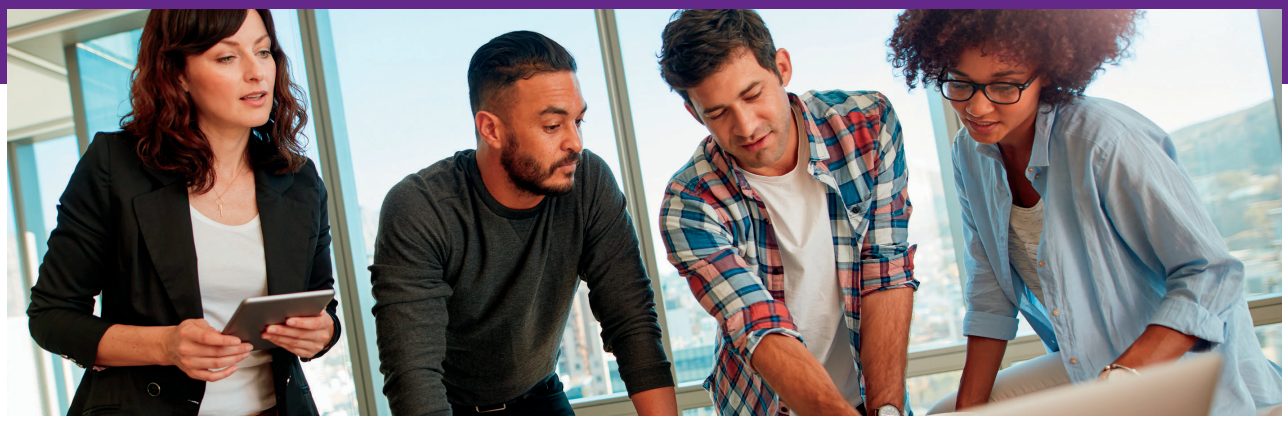
- Baltimore City, Baltimore County, and Prince George's County accounted for over 75% of recommendations made between 2007 and 2020.
- Out of 206 recommendations, 78 (38%) were proposed to support the justice system through protocol updates, education and training, and policy changes.
- 35% of recommendations were for continued education or training. The topics ranged widely, but frequently aimed to support the justice system (courts, judges, attorneys, and law enforcement) and community service providers.
- The top community partners included law enforcement, community service providers, and the court system.

## Subcommittees and Areas of Influence

- **SUBCOMMITTEE A:** Criminal Justice Protocols and Response—Of the 78 recommendations related to the justice system, this subcommittee focuses only on those related to protocol, response, and policy specifically for justice system actors.
- **SUBCOMMITTEE B:** Public Health and Medical Response—This subcommittee addresses any medical, mental health, or public health policy and programming recommendations. Some health education/ training initiatives are the purview of this committee.
- **SUBCOMMITTEE C:** Education and Training—Approximately 73 recommendations relate to continued education, research, and training. These are community, service provider, and criminal justice level needs. Some highly specific elements are allocated to other committees, but the majority are addressed here.
- **SUBCOMMITTEE D:** Community Services—This subcommittee focuses on coordinated community response and non-criminal justice related recommendations including increasing provider capacity regarding male victims and LGBTQIA+ issues, abuse intervention programs, basic needs services, and faith-based partnerships.
- **SUBCOMMITTEE E:** Children's Programming—This subcommittee focuses primarily on protocol for children whose parents are part of the criminal justice system due to domestic violence or who witness a fatality and school prevention programming.

3 Mitchell, M. (2020). DOMESTIC VIOLENCE FATALITY REVIEW TEAM ANNUAL RECOMMENDATIONS OVERVIEW. A Report Created in Conjunction with MNADV and the Johns Hopkins Bloomberg School of Public Health.

# Members



**The following chart acknowledges the members of each of these groups for their efforts during the inaugural term of MD-DVFRSIT.**

## Core Team

| Name | Team Role | County/Jurisdiction |
|---|---|---|
| Christian Lassiter | Co-Chair Subcommittee A | Baltimore City |
| Amy Hott | Co-Chair Subcommittee A | Statewide |
| Tania Araya | Co-Chair Subcommittee B | Baltimore City |
| Dr. Jessica Volz | Co-Chair Subcommittee B | Montgomery |
| Ngozi Obineme | Co-Chair Subcommittee C | Montgomery |
| Dr. Bent-Goodley | Co-Chair Subcommittee C | Prince George's |
| Jacqueline R. Scott | Co-Chair Subcommittee D | Howard |
| Maura Vilkoski | Co-Chair Subcommittee D | Calvert |
| Connie Phelps | Co-Chair SAB | Baltimore County |
| Reverend Sakima Romero-Chandler | Co-Chair SAB | Frederick |
| Erica LeMon | Co-Chair Subcommittee E | Statewide |
| Kathryn Marsh | Co-Chair Subcommittee E | Charles |
| Colonel Darrin C Palmer | Police Rep, Subcommittee A | Prince George's |
| Taylor Spencer Davis | Service Provider Rep | St. Mary's |
| Senator Shelly Hettleman | Senator Rep | Baltimore, Statewide |
| Del. Vanessa Atterbeary | Delegate Rep | Howard, Statewide |
| Melanie Shapiro | MNADV Policy Standing Rep | MNADV |
| Mariesa Robinson | MNADV Team Coordinator | MNADV |

# SURVIVOR ADVISORY BOARD

| Name | County/Jurisdiction |
|---|---|
| CO-CHAIR: Reverend Sakima Romero-Chandler | Frederick |
| CO-CHAIR: Connie Phelps | Baltimore County |
| Allison Baker | Calvert |
| Beverly Reddy | Baltimore City |
| Norwood Johnson | Baltimore City |
| Rose Saad | Frederick |
| Cheryl Price | Prince George's |
| Tya Johnson | Prince George's |
| Amanda Tenorio | Prince George's |
| Elizabeth Campbell | Calvert |
| Diana Slick | Frederick |
| China Boone | Washington |
| Susan Tucci | Frederick |

# SUBCOMMITTEE A:
# Criminal Justice Protocol and Response

| Name | County/Jurisdiction |
|---|---|
| CO-CHAIR: Christian Lassiter | Baltimore City |
| CO-CHAIR: Amy Hott | Howard |
| Police Rep: Colonel Darrin C. Palmer | Prince George's |
| Sharon DiMaggio | Calvert |
| Sgt. Kemery Hunt | Calvert |
| Kristina L. Watkowski, Esq. | Worcester, Wicomico, Somerset, Dorchester |
| Angela Oetting | Baltimore City |
| Jason DuBard | St Mary's, Charles, and Calvert, Anne Arundel |
| Christina Feehan | Wicomico/Worcester/Somerset |
| Brett Engler | Frederick |

## SUBCOMMITTEE B:
## Public Health & Medical Response

| Name | County/Jurisdiction |
|---|---|
| Co-CHAIR: Tania Araya | Baltimore City |
| Co-Chair: Dr. Jessica Volz | Montgomery |
| Rae Leonard | Anne Arundel |
| Dr. Evelyn Shukat | Montgomery |
| Rosalyn Berkowitz | Baltimore County & Howard County |
| Yvonne Dawkins | Calvert and St. Mary's |
| Dr. Pamela Holtzinger | Frederick |
| Meaghan Tarquinio | Frederick |
| Erin Wilkins | Calvert |
| Ann Winklbauer | Frederick |
| Katie Wells | Montgomery |
| Jen McNew | Washington |

## SUBCOMMITTEE C:
## Education and Training

| Name | County/Jurisdiction |
|---|---|
| CO-CHAIR: Dr. Bent Goodley | Prince George's |
| CO-CHAIR: Ngozi Obineme | Montgomery |
| Dr. Johnny Rice | Prince George's/Baltimore |
| Melissa Hoppmeyer | City Prince George's |
| Smita Varia | Montgomery |
| Vickie Sneed | Baltimore County |
| Sharon DiMaggio | Calvert |
| Dave Thomas | Statewide, Montgomery |
| Stephanie Romano | Baltimore City |
| Captain Derek Peck | Statewide |
| Captain Bobby Jones | Statewide |
| Rebecca Baldwin | Montgomery |
| Lauren Dougherty | Baltimore City |
| Sierra Egan | Prince George's |
| Jessica Garth | Prince George's |

## SUBCOMMITTEE D:
## Community Services

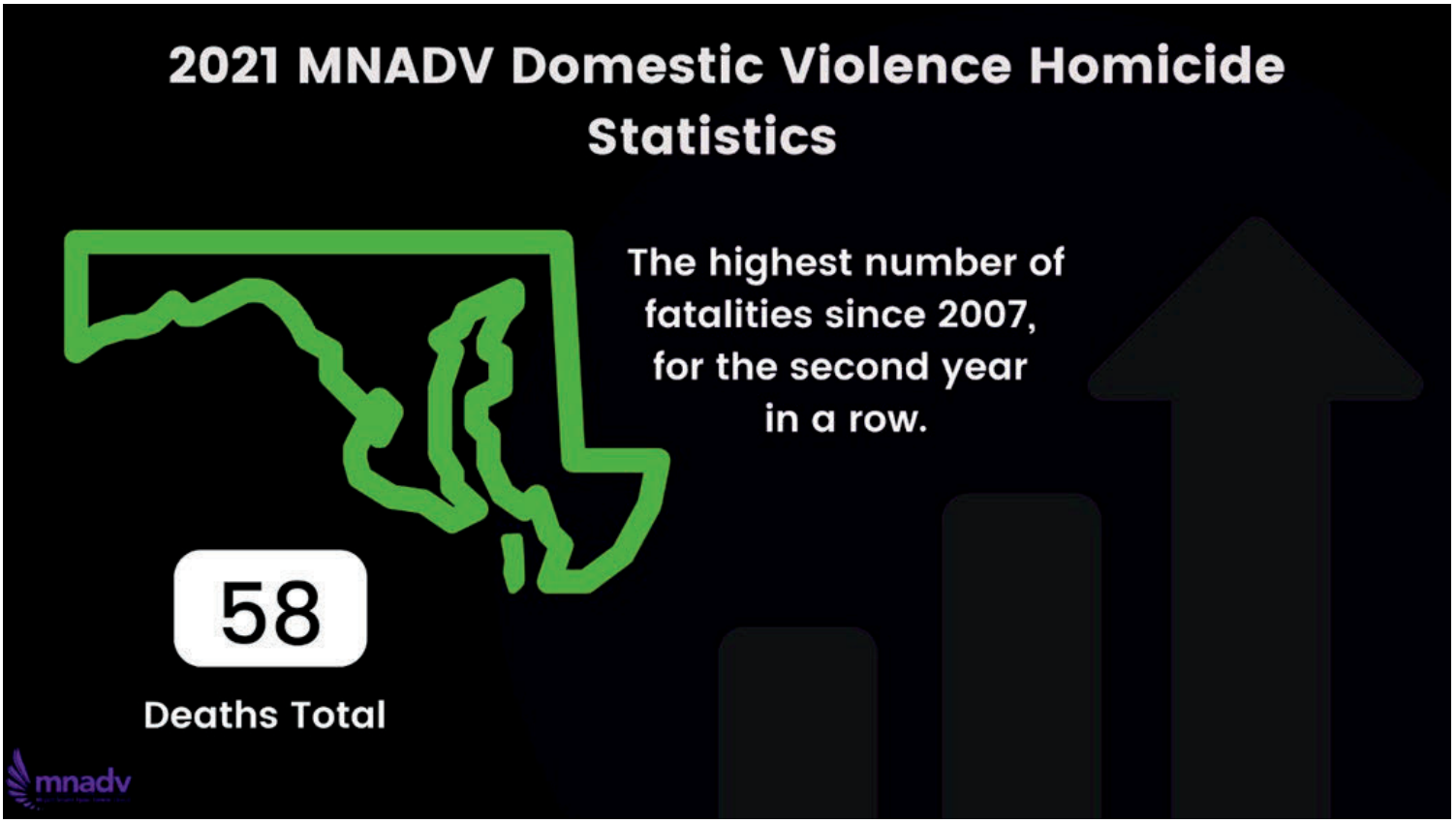
| Name | County/Jurisdiction |
|---|---|
| CO-CHAIR: Maura Vilkoski | Calvert |
| CO-CHAIR: Jacqueline R. Scott | Howard |
| Service Provider Rep: Taylor Spencer Davis | St. Mary's |
| Mx. C.P. Hoffman, Esq. | Baltimore City, Prince George's, Statewide |
| Arleen Joell | Prince George's |
| Wendy Lee | Baltimore City |
| Nicole Jackman | Carroll |
| Estefanìa Simich | Harford/Baltimore |
| Heather Hanline | Garrett |
| Corae Young | Charles |
| Katie Lyons | Howard, Carroll |
| Dr. Durryle Brooks | Baltimore City |
| Amanda Ketchen | Calvert |
| Jackie Rhone | Prince George's |
| Lisa Enriquez | Howard and Carroll Previously: Anne Arundel and Baltimore City |
| Jessica Foster | Charles |

## SUBCOMMITTEE E:
## Children's Programming

| Name | County/Jurisdiction |
|---|---|
| CO-CHAIR: Erica LeMon | Statewide |
| CO-CHAIR: Kathryn Marsh | Charles |
| Jessica Dickerson | Statewide |
| Sara Lewis | Statewide |
| Dr. Sheryl Brissett Chapman | Montgomery, |
| Dr. Elizabeth Aparicio | Statewide Prince George's |
| Jackie Rhone | Prince George's |
| Leslie Seid Margolis | Statewide |

# 2021 HOMICIDE TRENDS

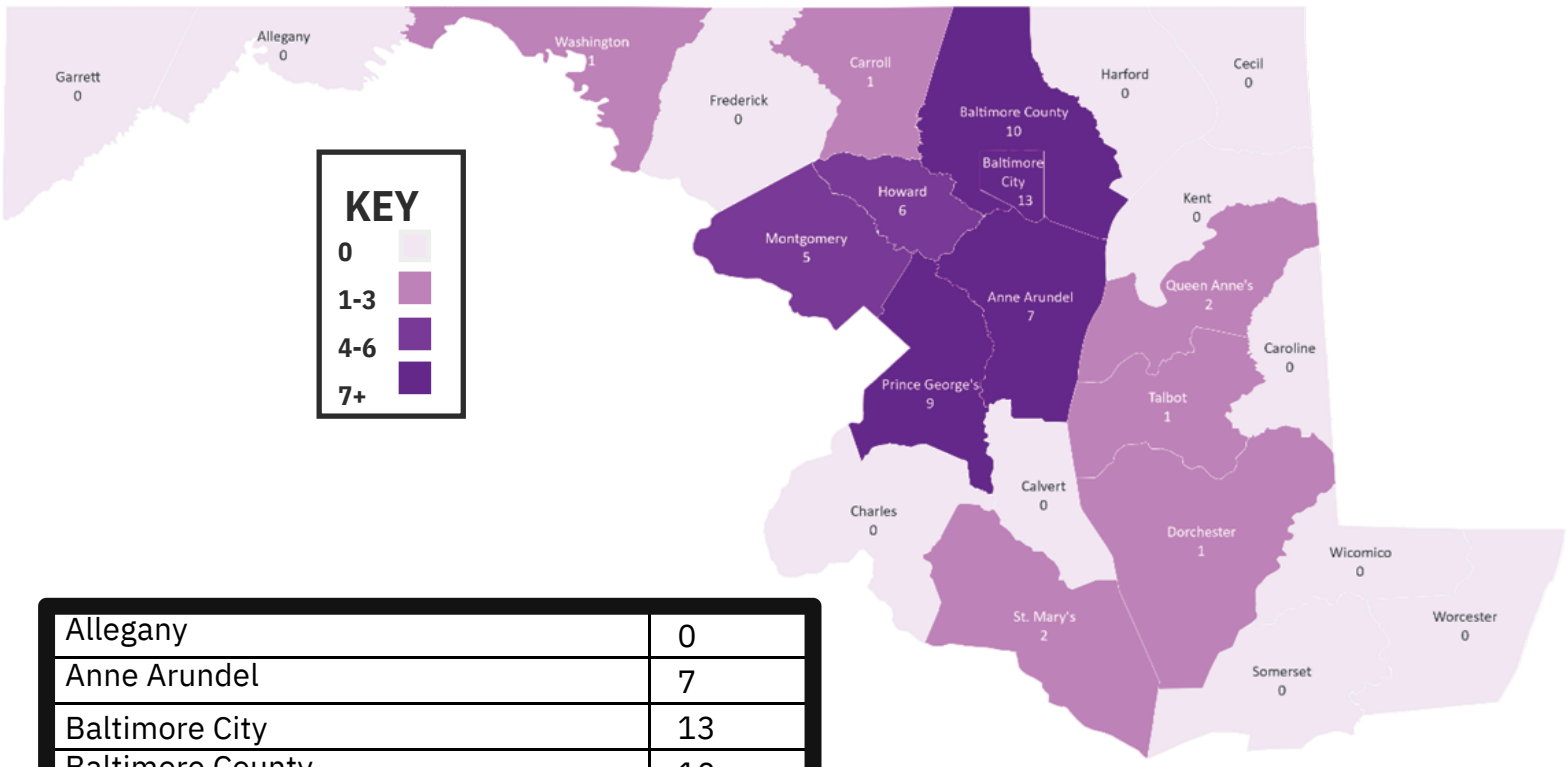
The MD-DVFRSIT was created out of necessity. In 2020, The Maryland Network Against Domestic Violence (who tracks and analyzes trends in intimate partner violence related deaths each year) recorded a drastic increase in fatalities compared to previous years (the highest number since 2007 at 56 lives lost). The numbers for 2021 were even more heartbreaking. In 2021, a staggering 58 Marylanders lost their lives due to intimate partner violence.[4]




**Broken down by county/jurisdiction, it is apparent that no region of Maryland is unaffected by this issue.**

4 The information in this report was compiled by MNADV's Prevention Coordinator, Mariesa Robinson, in 2022 after data analysis of these 58 cases from 2021. Any reference to previous years comes from data analyses compiled by previous MNADV homicide trackers. All data listed, unless otherwise cited, is attributed to MNADV.

# Deaths by County/Jurisdiction




| | |
|---|---|
| Allegany | 0 |
| Anne Arundel | 7 |
| Baltimore City | 13 |
| Baltimore County | 10 |
| Calvert | 0 |
| Caroline | 0 |
| Carroll | 1 |
| Cecil | 0 |
| Charles | 0 |
| Dorchester | 1 |
| Frederick | 0 |
| Garrett | 0 |
| Harford | 0 |
| Howard | 6 |
| Kent | 0 |
| Montgomery | 5 |
| Prince George's | 9 |
| Queen Anne's | 2 |
| St. Mary's | 2 |
| Somerset | 0 |
| Talbot | 1 |
| Washington | 1 |
| Wicomico | 0 |
| Worcester | 0 |

# Deaths by Category of Victim

Of these 58, 37 were the intimate partner victims in abusive relationships.


Outside of these intimate partner victims, 13 of those lost to domestic violence were abusive partners, five (including two minor children) were bystanders, and three others were killed within a situation of domestic violence wherein the dynamics are still being determined by the legal system.

# 42 Victims of Domestic Violence Were Killed

Age Range: 6 years to 72 years old.

## 37 Intimate Partners Died

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

1 woman was killed by her fiancé.

22 women were killed by their current or ex-boyfriend.

2 men were killed by their current or ex-boyfriend.

1 woman was killed by her unborn child's father and two accomplices.

1 woman was killed by her ex-girlfriend.

1 man was killed by his girlfriend and her daughter.

## 5 Bystanders Died

1 man and wife were killed by his mother's ex-boyfriend.

1 girl was killed by her mother's ex-boyfriend.

1 boy was killed by his step-father.

1 man was killed by his girlfriend's ex-boyfriend.

3 men lost life due to domestic violence dynamics. *Details of cases are unknown due to pending legal action.

## 13 Abusive Partners Died

**12 men attempted or completed murder-suicide, while an additional man was killed by police while attempting to harm his partner.**

Regarding the three men who died due to intimate partner dynamics pending legal action, one was killed by his wife, one by his ex-girlfriend's current boyfriend, and one by his girlfriend.

# Gender Dynamics

Regarding the gendered dynamics of these crimes, most of those who lost their lives were women and most of the perpetrators were men.

Of overall lives lost (intimate partner, bystander, pending cases, and abusive partners), 62% were women. Of identified non-abusive partner victims (intimate partner and bystanders), 86% were women. Of intimate partner victims, 92% were women.

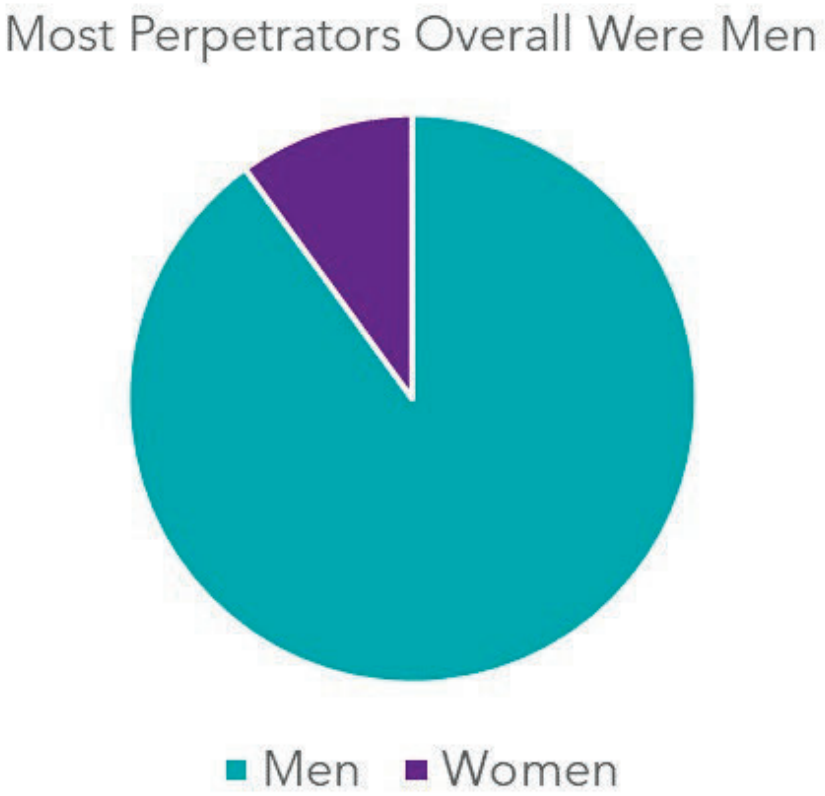

Similarly, 97% of women who died (both intimate partner and bystanders—no women were victims are pending legal action and no women abusive partners died) were killed by men, while 3% were killed by another woman.

Of all men who died (including pending cases and abusive partners), 86% were killed by other men.

All but six perpetrators of the 58 total deaths (61 unique one to one perpetrators or accomplices in a homicide or suicide) were men.

There was one case with three perpetrators of whom one was a woman, one case with two female perpetrators, one case where the only perpetrator was a woman, and two cases where the perpetrators were women but they may have been acting in self-defense.

As such, regarding perpetrators overall (when each death, for statistical purposes, is matched one to one with each perpetrator), 90% of perpetrators were men.




**43%**
of 2021

deaths were within a murder suicide or double murder suicide.

Of 54 identified abusive partners (excluding pending cases and non-abusive partner accomplices, including double homicide perpetrators in which a non-intimate partner bystander died only once, and including the double homicide suicide in which two past intimate partners were killed twice as two statistically unique abusive relationships), 96% were men.

Of abusive partners who lost their lives, 100% were men, and 92% took their own life.

100% of the victims in pending cases (where it has not been determined if the person who perpetrated the crime or the person who lost their life was the predominant aggressor), were men.

# Age Trends

The ages of all 58 people who lost their lives ranged from 6 years to 72 years old.

Most victims were between 18 and 45 (72% of them), while 33% alone were between 26 and 35.

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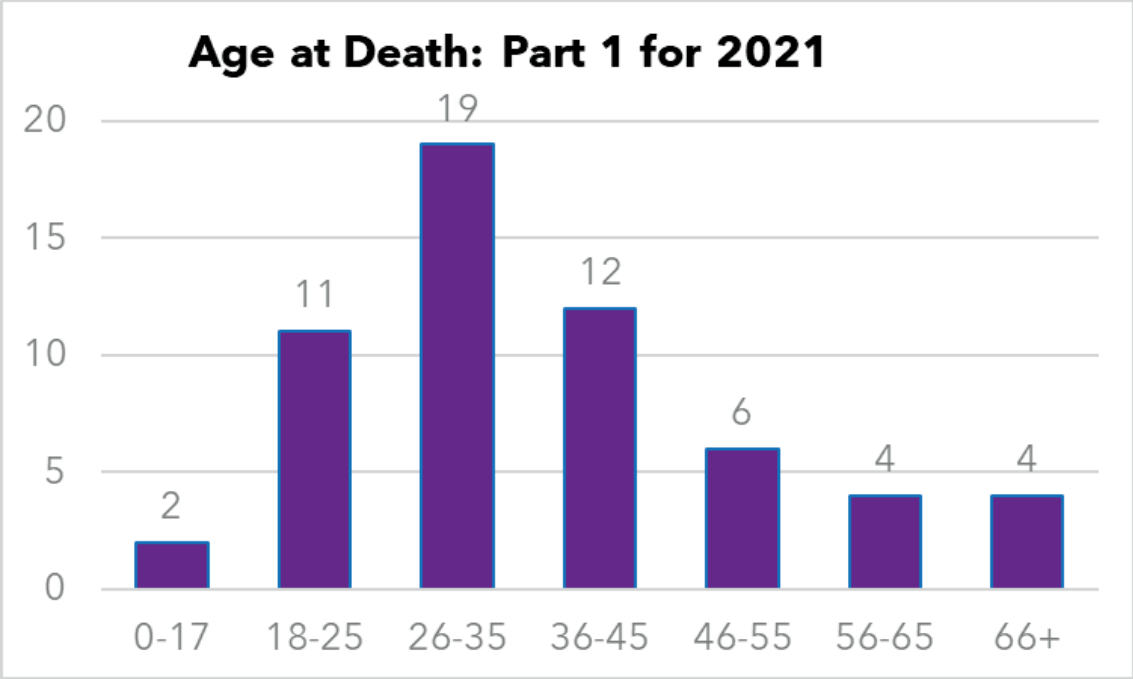
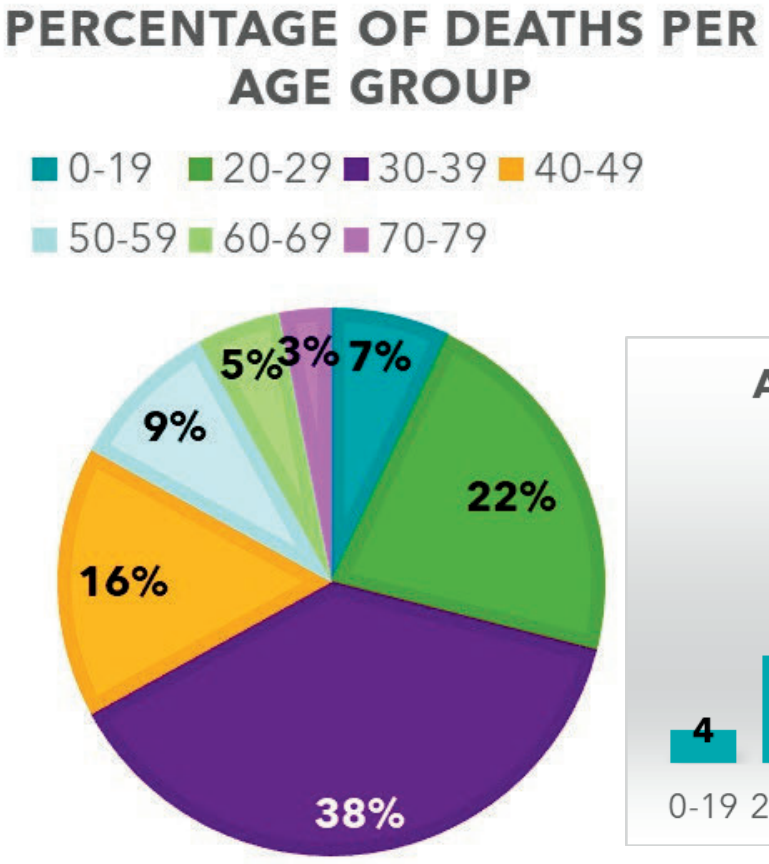
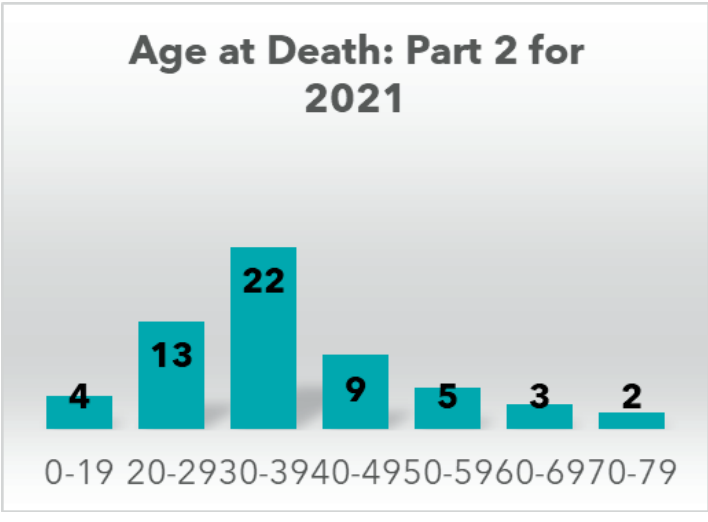


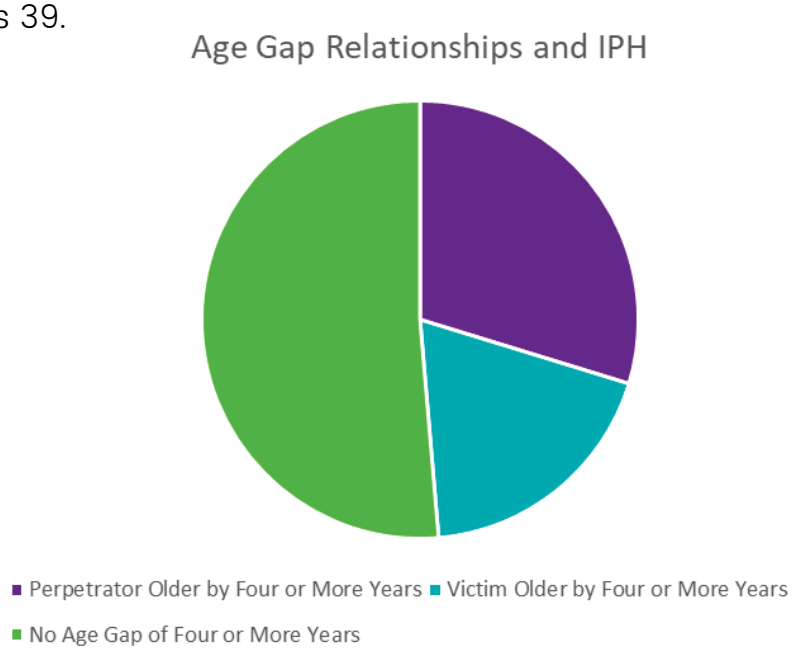

The most common age at death was 31, the median age was 33, and a startling 38% of deaths were attributed to people in their 30s.



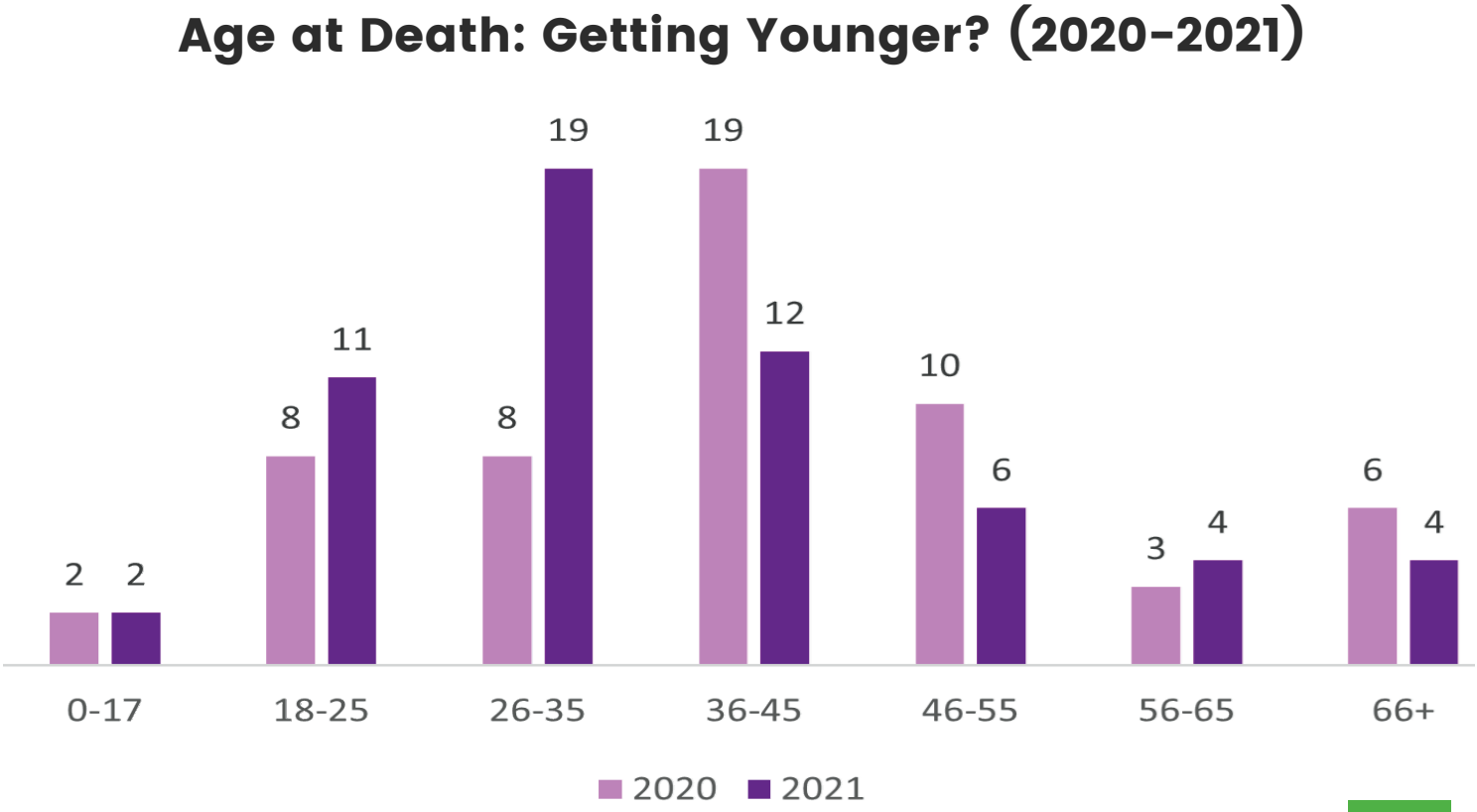



More trends become apparent when analyses are divided between victims of homicide (both intimate partner and bystanders) and perpetrators (including those who took their own lives). For victims, the average age at death was 35. For perpetrators, the average age at perpetration was 39.

A total of 18 intimate partner deaths occurred in the context of a relationships with an age gap of four or more years. In 11 of these cases, the perpetrator was older, but in seven, the victim was. The largest age gap involved a perpetrator who was 24 years older than their intimate partner victim.




Victims were younger on aggregate than in 2020, with more victims (52%) dying at ages 18-35 than previously seen in 2020 (28.5%) where most victims were ages 36-55 (53.5%).



# The Children Left Behind

Yet, the dead are not the only victims. Approximately 47 children under the age of 18 were left without one or both of their parents due to intimate partner violence in 2021.


This is in addition to the two children who lost their lives in 2021 due to domestic violence dynamics, and the untold hundreds of thousands of children who witness and are traumatized by domestic violence in their homes each year in Maryland.

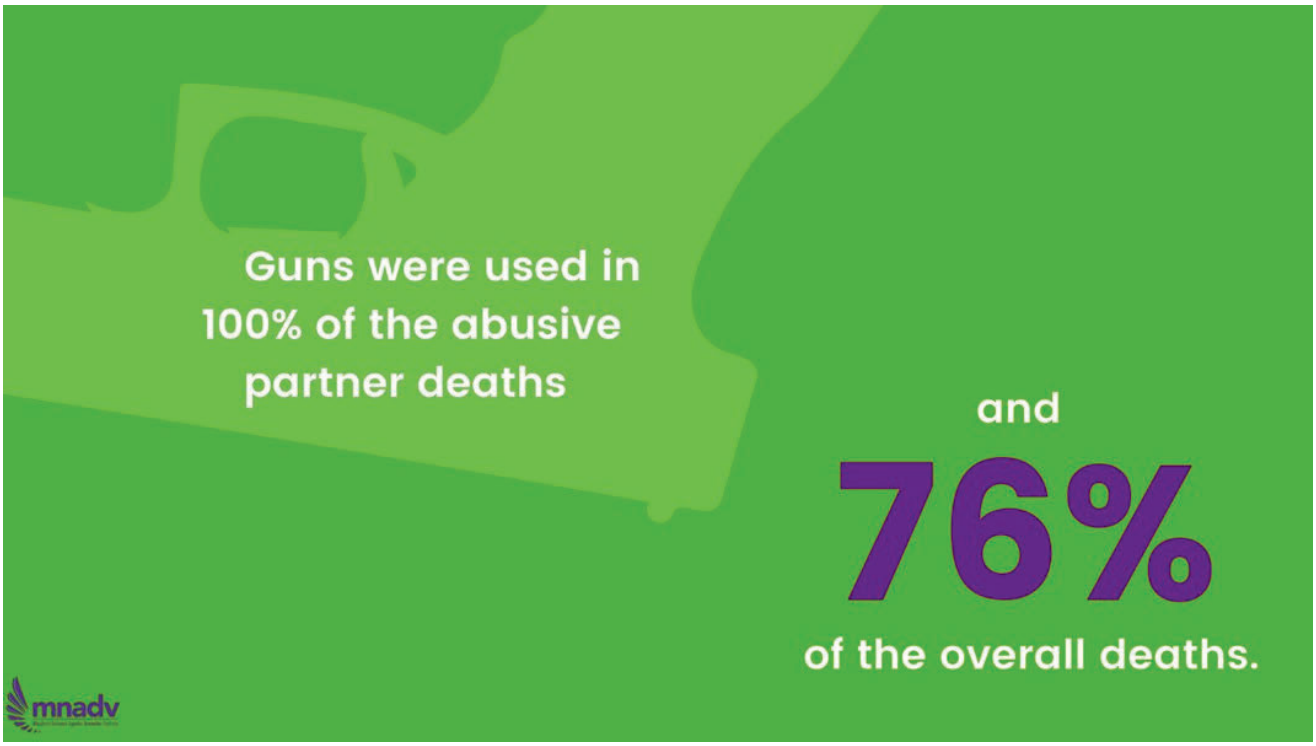
As this information shows, intimate partner homicide is inextricably linked with child welfare, especially given data documenting the impact of this adverse childhood experience on a child's future ability to enter and maintain healthy relationships themselves. In a nationally representative sample, ACEs were predictive of physical dating violence, accounting for more than one half of dating violence victimization (53%) and perpetration (56%).[5]



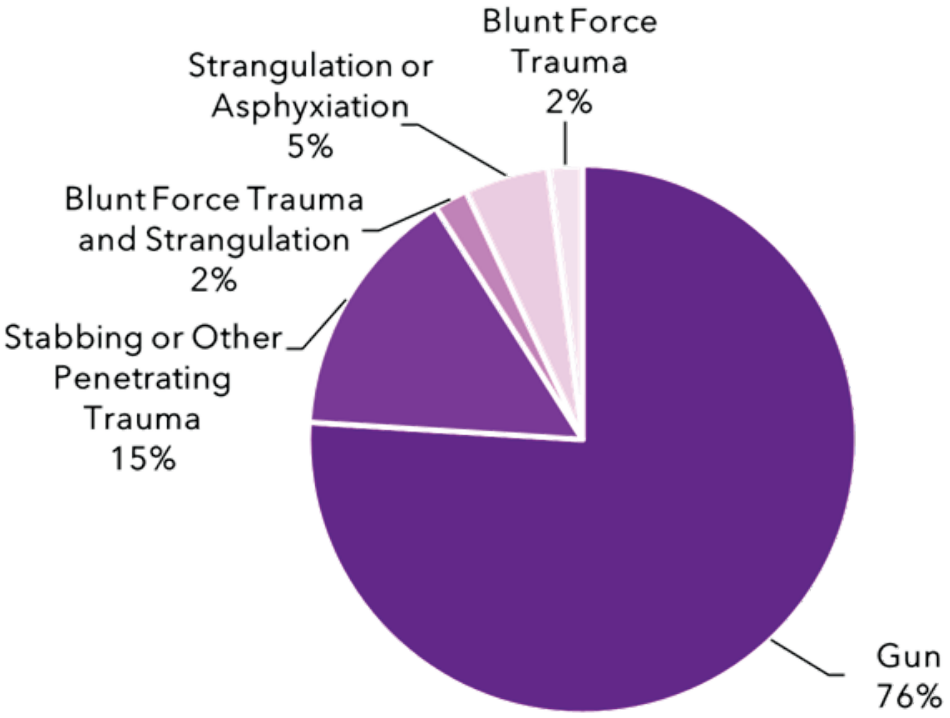
5 Miller E, Breslau J, Chung W-J, Green JG, McLaughlin KA, Kessler RC. Adverse childhood experiences and risk of physical violence in adolescent dating relationships. J Epidemiol Community Health. 2011;65:1006-1013.

# Method and Weapon Trends

Gun violence is on the rise and contributed to many of these deaths: 100% of all abusive partners and 76% of all domestic violence victims in 2021 were killed with a gun.




This is an overall increase of 1% from 2020, in which 75% of cases were gun deaths, and a 7% increase from 2019, in which 69% of cases were gun deaths.



# Why Didn't the Victim Leave?

Domestic Violence advocates are unfortunately still asked far too often, "why didn't the victim just leave?".

The additional information gathered through analysis of 2021's cases paints a telling picture of why leaving is often the most dangerous time for someone experiencing partner violence and anyone in proximity to them.

One third of intimate partner victims were killed while trying to end a relationship or after they already had.


Further, 100% of bystanders (including two minor children) were killed by abusive partners after the termination of the relationship.

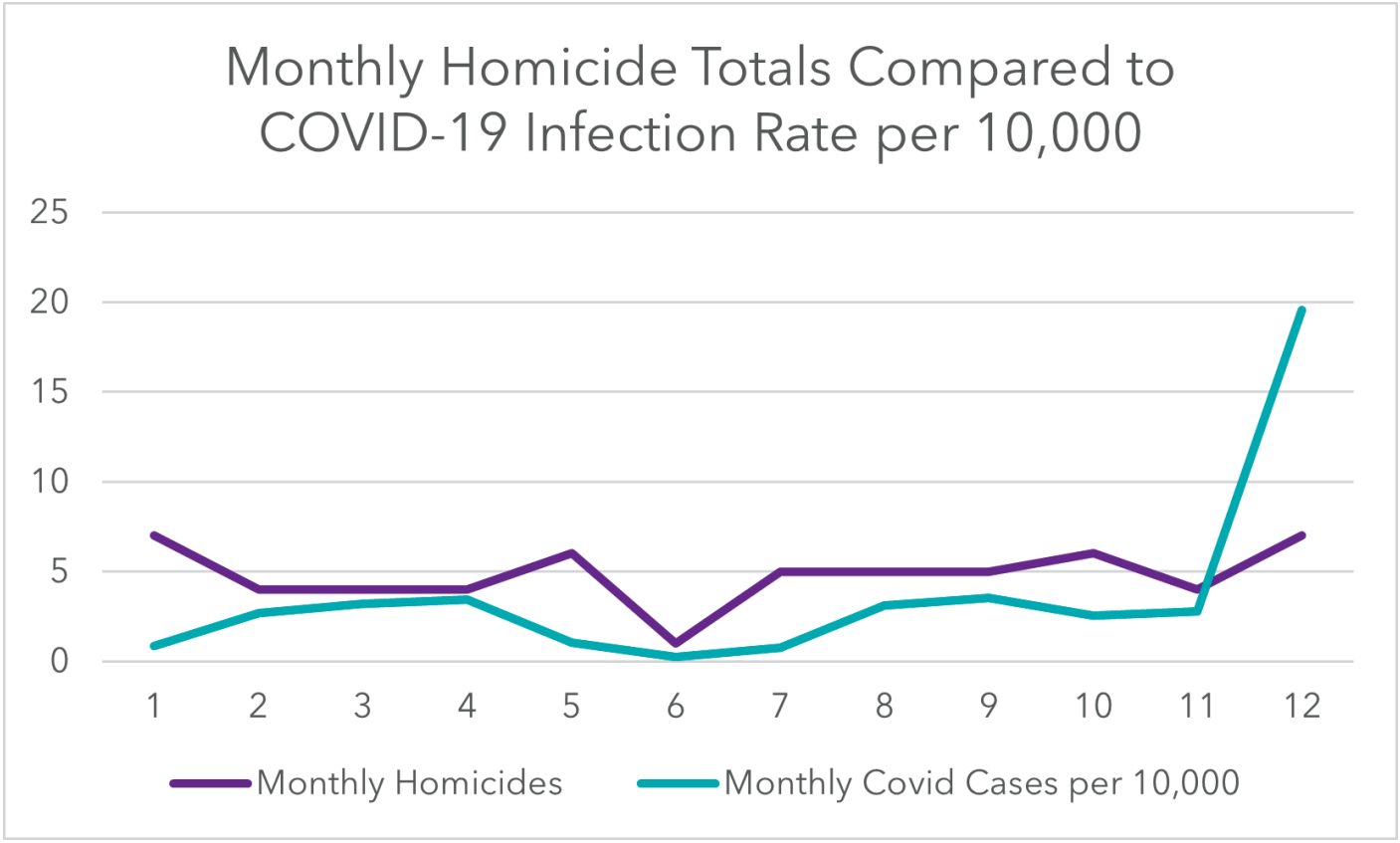

In addition, 100% of multiple homicide events (meaning double homicides or double murder suicides) occurred after the intimate partner had terminated the relationship.

# The COVID-19 Pandemic and Intimate Partner Homicide

The ongoing COVID-19 pandemic may be worsening the risk of lethality in intimate partner violence scenarios. Spikes in homicides in 2021 correlate to increased COVID-19 restrictions, what researchers in the field refer to as "COVID-19 stress".[6]

Homicides peaked in January and December (7) with a low point in June (1). Many witnessed a spike from the average (4.8) all the way to six homicides, while there was a steady pattern of four per month from February-April. Maryland then saw a decrease down to one in June, and then a spike back up to five per month (functionally average) from July through September. Another spike to six occurred in October, while November had a lower number of four, and then finally there was a final spike to seven lives lost in December.

Conversely, COVID-19 numbers were lower in January, jumped up three times from 8,686 cases in January to 26,915 in February and were steadily rising until a sharp dip in May back down to 10,218. Up until this point, the charts seem to be inverse. Yet in June, the lowest number of cases for the year (2,270) correlated to the lowest number of homicides.[7] The rest of the year showed no discernible pattern. As such, there is no evidence that COVID-19 numbers alone correlated with homicide numbers in the state of Maryland.



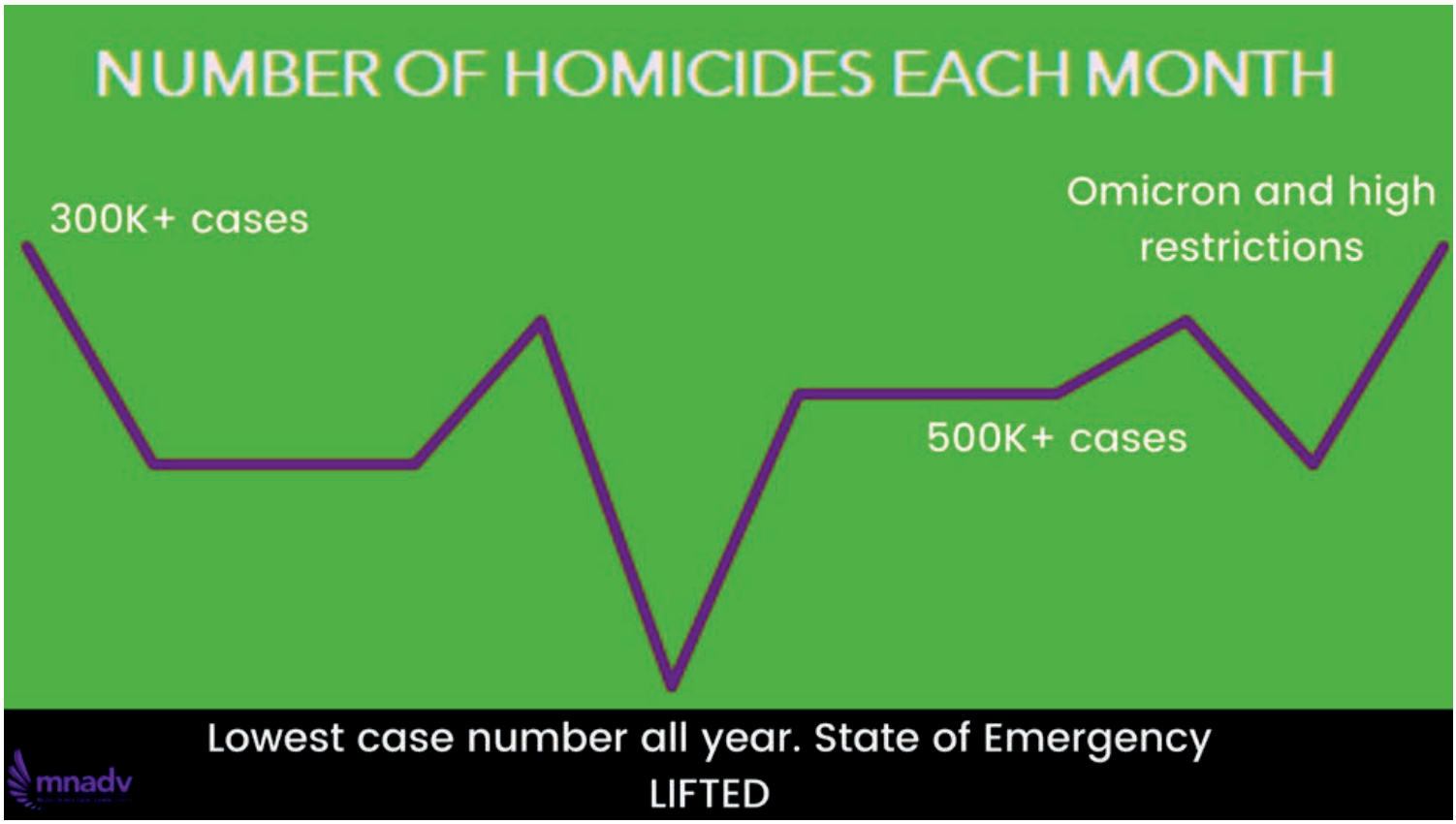

6 Parrott, D. J., Halmos, M. B., Stappenbeck, C. A., & Moino, K. (2021). Intimate partner aggression during the COVID-19 pandemic: Associations with stress and heavy drinking. Psychology of Violence. https://doi.org/10.1037/vio0000395

7 https://coronavirus.maryland.gov/

Rather, homicide trends for Maryland in 2021 better align with the research suggesting that "COVID-19 stress" has an impact on domestic violence. According to research published in 2021, rates of physical and psychological IPA [Intimate Partner Aggression] perpetration significantly increased after implementation of shelter in place restrictions which aimed to mitigate the transmission of COVID-19.[8]

Research has also shown that the pandemic has caused heightened stress particularly for certain populations. According to a 2021 survey, nearly one-third of adults (32%) said sometimes they are so stressed about the coronavirus pandemic that they struggle to make basic decisions, such as what to wear or what to eat. Millennials (48%) were particularly likely to struggle with this when compared with other groups[9] (this was also the same age group, those in their 30s at time of death, that was most affected by intimate partner homicide in 2021).

By comparing the level of restriction due to COVID-19 outbreaks to homicide numbers, it appears months with higher restrictions (mask mandates, vaccine mandates, and quarantine mandates) also correlated to higher homicide numbers, while the month which saw the state of emergency lifted had the lowest numbers.



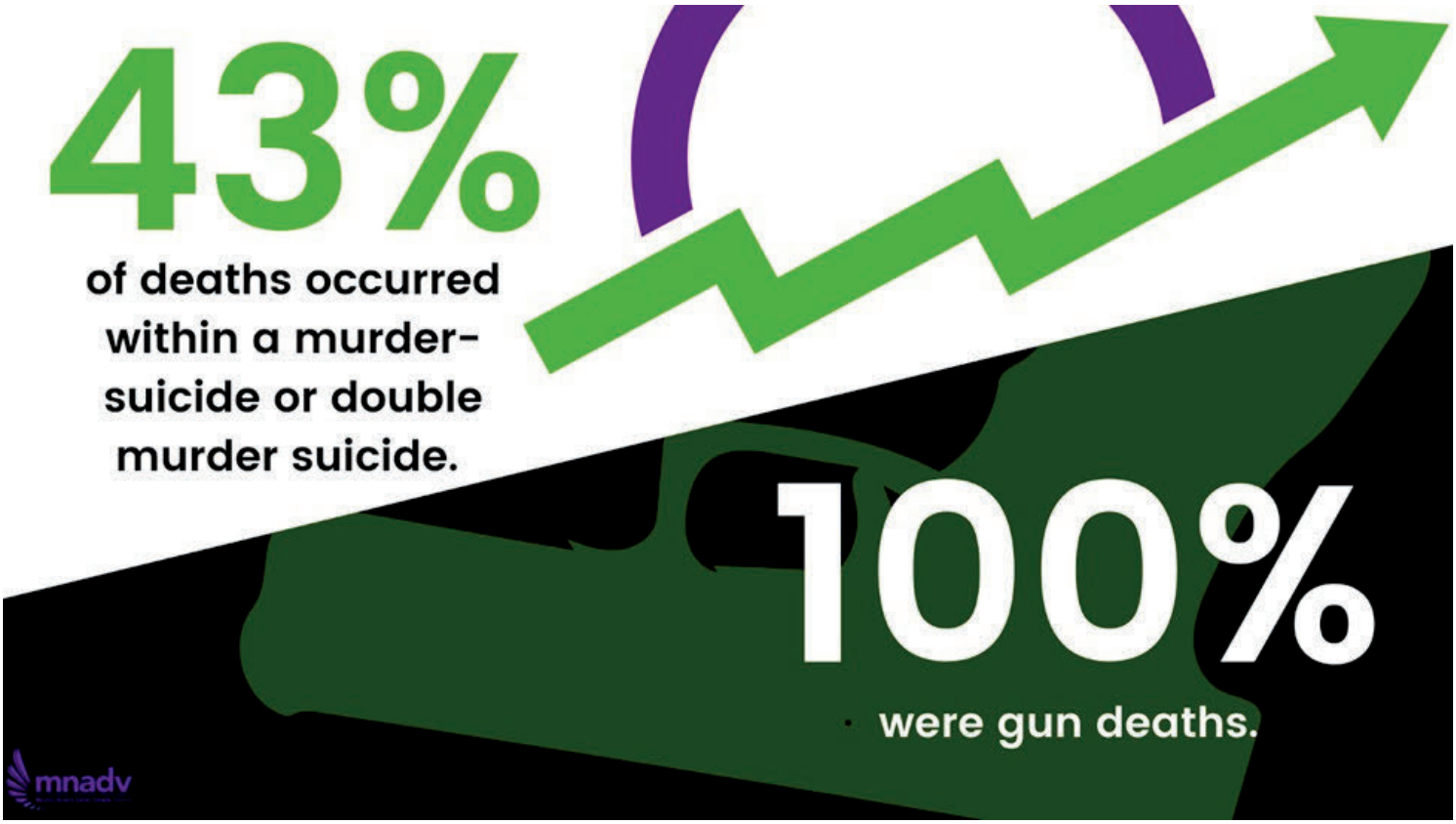

8 Parrott, D. J., Halmos, M. B., Stappenbeck, C. A., & Moino, K. (2021). Intimate partner aggression during the COVID-19 pandemic: Associations with stress and heavy drinking. Psychology of Violence. https://doi.org/10.1037/vio0000395

9 https://www.apa.org/news/press/releases/stress/2021/october-decision-making

# Murder-Suicides and Multiple Homicides

In addition to these trends, 2021's data analysis revealed that murder-suicide and multiple homicides are common: 25 of the 58 total deaths occurred within the context of a murder suicide, double murder suicide, or attempted murder suicide. This means that 43% of 2021's deaths were within this context.

Research has also shown a strong association between the use of firearms to commit a homicide and the subsequent suicide of the aggressor.[10]This aligns with the 2021 Maryland homicide data, wherein 100% of murder or double murder suicides were gun deaths.




Of these deaths, one was an attempted murder and completed suicide, six were double murder suicides, and 18 were standard murder suicides.

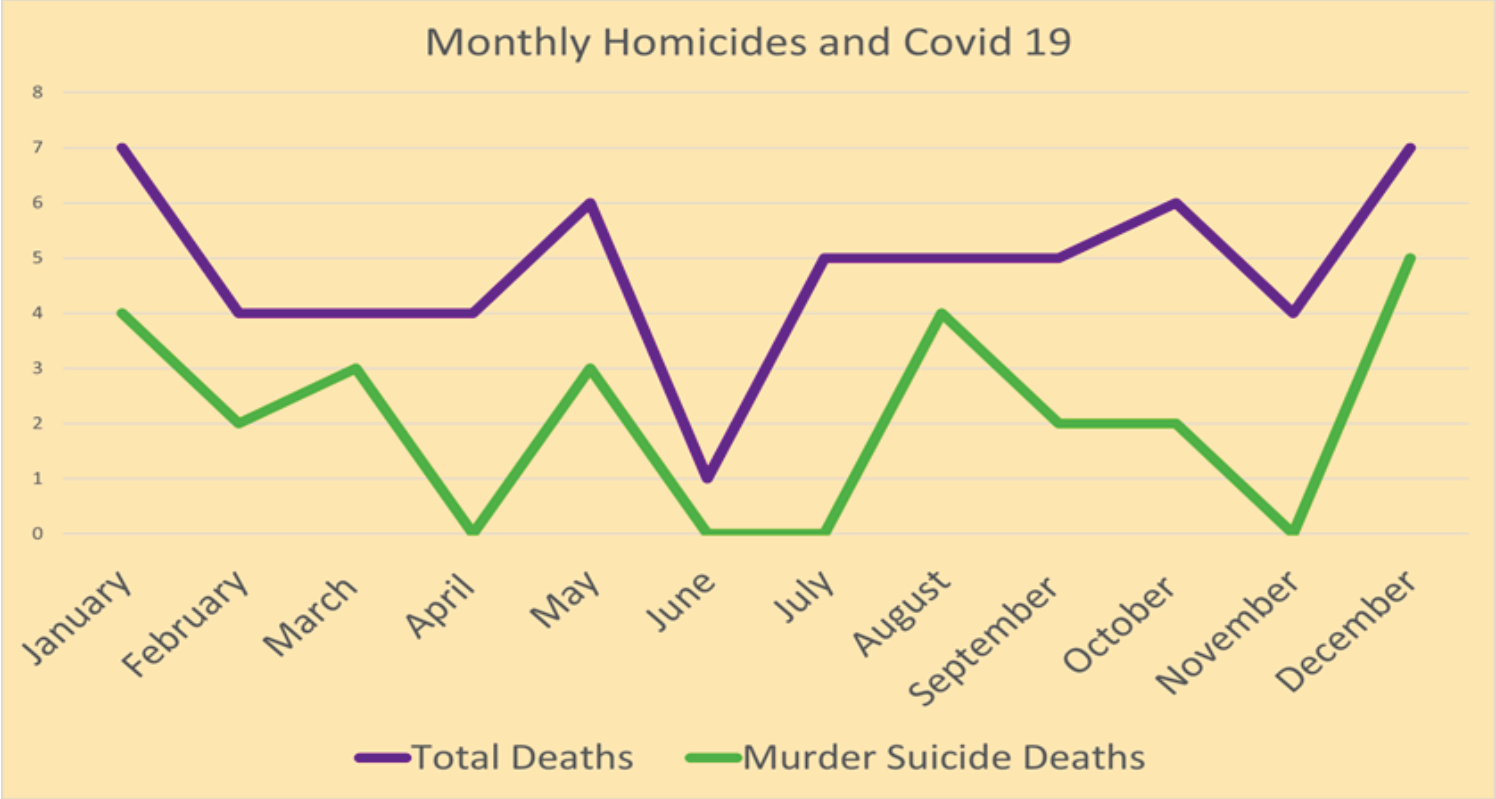
Of those who died in a murder suicide, double murder suicide, or attempted murder suicide: 11 were intimate partner victims, two were the adult children/child in law of the intimate partner, and 12 were abusive partners.



10 Banks, Laura & Crandall, Cameron & Sklar, David & Bauer, Michael. (2008). A Comparison of Intimate Partner Homicide to Intimate Partner Homicide-Suicide: One Hundred and Twenty-Four New Mexico Cases. Violence against women. 14. 1065-78. 10.1177/1077801208321983.

Because murder suicide is so prevalent (not just in Maryland, but nationally), research has suggested that homicide prevention efforts should include interventions aimed at the prevention of suicide, including screening and treatment for depression and chemical dependence in the abusive partner and targeted removal of firearms.[11] Studies have estimated that 20-75% of murder-suicide perpetrators nationally were experiencing depression before the incident.[12]

Murder suicides, much like overall homicide numbers, spiked in certain months. January and December (which also had the highest overall number of deaths), had the highest number of murder suicides deaths at four and five respectively. August also witnessed four deaths.

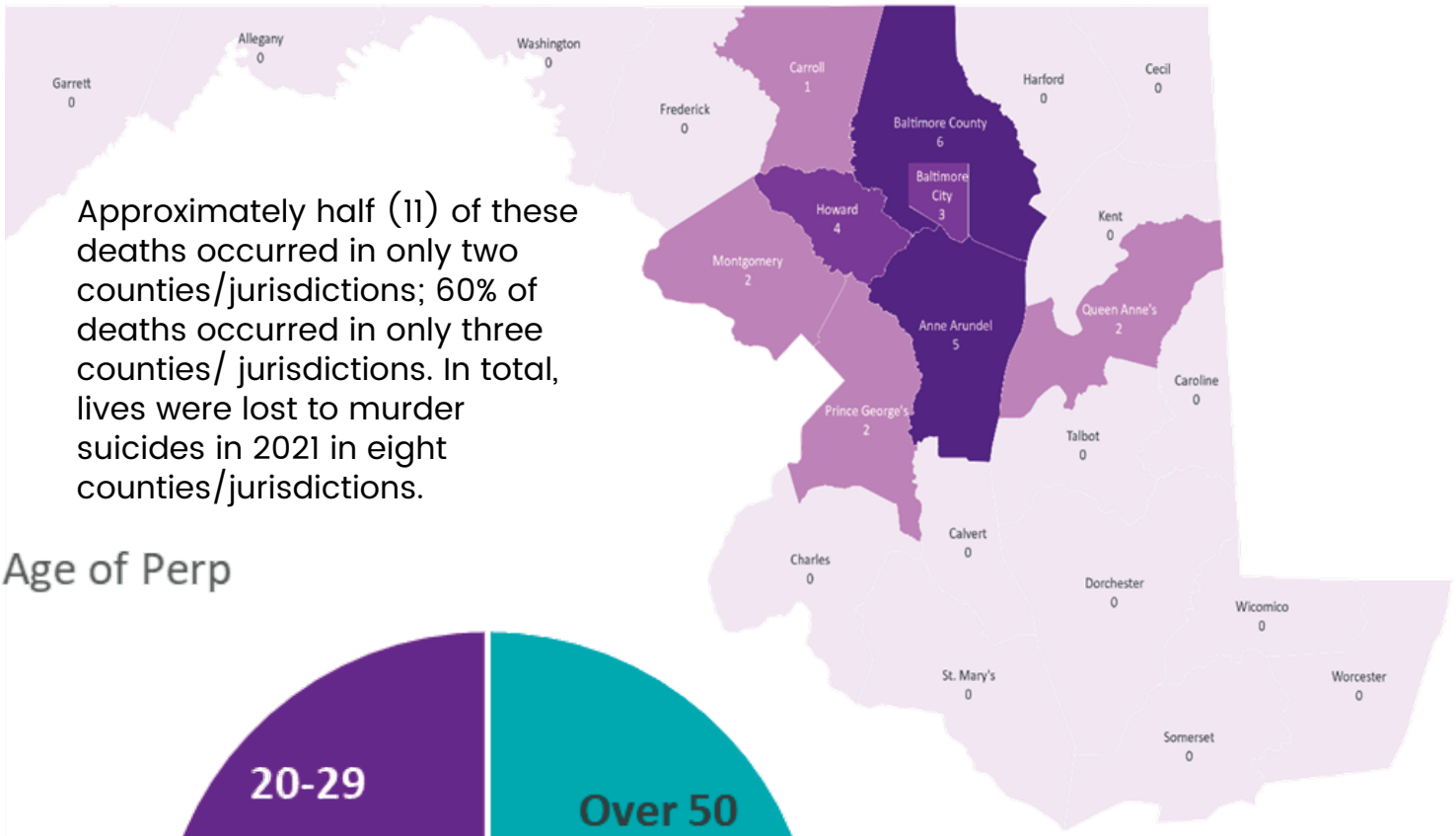



These spikes correlate to COVID-19 stress spikes, although correlation is not causation. These months also correlate with the holidays in December and January and also one of the hottest months of the year in August. Both holidays and high temperatures have been shown to correlate with higher rates of violent crime.[13]

11 Banks, Laura & Crandall, Cameron & Sklar, David & Bauer, Michael. (2008). A Comparison of Intimate Partner Homicide to Intimate Partner Homicide-Suicide: One Hundred and Twenty-Four New Mexico Cases. Violence against women. 14. 1065-78. 10.1177/1077801208321983.

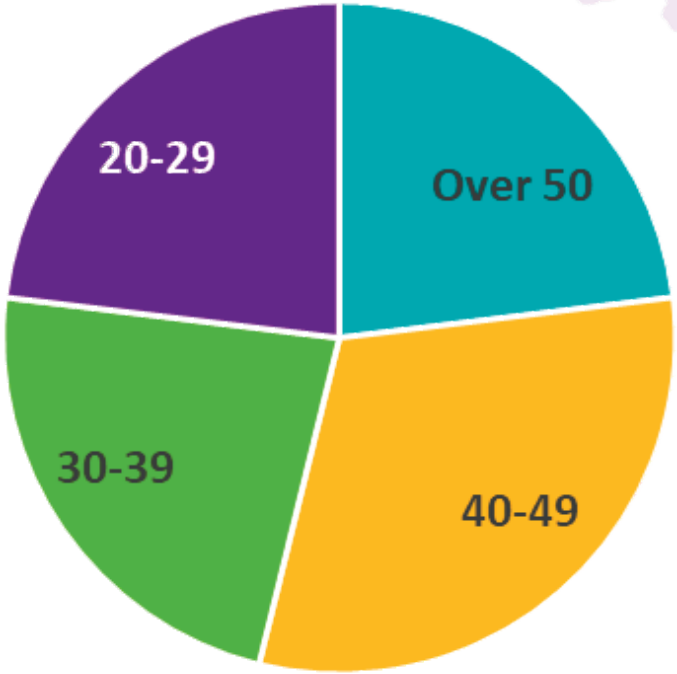
12 Salari, Sonia & Sillito, Carrie. (2015). Intimate partner homicide suicide: Perpetrator primary intent across young, middle, and elder adult age categories. Aggression and Violent Behavior. 26. 10.1016/j.avb.2015.11.004.

13 Reeping, P.M., Hemenway, D. The association between weather and the number of daily shootings in Chicago (2012–2016). Inj. Epidemiol. 7, 31 (2020). https://doi.org/10.1186/s40621-020-00260-3




Approximately half (11) of these deaths occurred in only two counties/jurisdictions; 60% of deaths occurred in only three counties/ jurisdictions. In total, lives were lost to murder suicides in 2021 in eight counties/jurisdictions.

## Age of Perp

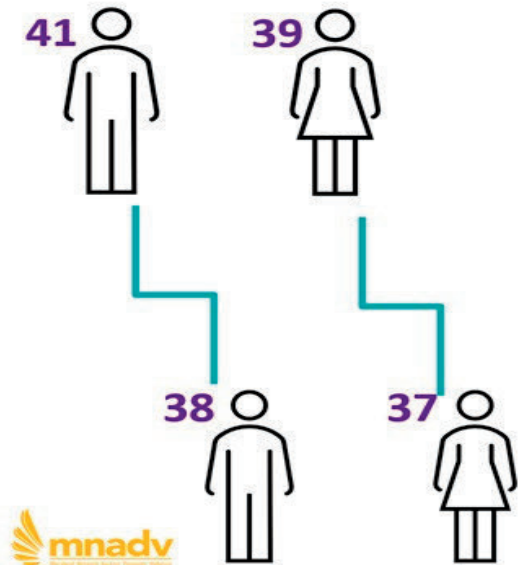



Numerous studies have indicated that murder suicide is more likely with older victims, older perpetrators, and among those who are married.[14] Our cases 2021 somewhat supported this.

Only three of thirteen perpetrators (one perpetrator is counted twice as he killed two past partners with unique relationships) were above age 50, but were most likely to be in their forties.

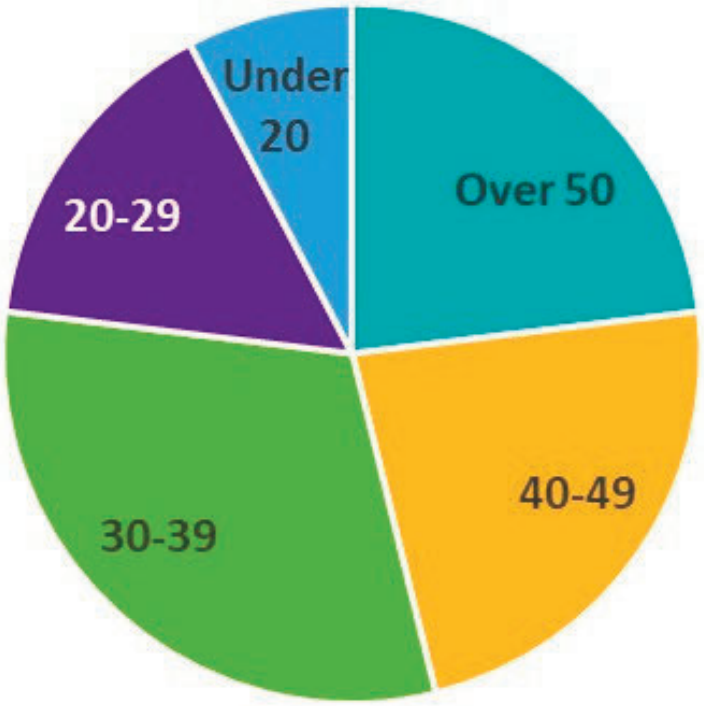
The average age at perpetration was 41, while the average age of intended intimate partner victims was 39.

This is compared to victims and perpetrators not involved in a murder suicide where the average age was 38 and 37 respectively.




14 Banks, Laura & Crandall, Cameron & Sklar, David & Bauer, Michael. (2008). A Comparison of Intimate Partner Homicide to Intimate Partner Homicide-Suicide: One Hundred and Twenty-Four New Mexico Cases. Violence against women. 14. 1065-78. 10.1177/1077801208321983.

## Age of Intended IP Victims in Murder Suicide




Victims (defined here as intimate partner intended victims) were most likely to be in their thirties (31%) just like intimate partner victims in standard intimate partner homicides (46%).

However, murder-suicide intimate partner victims were more likely to be in their forties (23%) and over 50 (23%) in the case of murder suicide than standard intimate partner homicide victims (where 8% were in their 40s and 19% were 50+).

Regarding relationship status, still married perpetrators were three times as likely to be over 45 years of age while ex-husband perpetrators were equally likely to be over or under 45 years. Boyfriend and ex-boyfriend perpetrators were under 45 years old 86% of the time. Victims in all categories were overwhelmingly under age 45, however those killed by their husbands were equally as likely to be over and under age 45. Ultimately, however, there is no evidence that marital relationship impacted murder suicide risk. Victims were least likely to be killed by their ex-husband, but other relationship categories saw similar likelihood.

While leaving is always a particularly dangerous time, research has found it most dangerous regarding murder suicide for those under 45 years old while older adults tended to still be married.[15] Of six murders within the context of a terminated relationship, four were terminated dating relationships (three times more likely for both victim and perpetrator to be under age 45) while only two were terminated marriages (equally likely for perpetrator to be over or under age 45 while victims were twice as likely to be younger).

| | Victims | Victim under 45 | Victim over 45 | Perp under 45 | Perp over 45 |
|---|---|---|---|---|---|
| Boyfriend | 3 | 3 | 0 | 3 | 0 |
| Husband | 4 | 2 | 2 | 1 | 3 |
| Ex-Boyfriend | 4 | 3 | 1 | 3 | 1 |
| Ex-Husband | 2 | 2 | 0 | 1 | 1 |

15 Salari, Sonia & Sillito, Carrie. (2015). Intimate partner homicide suicide: Perpetrator primary intent across young, middle, and elder adult age categories. Aggression and Violent Behavior. 26. 10.1016/j.avb.2015.11.004.

Comparing this to intimate partner homicides in which the perpetrator did not attempt suicide in 2021, intimate partners were over twice as likely to be killed by a husband in the case of murder suicide compared to standard intimate partner homicide, half as likely to be killed by a dating partner, and equally as likely to be killed by an ex dating partner.

Further, an intimate partner killed within a murder suicide was over three times more likely to be killed by a current or past spouse (46%) than an intimate partner victim killed within a standard intimate partner homicide (15%).

| Number of IPH deaths by relationship | Percent of IPH Cases | Number of MS deaths by relationship | Percent of MS Cases |
|---|---|---|---|
| 14 Boyfriend | 54 | 3 | 23 |
| 8 Ex-Boy/Girlfriend | 31 | 4 | 31 |
| 4 Husbands | **15** | 4 | **31** |
| 0 Ex-Husband | 0 | 2 | **15** |

This is not just isolated to domestic violence murder suicides. In a national study of the violent death reporting system, suicidal thoughts or behaviors were noted in a significantly higher proportion of perpetrators of mass homicides (30%) when compared with other groups of homicide perpetrators. Multiple homicide perpetrators also demonstrated significantly more frequent suicidal thoughts or behaviors compared to single homicide perpetrators (17% vs. 6%).[16]

Three cases from 2021 count as mass or multiple homicide events. Two double murder suicides in 2021 resulted in six Marylanders losing their lives (two abusive partners, two intimate partners, and the adult son and daughter in law of an intimate partner). An additional double homicide resulted in two Marylanders (a mother and her 6-year-old daughter) losing their lives. As such, 14% of 2021 deaths were related to mass or multiple homicide scenarios, and 100% of these multiple casualty events occurred after the intimate partner had terminated the relationship.

If murder suicides are included as multiple casualty events, there were nine additional cases accounting for 18 deaths (half intimate partner and half abusive partner). With this analysis, 45% of homicides in 2021 were within the context of a multiple casualty scenario.

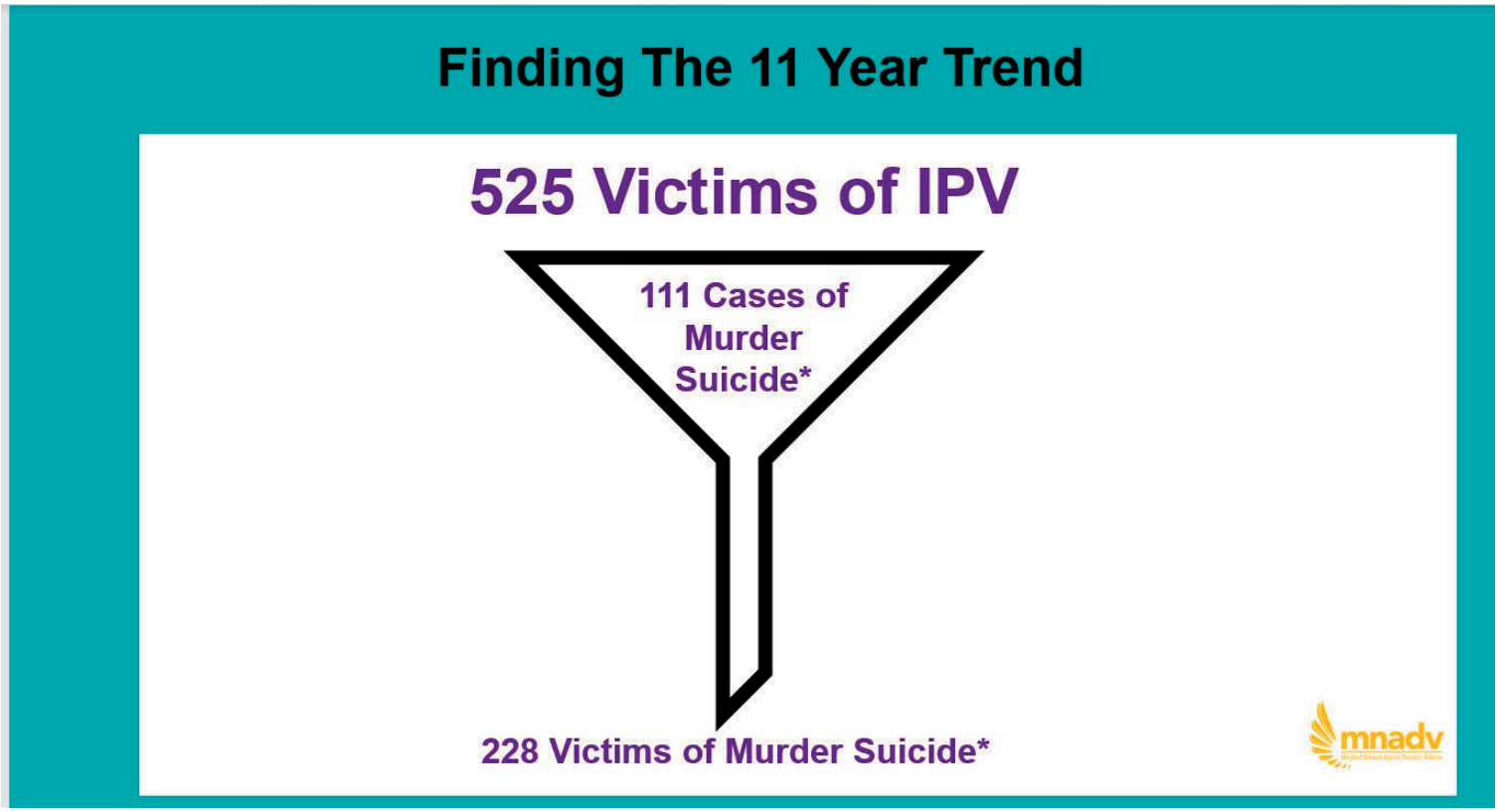
In the previously mentioned national study of the NVDRS, approximately 35% of incidents of mass homicide nationally were related to intimate partner violence (IPV). These incidents involved violence toward the current or former intimate partner and others present at the scene of the incident. This was significantly higher than the percentage of multiple (22%) and single (17%) homicides that were IPV-related. Multiple homicides were also significantly more frequently IPV-related compared with single homicides.[17]

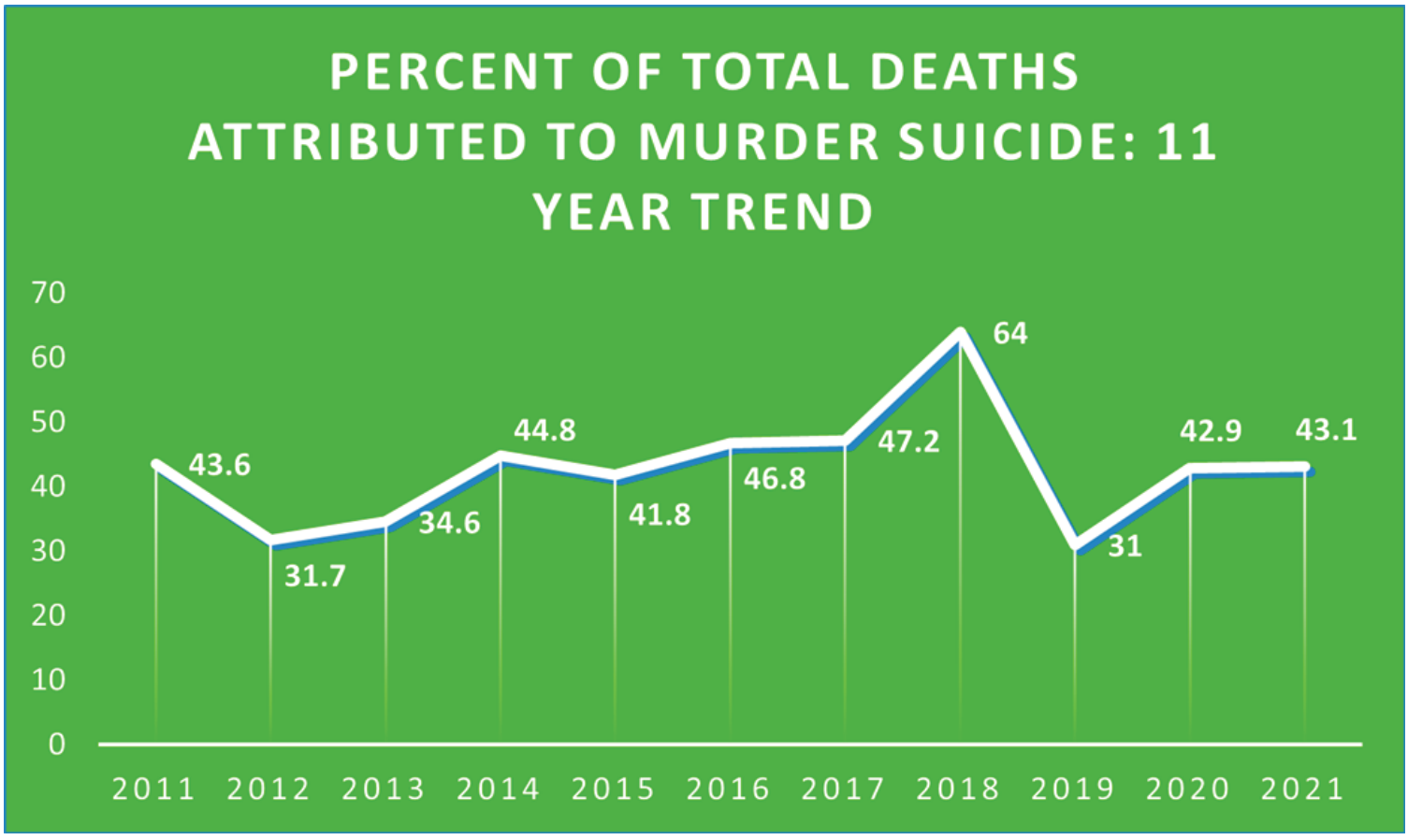


16 Salari, Sonia & Sillito, Carrie. (2015). Intimate partner homicide suicide: Perpetrator primary intent across young, middle, and elder adult age categories. Aggression and Violent Behavior. 26. 10.1016/j.avb.2015.11.004.

17 Fowler, K. A., Leavitt, R. A., Betz, C. J., Yuan, K., & Dahlberg, L. L. (2021). Examining differences between mass, multiple, and single-victim homicides to inform prevention: Findings from the National Violent Death Reporting System. Injury Epidemiology, 8(1). https://doi.org/10.1186/s40621-021-00345-7

MNADV is currently partnering with local and statewide DVFRT chairs to examine murder suicides over an 11-year trend and propose solutions to these issues.



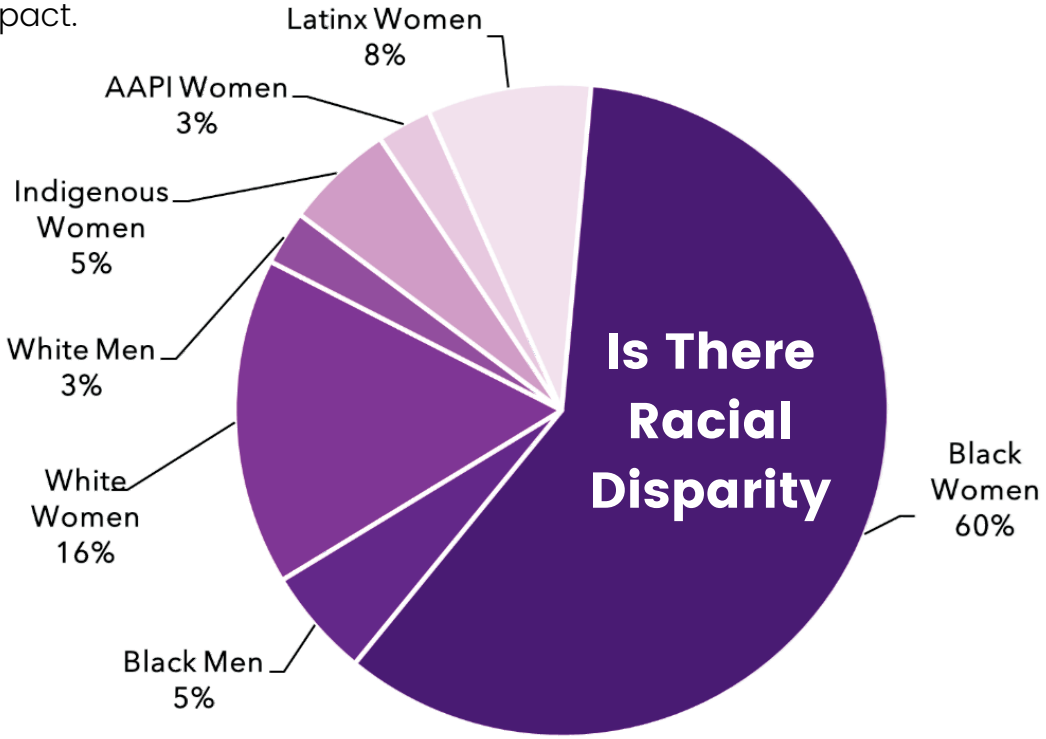



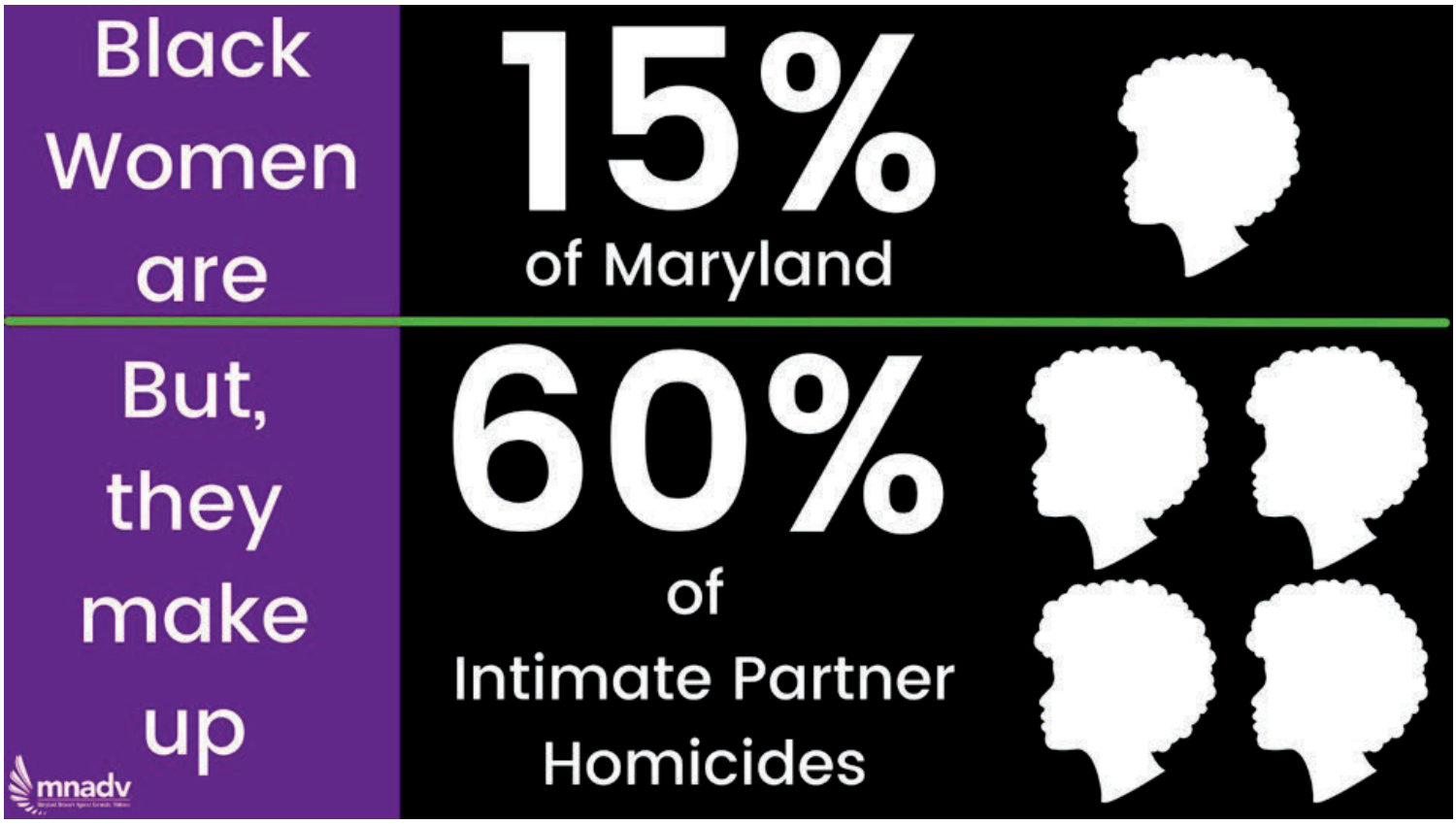
# Racial Dynamics and Intersectionality

While domestic violence exists in every social milieu, there continues to be divisions along racial lines in terms of its impact.

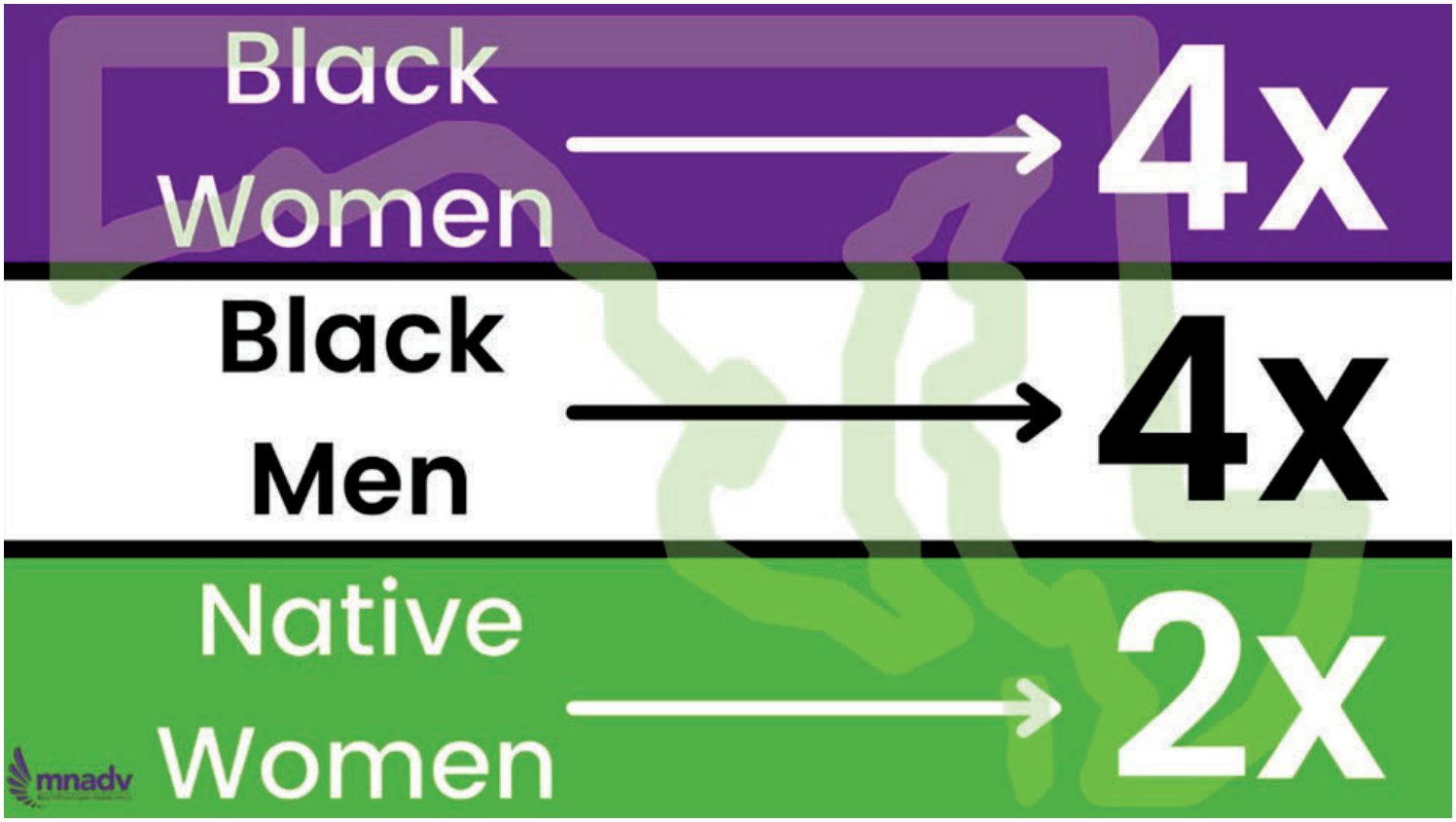
Black women accounted for 60% of Intimate partner victims in 2021.

For context, Black women make up only 15% of Maryland's population, meaning Black women are being killed by their intimate partners at a rate nearly four times their proportion in the state's population.



Of six men who died due to IPV dynamics in 2021 (both intimate partners and bystanders), two-thirds were Black men. Black men make up only about 15% of Maryland's population, so they are also overrepresented here by four times.




Similarly, three of the deaths in 2021 (including one 6-year-old child) were attributed to Indigenous women of Piscataway Conoy ancestry, all of whom were killed by non-Native men.

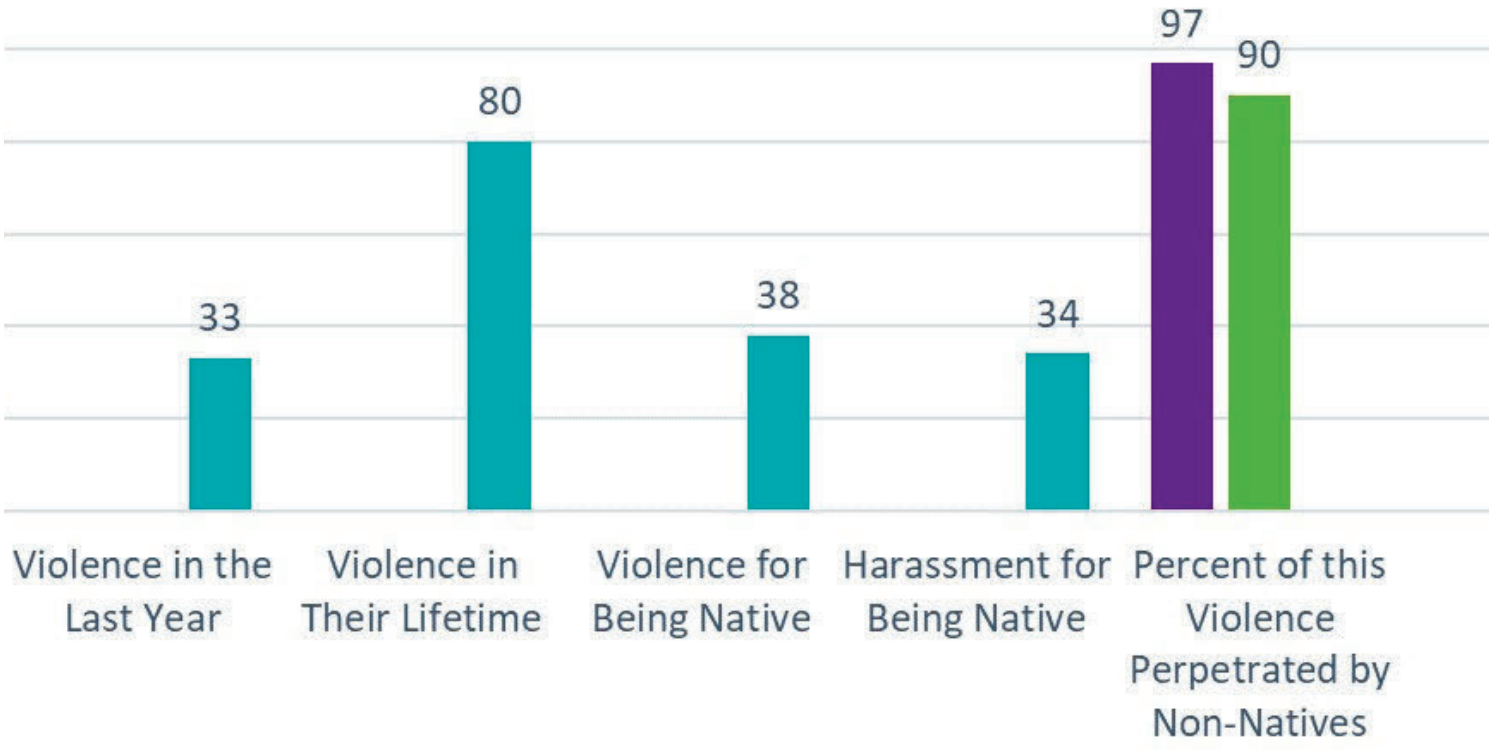
Indigenous women accounting for 7% of victim deaths may not seem high, but within the context of how few Indigenous people remain in Maryland (only 6% of the population, making Indigenous women approximately 3% of the population), Native women are overrepresented in homicides due to IPV by double.

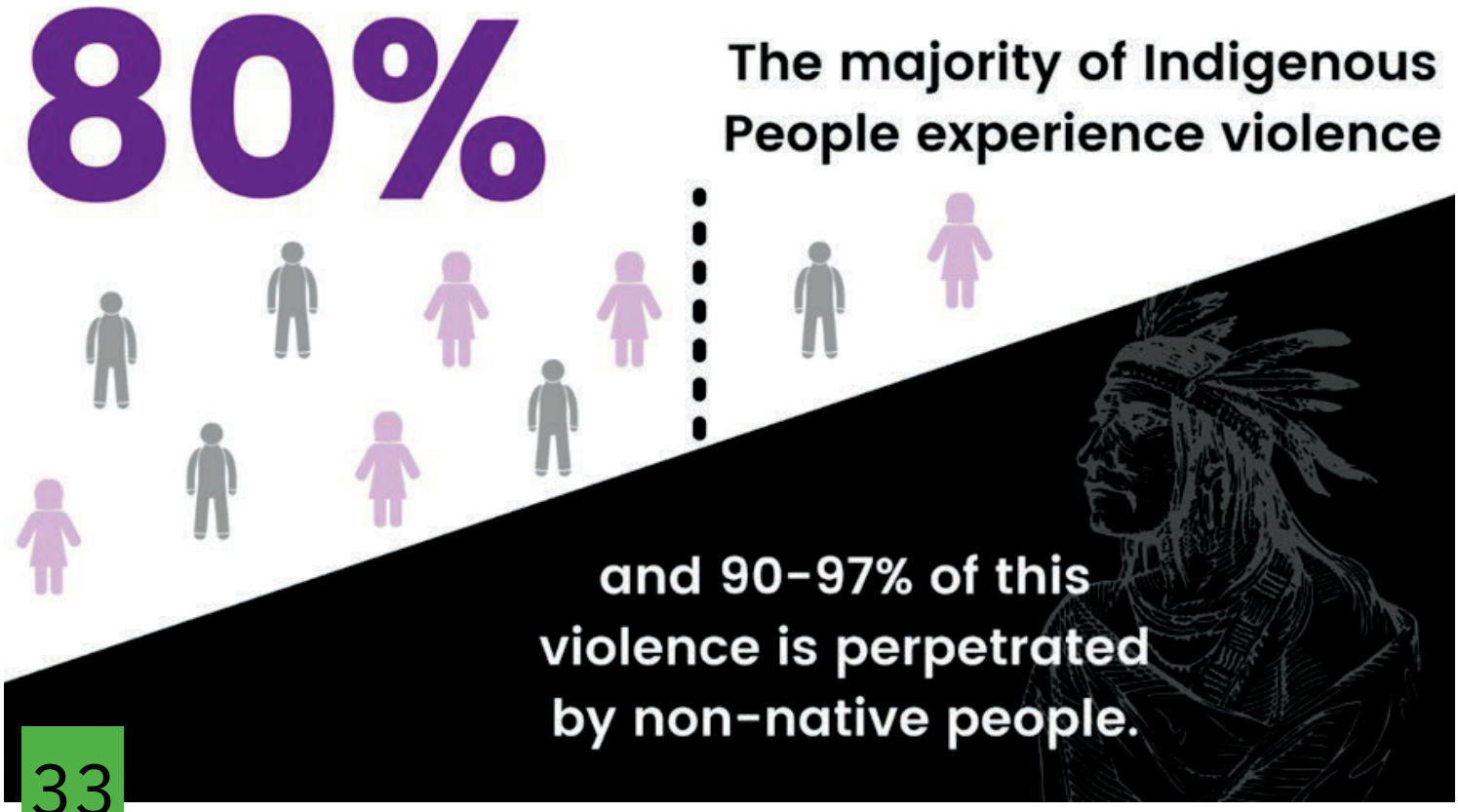
This is especially troubling within the broader context of violence nationally against Indigenous people. Native women and men have the highest rates of IPV compared to any other racial group.

Roughly 80% of Native people will experience violence in their lifetime, and a startling 90-97% of this violence is perpetrated by non-Native people.[18]

18 https://nij.ojp.gov/topics/articles/violence-against-american-indian-and-alaska-native-women-and-men

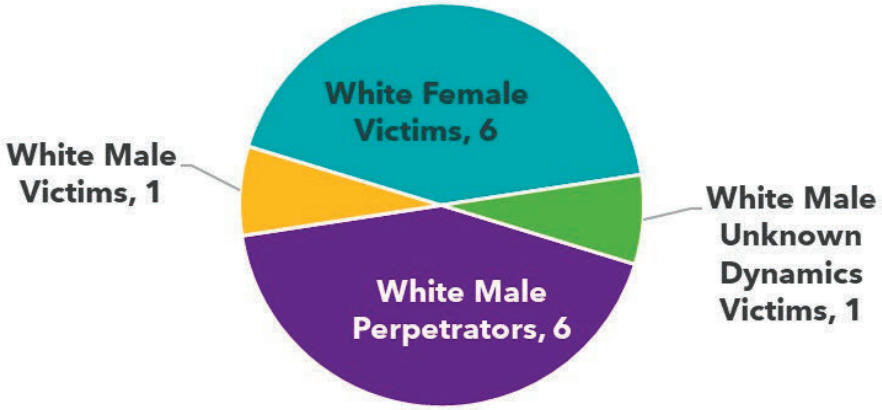
# Indigenous Experiences of Violence



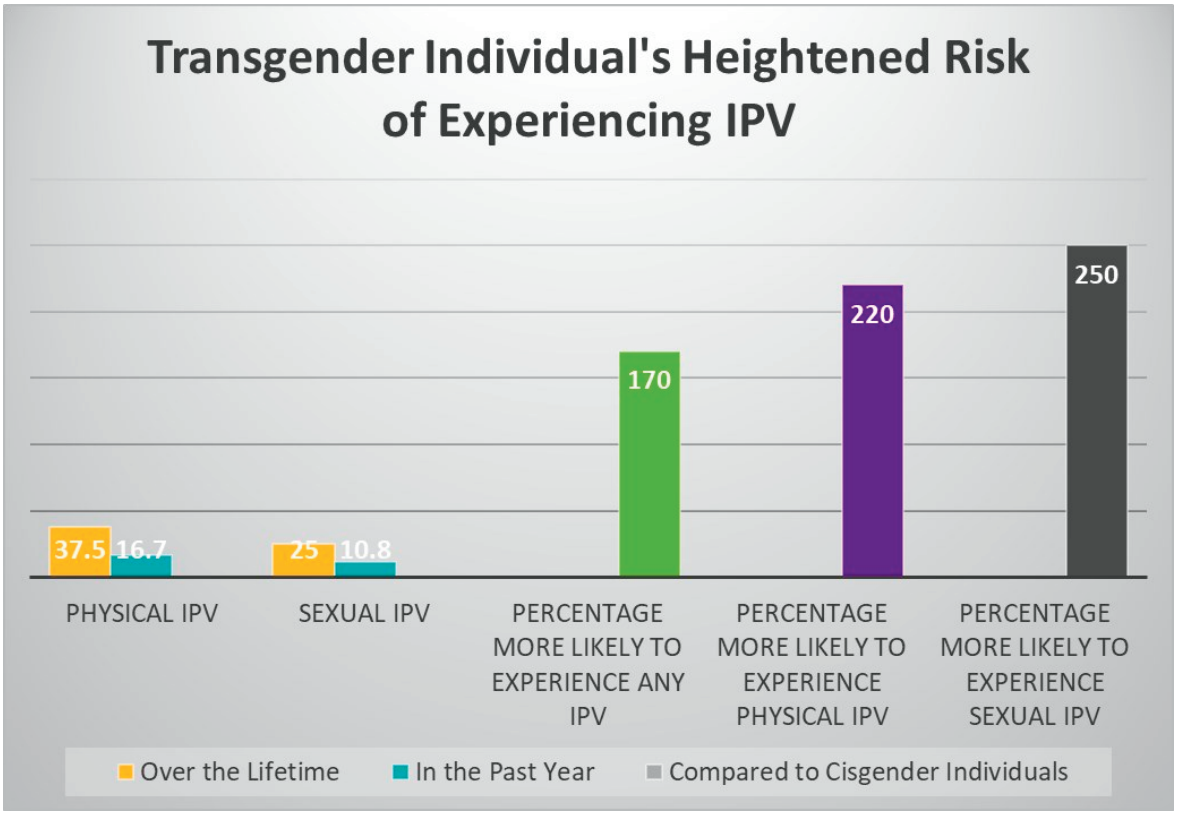
White Victims in 2021: The Only Demographic Where More Men Died (mostly due to suicide)

Within every racial demographic analyzed (Latinx, Black, AAPI, Indigenous, and White), only one had more deaths attributed to men than women. Men accounted for 57% of deaths attributed to White Marylanders, and perpetrator suicides accounted for 43% of deaths attributed to White Marylanders. White men were the perpetrators in 50% of murder suicides.




Finally, one Black transgender woman was killed in 2021 by an intimate partner, that MNADV knows of. This is within the context of an epidemic of violence against trans people, and particularly against trans women of color.[19]

The Human Rights Campaign tracked over 50 transgender or gender nonconforming people fatally shot or killed by other violent means in 2021. The majority were BIPOC trans women, and because many of these cases go unreported or misreported, this number is probably lower than what is accurate.[20]




19 Sarah M. Peitzmeier, Mannat Malik, Shanna K. Kattari, Elliot Marrow, Rob Stephenson, Madina Agénor, and Sari L. Reisner, 2020: Intimate Partner Violence in Transgender Populations: Systematic Review and Meta-analysis of Prevalence and Correlates American Journal of Public Health 110, e1_e14, https://doi.org/10.2105/AJPH.2020.305774

20 https://www.hrc.org/resources/fatal-violence-against-the-transgender-and-gender-non-conforming-community-in-2021

Transgender people are over four times more likely than cisgender people to experience violent victimization, including rape, sexual assault, and aggravated or simple assault, according to a new study by the Williams Institute at UCLA School of Law.[21] Because trans individuals are almost twice as likely to experience IPV of any kind, partner violence is a major aspect of these high rates of violence.[22]


This information is meant to demonstrate that intimate partner homicide is an intersectional issue requiring culturally humble solutions.

While all victims of IPV are in the same storm, they are not all in the same boats.


21 https://williamsinstitute.law.ucla.edu/press/ncvs-trans-press-release/

22 https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2020.305774

# Final Trends: Where are Victims Getting Services?

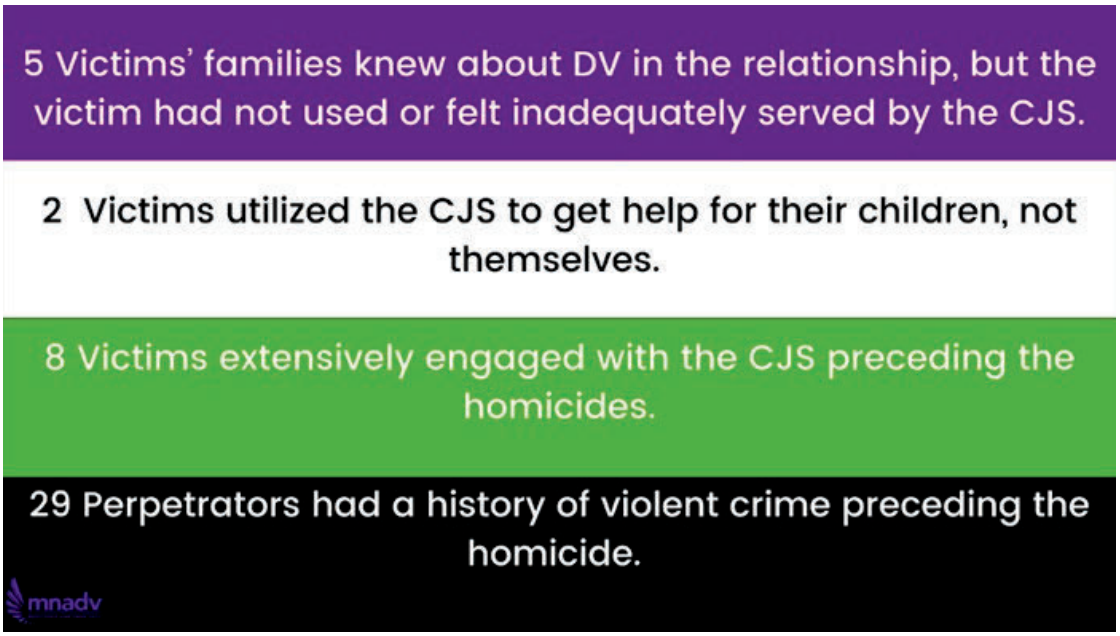
Understanding these disparities is especially important when considering the final set of trends pulled from 2021's deaths: 18 deaths were brought about by an abusive partner with a history of denied protective orders against them (for reasons as various as there being "no statutory basis for relief" or because a petitioner failed to appear at the court date). Of these, 14 deaths occurred within one year of the denial of a PO, four occurred within months, and one child was slain as his mother, after numerous tries, was finally granted a DVPO.

These statistics make clear that victims are reaching out for help but are often being denied life-saving assistance when they do. Knowing that Black women are the demographic most at risk of intimate partner homicide in Maryland, it is paramount to ask why and how they are being turned away from needed supports.


**Of the 18 deaths brought about by an abusive partner with a history of denied protective orders against them, 67% were attributed to Black Marylanders.**


However, at the other end of the spectrum, six intimate partner victims (16%, including one who survived the attack while her child was killed) had protective order cases against them, demonstrating how perpetrators can misuse a system meant to protect victims to further discredit and terrorize them instead.

In five cases, the victims' families told the press that although they knew about and had witnessed domestic violence in the relationship, the victim had not used or felt inadequately served by the criminal justice system. In two other cases, victims had utilized the criminal justice system to get help for their children, but not themselves. Finally, eight victims engaged on more than one occasion with the criminal justice system preceding the homicides. Related to this, 29 perpetrators had a history of violent crime preceding the homicide.




All of this information shows that many victims who lost their lives had interactions with the justice system prior to their death, yet just as many were in need of help but did not know where to turn. All of these people could have been helped, but were not.

**MD-DVFRSIT hopes to build a Maryland where that is no longer the case. This team dreams of a Maryland where anyone of any race, sex, gender, sexuality, class, or creed can seek and receive help. It imagines a Maryland free of violence.**

MNADV believes that through efforts in the realms of criminal justice protocol and response, public health and medical response, training and education, community services, and children's programming (all guided by a Survivor Advisory Board who directs and evaluates the team's initiatives) MD-DVFRSIT will make meaningful changes with the potential to reduce the number of deaths in Maryland due to partner violence in the years ahead.

With this report documenting a detailed state of affairs at this team's inception in September 2021, the rest of this report will document the team's progress during its inaugural term.

# SUBCOMMITTEE PROGRESS REPORTS

## Criminal Justice Protocol and Response

**Subcommittee A:** Criminal Justice Protocol and Response began the term with a recommendation list that included over 30 compiled recommendations from local teams, the largest number of recommendations of any subcommittee.

### Process

The group selected several recommendations that were applicable to statewide implementation. They also eliminated from the list any that were determined to have already been implemented or were too county/jurisdiction-specific to warrant statewide attention. The team then labelled the remaining recommendations as short-term and long-term and determined which ones were actionable based on the current political climate and team capacity.

Short-term recommendations were those that would still take considerable planning and coordinated efforts, but the subcommittee felt could be accomplished without involving longer processes, such as legislative action. Long-term recommendations would involve longer processes, such as legislative action and/or judicial assistance.

### Progress

The first recommendation selected was identified as short term and actionable. It involved creating a mechanism to outline the time period a Respondent is given to retrieve items from a shared home after the imposition of a Final Protective Order.

1. There should be a time limit for perpetrators to gather belongings and notification of victim before police accompany perpetrator to get belongings (BaltCounty2014; 2 recommendations).

The subcommittee outlined best practices through consultation with the Survivor Advisory Board and began work on an implementation plan. Through structured discussions facilitated by the chairs, the subcommittee organically involved the entire team, with the goal of tapping into different experience and the regionalized needs of the various counties/areas represented (e.g. what might work in Howard County may have difficulties being implemented in Wicomico County).

The team worked extremely well together. After determining that a grassroots, county-by-county process of gaining sheriff buy-in was the ideal method to implement this recommendation, the chairs created a draft presentation which the broader group helped edit and finalize. The chairs of the Sub- committee presented the team's best practices and implementation plan at the July Sheriff's Association meeting in Carroll County. The Team will continue to work with the Sheriff's Association to move the Recommendation forward.

Throughout the summer (meant to be the team's off season), dedicated members continued these presentations. So far, multiple counties/jurisdictions have signed on as partners to help implement this change. Progress continued throughout the summer and will continue going into next term.

MNADV's Policy Director has been providing assistance in planning any future legislative needs pertaining to this recommendation, and that phase of implementation will be further explored following the Sheriff's Association presentations.

The second recommendation involved the Commissioner System.

2. All applications for interim protective orders that are denied by a court commissioner should be reviewed promptly by supervisory staff as well as a member of the judiciary to determine if the proper legal standard has been applied, there should be routine coverage by local Victim Advocates of all Protective Order hearings so that they can contact persons denied protective orders with information and referrals for local DVSPs, and there should be active supervision for every DV/SA case such that Parole and Probation agents should be notified of the entry of any protective orders or peace orders against the offender and consider the entry of such an order to be a violation of the terms of parole/probation (i.e., a violation of the "obey all laws" provision of all probation/parole orders) (PG2012, BaltCounty2011, and BaltCounty2012; 5 recommendations).

Considering the complexities of the Commissioner System and a possible need for legislative assistance, the group decided to delay creating an implementation plan during the first term, instead building connections within the commissioner system and conducting information gathering throughout the term.

Next, the subcommittee elected to address all recommendations pertaining to the Department of Parole and Probation.

3. Create a system that would allow very limited information about emergency petitions to be assessed by law enforcement agencies and parole and probation agents, that would allow judges and commissioners to have information about other protective orders filed against a defendant and any LAP forms available and in front of them when making decisions (especially during the initial appearance, bond hearings, and revocation hearings), that would allow DVC's to research Calls for Service to determine if there is a history of domestic violence incidents or abuse reports when scheduling a home visit, and that would support prosecutors in using the LAP during sentencing hearings in DV cases in order to provide the Judge with all the pertinent information about the offender (Fred2008, PG2020, BaltCounty2010, and Howard2017; 4 recommendations).

4. The Division of Parole and Probation's new database should include a section which collects and stores data regarding the results of VOP (Violation of Probation) 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 (BaltCity2009; 1 recommendation).

5. 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 (BaltCity2011; 1 recommendation).

6. The Department of Public Safety and Correctional Services should screen and assess inmates for a history of domestic violence. This should include those inmates who are incarcerated for domestic violence related crimes, inmates who were abused as children or who witnessed abuse between their parents, and inmates who were abusive to their intimate partners even if they are incarcerated for unrelated crimes. Where a history of domestic violence is identified, the Department of Public Safety and Correctional Services should offer an abuser intervention program as a part of an inmate's case planning and re-entry programming (BaltCity2012; 1 recommendation).

7. Develop a national parole and probation data system. Establish a system for tracking domestic violence violation of probation cases. On a regular basis, review the results of this tracking system and make appropriate recommendations. As part of this, invite county members of the Department of Public Safety and Correctional Services Victim Services team to attend DVFRT meetings to learn more about their services and notification process to victims of domestic violence upon offender release and work with members of the Division of Parole and Probation to identify ways to keep victim advocates aware of domestic violence offenders who are re-entering the community in which the victims currently reside (BaltCity2008, Fred2015, Charles2015, and Charles2016; 5 recommendations).

8. To create or improve the mechanism to monitor individuals on parole and probation that transfer between states (Charles2015 and Charles2016, 2 recommendations).

With a multi-county Parole supervisor on the team willing to organize the recommendations and assess which ones his agency could implement, many strides were made in addressing these recommendations. The determination was made to start on a more local level which the representative has more control over, with the intention to learn from that process. The goal is statewide implementation.

Finally, the subcommittee was very interested in addressing the many recommendations pertaining to mandatory judicial training, but noting the complexities inherent to such an undertaking, elected to gather information throughout the first term and focus on this as a long-term goal.

## Subcommittee Evaluation of Efforts

The committee worked very well together, and all participated in the discussion and decision making. Team members freely shared their knowledge on appropriate subjects. Because of the vast amount of institutional knowledge in the group, the subcommittee had the necessary resources to help make informed decisions together.

The group has not had any impediments so far. The team does not recommend any changes to structure or process of the subcommittee.

## Goals for Next Term

The team should review the remaining items and see if anything has changed, and if the list should be reorganized or stay the same.

The team decided to start the second term in September 2022 with discussing the Commissioner's System and educating the entire group on the system, as the subcommittee attempts to further implement a much more workable and uniform process for a Respondent to remove personal items from a shared residence after the imposition of the Final Protective Order.

## Who is Missing from the Subcommittee?

The subcommittee requests the recruitment of more law enforcement representation, especially since the core team Policing Representative, a highly active and vital team member, will be stepping down due to retirement.

The team further requests the recruitment of agency members from circuit and district courts, the administrative office of the courts, the Maryland chamber of commerce, and another Civil DV Attorney, ideally from the Women's Law Center

# Public Health and Medical Response

Subcommittee B: Public Health and Medical Response began the term with a series of 19 highly related recommendations.

## Process

With their team of health care professionals including a physician, nurse practitioner, registered nurses, social workers, and Survivor Advisory Board members, the team determined these recommendations should first be researched and synthesized prior to attempting implementation.

## Progress

An in-depth review of each recommendation was completed, including the group doing considerable research both into the scientific literature and practices of local, county, and state agencies and organizations. The collaborative goal of the group was to gain an understanding of the "State of the State" around each recommendation.

The process was near completion as of the end of the term.

## Subcommittee Evaluation of Efforts

The committee worked very well together; however, a larger and more active membership is needed next term. One chair chose to transition to membership status in order to open the chairing opportunity to a new member with more time to devote to chairing. The remaining chair will continue leadership of the subcommittee and help bring this new chair up to speed.

## Goals for Next Term

In the first half of the next term, the group plans to generate a report on the "State of the State" and develop a plan of actionable items. Then, the group will enter a second phase relating to implementation of a set of best practices throughout the state.

## Who is Missing from the Subcommittee?

The subcommittee requests the recruitment of representatives from the Maryland Health Department of Equal Opportunity Programs, the Maryland Public Health Association, the Maryland Hospital Association, and a wider variety of medical professionals from all of Maryland's regions.

# Education and Training

Subcommittee C: Education and Training began the term with a recommendation list that included the second highest number of compiled recommendations from local teams of any subcommittee.

## Process

The team began by agreeing that all education and training initiative supported or created by the ETS would need to have three components: (1) trauma-informed, (2) culturally responsive and (3) survivor centered. It was also agreed that the ETS would have a media initiative to support the training and education content or events developed or supported by the subcommittee.

In its review of a number of potential topic areas, the ETS decided to focus on strangulation or stalking as both areas appeared to have gaps in trainings and were also critical to address within the state.

Upon utilization of DropBox to collect training materials and information, it was determined that the subcommittee would focus on non-fatal strangulation as a training and education area for its first year.

1. Training should be provided to educate anyone that works with victims (to include, but not limited to, law enforcement, judges and commissioners, the broad criminal justice community, service providers, health professionals, and prosecutors) on how to detect, address and prosecute strangulation and other serious injury cases. Such training should include culturally specific strategies that best detect and document non-fatal strangulation among diverse populations and should be strategically placed and timed to be culturally specific. Red flag education should highlight the high risks associated with strangulation and resources that are available in each county to respond to this issue from a health, law enforcement, and provider perspective. These trainings must include that strangulation is a lethality factor in predicting victims who are at greater risk for being killed or very seriously injured and the importance of recognizing the non-visible indicators of strangulation for better evidence collections, prosecution, and medical treatment of victims. Trainings must also address other injuries that have delayed or hidden effects (such that protocols will be developed to encourage victims to receive immediate medical attention) and training on traumatic brain injuries (both recognizing the indicators of TBI and the unique challenges of serving intimate partner violence victims who have experienced traumatic brain injury). This training can be done at the county level by those who already have been trained. Law enforcement affiliated members can also work with their agencies to discuss the feasibility of adding additional lines of questioning to lethality screens to more immediately address strangulation. (BaltCity2008, Fred2015, BaltCity2016, PG2020; 6 recommendations).

2. First responders and service providers should educate victims about seeking medical services after being strangled and the risks associated with strangulation. Representatives from the Montgomery County State's Attorney's Office, Montgomery County Sheriff's Office, Montgomery County Police Department and the Adventist Healthcare Shady Grove Medical Center Forensic Medical Unit collaborated to create the "Responding to Strangulation in Montgomery County: A Collaborative Approach" training to educate first responders and service providers throughout the County about strangulation, the signs and lethality risks of strangulation, and the community resources available for victims of strangulation. Additionally, as described above, the Montgomery County Police Department updated the DVS and provided training on strangulation to all officers in 2020 (Mont2020; 1 recommendation).

While stalking was identified as an important issue area, it was determined that there was more material in the area of strangulation that could be utilized for the subcommittee to build on quickly and it was deemed a critical and current foci for a number of counties/jurisdictions in the state.

A list of trainings taking place on the topic of non-fatal strangulation or trainings that substantively ad-dressed the topic were identified for 2022.

Having identified the trainings available, the ETS determined that community-based education for those outside the DV field would be the key gap for the ETS to work on closing. The group envisioned a state-wide training partnership initiative, focusing specifically on underserved communities.

## Progress

Key ETS members partnered with strangulation experts from Subcommittee B: Public Health and Medical Response to adapt a non-fatal strangulation PowerPoint training from Montgomery County to this arena.

Upon delivering the PowerPoint draft, a miniature work group of members came together to edit and adapt this training for the community-based program.

Finally, those members outlined a train-the-trainer process and toolkit by which community partners in each of Maryland's regions could disseminate this information on non-fatal strangulation to the state. It was agreed that any materials developed and training announcements would be housed at and supported by the Maryland Network to make them accessible across the state.

## Subcommittee Evaluation of Efforts

The committee worked very well together; however, a larger and more active membership is needed next term. Both chairs chose to step down in order to present the opportunity to chair to two members with more time to donate to the hard work of implementation ahead.

## Goals for Next Term

At the beginning of the next term, the PowerPoint and toolkit outline will be presented to and finalized by the broader subcommittee, whereupon the division of labor to complete the interactive toolkit and recruit community partners will begin. The ETS plans to begin partnering on community training events in every Maryland county/jurisdiction by mid-term.

## Who is Missing from the Subcommittee?

The subcommittee requests the recruitment of replacements for outgoing members from the International Association of Chiefs of Police and The Southern Maryland Criminal Justice Academy. They further recommend the recruitment of a representative from the Roper Victim Assistance Academy, and a variety of community partners throughout Maryland's regions.

# Community Services

**Subcommittee D**: Community Services began the term with a recommendation list that included the most diverse compiled recommendations from local teams of any subcommittee, and the third highest number of proposed recommendations.

## Procress

The group quickly agreed that their primary long-term objective would be to help facilitate the creation of culturally competent Family Justice Centers in more of Maryland's regions.

1. Create Family Justice Centers (FJC) in all counties, where all relevant agencies would be represented. Victims would be transported to the FJC immediately after discharge from a hospital, for interviews with the police and a victim advocate. Safety planning, referrals for services and crisis counseling would occur at that time. Civil protection orders could be obtained immediately after the interviews. Children who have witnessed domestic violence or suffered abuse themselves would be referred to DSS for counseling. In all cases involving battered adults with children, the FJC would adhere to the principles outlined by the National Council of Juvenile and Family Court Judges in the "Greenbook". On a regular basis, the FJCs should report to county DVFRTs how many victims are served and what services they received. Justice Centers should be available to respond immediately in dangerous cases. When the first responder answers a domestic violence call, if appropriate, the officer should contact the victim advocate to respond at the hospital, the victim's home, or at the FJC. On a regular basis, the FJCs should report to county DVFRTs how many calls for assistance they received from the police, how many times an advocate responded, and where the advocate met with the victim (BaltCity2007; 3 recommendations).

The group then chose the umbrella of Abuser Intervention as one of two short-term recommendations.

2. Service Providers should review topics related to AIP to develop consistency and recommend best practices, Referrals from DSS/FVU/DVSP to agency should include police report and LAP, AIPs should attend MAIC and Service Providers Subcommittee DVCC. Formal Evaluation on Maryland AIPs to determine effectiveness (BaltCounty2014; 1 recommendation).

3. When known risk factor is flagged in AIP, "safety check" should be triggered by victim services, Abuser desire to reconcile should be discussed with team and handled appropriately, especially when victim is not considering reconciling (BaltCounty2014; 1 recommendation).

4. Encourage Abuser Intervention Programs (AIPs) to develop and provide specialized trauma focused services for adolescent perpetrators of IPV. Interventions for teens should be rooted in an understanding of trauma and its consequences while promoting healing and resilience. Additionally, services for teen abusers should address the many unique strengths and challenges of this particular age group, including social, cultural, peer, family and developmental influences (BaltCity2017; 1 recommendation).

5. Resources must be developed to assist men who want to avoid IPV in their own relationships, or to address it appropriately when the relationships of friends or family members become violent. These services could be created by domestic violence agencies but might best be developed and offered by existing programs which provide services to men. The BCDVFRT encourages its members to partner with existing groups which provide male-focused education, training and skill building on the issue of IPV such as Men Stopping Violence and A Call To Men. Within the context of peer support groups and preventive services, participants would have an opportunity to re-conceptualize the idea of manhood in ways that exclude IPV (BaltCity2009; 1 recommendation).

6. Improve communication between agencies to ensure compliance with Abuser Intervention Program Referrals and Requirements. Offenders are often referred to or court ordered to attend an Abuser Intervention Program as a result of their criminal domestic violence case. Often referrals are made, but the referring agency often must follow up with the program to ensure compliance and completion. In many cases it is not known until late in the probation or the stet period that offenders are not compliant with the AIP program. The concern is by not addressing the non-compliance earlier, the offenders are not receiving the necessary counseling and therefore victims are not being provided with the most protection and assistance possible. A) Increase the communication between partner agencies, specifically the AIP programs, the Division of Parole and Probation, and the State's Attorney's Office, regarding an offenders' compliance with the AIP program. B) Work to create a database or some other shared electronic system where all partners have access and can see up-to-date information on all offenders in the AIP programs. This would relieve the AIP from the burden of sending out regular compliance letters and make it easier for P&P and SAO to keep track of offenders referred to AIP (Howard2021; 1 recommendation).

The second short term recommendation area was selected to focus on improving services for the LGBTQIA2S+ community.

7. A) We need more safe spaces in the county for the LGBTQI community and persons in same gender loving relationships. It is important that the community is clear about where these spaces are, and what makes them safe. This includes emergency shelter within the county and how it addresses the needs of this community. B) County agencies and nonprofits should collect data on gender and sexual orientation and use of gender binary terms. This change would help us better understand the prevalence of the problem in our county. C) All domestic violence responders and service providers should be trained to be more sensitive to LGBTQ victims and perpetrators. Service providers need to examine how they serve and support victims within the LGBTQI community. Law enforcement and domestic violence pro-

viders should receive training to ensure that they are offering support that respects the needs of and are responsive to the LGBTQI community. In addition, all providers should be aware of their own biases regarding the LGBTQ communities. They should be aware of culturally competent community services. D) More education and awareness is needed about the unique ways that domestic violence may occur within the LGBTQI community. This should be highlighted both in general and targeted education. All providers must understand forms of abuse within sexual minority and gender minority relationships such as: threats of outing the partner; psychological abuse surrounding one's ability to pass as the intended gender identity; and withholding hormones. E) Police and service providers should seek technical assistance from subject matter experts to improve responses. Police Departments should review The Department of Justice's publication, "Identifying and Preventing Gender Bias in Law Enforcement Response to Sexual Assault and Domestic Violence." Appropriate training and response will foster victim confidence in reporting dv and seeking help. (PG2020 and BaltCity2017; 5 recommendations).

The group also agreed that recommendations under Area of Influence: Culturally Competent Outreach, should be addressed across all things, wherever possible. There was specific interest in the elderly population.

8. For domestic violence service agencies, social services agencies, mental health providers and criminal justice organizations to conduct outreach and provide services to communities in culturally appropriate and relevant ways, specifically to address domestic violence, violence predictors and suicide warning signs. Funding should also be secured for those efforts (PG2016; 1 recommendation).

9. Promote education of elderly population about DV and available resources in the community (Howard2015; 1 recommendation).

10. Increase public education, outreach, and awareness for special populations, including immigrant populations, about their rights and the many resources available to victims of domestic violence from government agencies and non-government organizations (Mont2021; 1 recommendation).

Because the group chose to work on the largest number of recommendations in one term of any group, and also had the largest number of members, sub-subcommittees were created to address the AIP and LGBTQIA2S+ recommendations. Each member of Subcommittee D chose which of the "sub-subgroups" they would work on and those groups then met to refine their focus and set at least one goal for their group. During larger subcommittee meetings each "sub-subgroup" reported out to the whole and brought forth any decision points that needed discussion. It was a very helpful way to divide and conquer the workload. It worked well because it was collaborative and people were able to self-select into what they were most interested in working on. The difficulty was that it meant an additional meeting for members who had already busy schedules. There is still much interest in each of these topics, but ultimately it was determined that more members were needed to make progress.

Meanwhile, the larger group, in pursuit of the creation of a best practice model for FJCs (including a consensus on what the critical components needed would be, funding strategies, understanding legislative needs in creating and implementing, partnership building, collaborating across agencies and gaining buy-in, etc.) began a series of listening sessions with the three existing FJCs in Maryland: Montgomery, Prince George's, and Harford. They further conducted research and phone calls to get information about other efforts across the country and engaged in full group discussions that allowed them to prioritize where to start and to form agreements on what they thought were the most important components of this effort.

## Progress

The listening sessions were very successful in helping reach goals. The team ended up making the most progress on the FJC initiative for the reasons stated above.

The team decided on some guiding principles for going forward in creating a framework or blueprint for the FJC: community should be included when developing ("everyone has a say" and an "investment", victim-centered approach, inclusive); the project must be data driven and have the ability to set metrics (which also helps make the case for its need and the funding), the programs need to include mental health and trauma supports, and FJCs should be prevention focused (not re-active).

Regarding the other short-term goals, the biggest success was the commitment across the subcommittee in recognizing their importance.

The AIP group spent time exploring referral processes and best practices associated with them to look for opportunities to improve outcomes associated with this population. There was great interest in bringing in ways to increase resources related to trauma and violence prevention. One of the biggest successes related to this item was the level of experience and expertise of the group. Those working on this issue had firsthand knowledge of systems and processes and were very willing to share them with the group. This was very helpful in coming up with possible solutions and for tapping into experts that might help the team develop recommendations going forward. Subcommittee Evaluation of Efforts This group had wonderful representation, leadership and voice from members who brought a great deal of perspective and expertise to the table and helped determine where best to start.

## Subcommittee Evaluation of Efforts

This group had wonderful representation, leadership and voice from members who brought a great deal of perspective and expertise to the table and helped determine where best to start.

The biggest impediment was the shear complexity of the FJC project. It is a long term (multi-year) effort and will likely be done in phases and with multiple strategies in order to provide flexibility to jurisdictions. It will take some time and have multiple elements.

The committee worked very well together and found the use of guest speakers useful in their information gathering and planning. One of the chairs chose to step down in order to present the opportunity to chair to a new member (preferably one with LGBTQIA2S+ expertise in order to provide the core team a more diverse standing body).

The subcommittee plans to prioritize more communication and tighter scheduling next term.

## Goals for Next Term

Next term, new membership should help fill gaps in progress. The subcommittee will commit to drafting an FJC best practice plan and attempting to pilot it in one county or region, through DVSP partnership and seeking funding opportunities. Other short-term goals will be tailored more specifically in order to facilitate better progress-making and the maintenance of momentum.

## Who is Missing from the Subcommittee?

The subcommittee requests the recruitment of replacements for outgoing members with LGBTQIA2S+ expertise, more members with AIP expertise, more service providers, experts on non-Christian faiths, a Baltimore city council member, members with expertise on Indigenous, AAPI, and Latinx communities, and members with expertise in engaging men and boys.

# Children's Programming

**Subcommittee E**: Children's Programming began the term with a recommendation list that included the fewest compiled recommendations from local teams, yet engaged with the most difficult to infiltrate systems, such as Maryland Public Schools.

## Process

The group first elected to work on implementing a recommendation pertaining to screening and reporting of domestic violence as it impacts children.

1. All domestic violence service providers should screen cases for child abuse and all child abuse service providers should screen cases for domestic violence. All of these service providers should be cross trained on domestic violence and child abuse and should be aware of resources available in each field. On a regular basis, service providers should report how many of their clients also identify child abuse as a problem and DSS should report how many cases also have domestic violence. Both of these agencies should report the information to DVFRTs (BaltCity2007; 2 recommendations).

Next, they chose to start small in partnering with schools, through school nurses.

2 Train school nurses on recognizing and dealing with symptoms of exposure to stress, trauma and abuse. As appropriate, encourage school nurses to identify, discuss and refer students for domesic violence, sexual assault, sexually transmitted diseases, and birth control (BaltCity2015; 1 recommendation).

Then, they committed to a recommendation pertaining to juvenile offenders.

3. The Department of Juvenile Services will develop a protocol for juvenile offenders who use/possess weapons during violent crime involving family or dating partners (BaltCounty2011; 1 recommendation).

Finally, the subcommittee hoped to address recommendations pertaining to children with criminal justice system involved parents.

4. Establish protocols for responding to children whose parents are part of the criminal justice system as a victim/defendant of a DV Homicide case. Facilitate adoption of a protocol to provide immediate services to children who are present during a domestic violence-related homicide, including MOUs to delineate responsibilities for intervention and follow-up (potentially modeled on the Baltimore City Domestic Violence Fatality Review Team's protocol for immediate intervention for child survivors of DV-related homicide/suicides) (Howard2013, PG2014, and PG2016; 3 recommendations).

The subcommittee planned to utilize member areas of strength and expertise, as well as member contact networks, to reach these goals.

## Progress

Acknowledging that Intimate Partner Violence is an intersectional issue especially as it pertains to child abuse and neglect, this team committed to member-to-member education regarding the complex implications of IPV for child well-being, so as not to racialize or simplify the issues. In addition to these complex dialogues, the subcommittee mostly focused on information gathering and watching legislation this term.
They determined any screening tools developed must be sensitive to disabilities. They agreed that this process should take into consideration how to obtain information from and accommodate for children who cannot verbalize and from parents with disabilities including intellectual disabilities.

Noting that the focus of any implementation project herein should be safety of children (rather than the question of removal or not), the group also discussed the importance of Safe Harbor legislation on protecting child victims.

They investigated current screening tools being used in Baltimore City, while evaluating how these processes would impact and be impacted by failure to protect and child neglect laws. As current legislation was being considered that would prevent victims of DV from being found to be guilty of criminal neglect, the subcommittee inquired about their ability to comment on and propose legislation, whereupon MNADV and the Core Team drafted, approved, and voted into the procedure guide a policy on legislative engagement.

Next, the group reached out to see what the child network and Juvenile services to determine what each has done to implement the above recommendations. It was determined that protocols for juvenile offenders were already developed in both abuse intervention programming and within the justice system.

Regarding school nurse training on recognizing and dealing with symptoms and exposure to stress, trauma and abuse, progress was stalled due to the ongoing COVID-19 pandemic and the overburdened nature of school nursing at this time.

## Subcommittee Evaluation of Efforts

The subcommittee struggled to maintain engagement with the small, busy group of professionals working within the group. The committee meeting process was difficult for everyone to manage, which decreased focus and planning. As such, both chairs chose to step down in the hopes that new leadership and aggressive recruitment could bring more members on board to help increase progress. Given that legislative commentary exists outside group purview, new strategies will be employed next term.

## Goals for Next Term

Next year the team will start with reviewing their focus areas and the report.
Some ideas for implementation planning include determining what they can add to the national curriculum for child first, viewing the screening tools that Baltimore City is using, considering the work with an Equity and Inclusion Lens (determining what role race and culture plan in the recommendations and screening), reviewing other screening tools re: culturally competent response, and examining what barriers and protections are in place for different groups as they seek to protect themselves and their children. They further hope to gain more information on recommendations pertaining to juveniles and weapons.

If the new chairs decide to keep the current short list of recommendations for next term, members intend to create a county-by-county list of nonprofits with expertise in DV and children who can partner with service providers and schools in lieu of government run programs. The subcommittee is also interested in exploring possible areas of training (such as addressing the fear DV providers have with involving DSS due to removal and educating providers around day care licensing and resources that are available prior to the point of mandatory reporting) as well as further investigating the current process for CPS screening (e.g. what standard questions are currently asked on the initial call and when they go out? What input do the workers have in the screening process?) and then exploring the same process on the DV side. They hope to help create a central location for reporting/data and then a plan of how best to integrate and utilize that data.

Regarding training school nurses, they hope to bring school nurses onto the subcommittee, consult with them on the initiative, and potentially partner with MNADV to provide low-cost CEU's on DV,

They finally plan to partner with Subcommittee A: Criminal Justice Protocol and Response on their judicial training work in order to incorporate child development.

Depending upon the perspective of the new chairs, the subcommittee may elect to change course and focus entirely on public school based programming and partnerships.

### Who is Missing from the Subcommittee?

While the Maryland State Department of Education has been invited to the team and was unable to participate, the group requests the recruitment of representatives from the Maryland Association of School Health Nurses, the School Social Work Association of America Maryland Chapter, the State Council on Child Abuse and Neglect, Maryland Essentials for Childhood, CASA, the OPD juvenile section, the Camp Erin Program, the One Love Foundation, the Intercultural Counseling Connection, The Catholic Charities Immigration Services Division, Public School Teachers, a CPS Forensic Inter-viewer, and the MD Association for Supervision and Curriculum Development. The group also re-quests the replacement of outgoing experts on childhood trauma and the Child Fatality Review Team through the Maryland Department of Health.

# SURVIVOR ADVISORY BOARD YEARLY EVALUATION

## Areas which Meet or Exceed Expectations

Overall, the SAB feels positively about the direction and progress so far of the team. Below are categories of specific positive feedback and areas for improvement.

### Positives: Overall Team Functioning

1. The SAB thanks everyone for their hard work and willingness to work together.
2. The SAB felt heard and respected overall in the meetings they were able to attend, but does have feedback regarding how to increase accessibility and opportunities for feedback from the SAB.

## Positives: Subcommittee Priorities and Progress

1. The SAB is very pleased with the progress and priorities of Subcommittee A: Criminal Justice Protocol and Response. They are implementing a time limit on the retrieval of belongings from the home once a protective order has been served. The SAB notes that they've come along way with making progress on that goal, and the entire SAB agrees this is a worthwhile cause.
2. The SAB would like to partner with SC-B: Public Health and Medical Response regarding potential opportunities for holding doctors accountable for letting DV specialists within the hospital best serve victims and finding and training away gaps in understanding about DV among medical providers. They are excited to read the State of the State report next year.
3. The SAB is excited that SC-C: Education and Training will be focusing on community education and is interested to learn more about how SC-C will locate and reach those most at risk. The SAB is interested in helping bridge those gaps.
4. The SAB feels strongly that CCR should be a continued focus of SC-D: Community Service and the team more broadly. They feel passionately about the value of FJCs and hope to see the subcommittee continue to prioritize their creation of more FJCs.
5. As such, the SAB will commit to investigating during the next term how to improve cross-jurisdictional communication and resource sharing by discussing with members from connected (especially smaller) counties. The SAB will relate this and the concepts of peer mentoring and cross-jurisdictional support to the work of SC-D/FJCs and to the broader work of the team.
6. The SAB is interested in continuing the recent core team discussion on legal abuse, and will investigate a special project by the SAB for next year around the question: "what does legal abuse look like in MD today, and how can teams use this information to better their implementation plans?"
7. The SAB will continue to conceptualize their protocol for sharing survivor stories (among the SAB, with broad team, and outside team). The SAB proposes the value of allowing any SAB members who are comfortable to share their survivor stories with the whole group, possibly to kick off next term. This will allow team members to get first-hand personal information that pertains to recommendations and team priorities. If comfortable, survivors could address questions after sharing their story. Sharing stories will assist the team in resonating and getting a fresh perspective of survivor experiences when serving on the various committees. Ultimately it can really assist in the legislation process to combat DM, IPV, and human trafficking. Based on these goals, the SAB will continue the survivor stories project and incorporate their work throughout next term.

# Areas in which Improvements are Recommended

## Areas of Improvement: Team Administrative Functioning

1. Meeting Dates, Times, and Links: The SAB noted there were occasional difficulties in accessing subcommittee meetings and therefore in providing their expert feedback. As such, the following approach should be incorporated next year to increase SAB access and reduce the load on chairs.

    a. The Prevention Coordinator/Team Coordinator will create and send out a meeting time survey to every member in August, find a set monthly day and time that works for each subcommittee (including avoiding holidays and office closures), verify with chairs, and provide technical assistance to anyone that cannot commit to the schedule.

    b. Subcommittees will be encouraged to hold at least 3 nighttime meetings throughout the year to increase survivor access to meetings!

    c. All members must commit to all the terms' meeting times at the September meeting. PC/TC will provide TA to members who cannot.

    d. The PC/TA will take over the creation, dissemination, and maintenance of the whole team calendar, and all zoom meeting links.

    e. All the year's meeting links will be created and sent out at once, right after the September meeting, along with a year calendar with every meeting linked. This will guarantee survivors are never left out and chairs don't have to fuss with it.

    f. A consistently updated team calendar will be color coded to note cancellations (chair, special, MNADV, lack of attendance, etc.) and will be accessible by all members on the drive.

2. Meeting Minutes: The SAB notes chair feedback that creating and disseminating notes in a timely fashion is a challenge, which limited their ability to provide feedback to teams. As such, the following approach should be incorporated next year to increase SAB access and reduce the load on chairs.

    a. All subcommittees must select a notetaker and back up notetaker for the duration of the term.

b. A note template including attendance, timing, main discussion points, follow-up tasks and a check list for complete, pending, and unfeasible tasks will be created by the PC/TC and uploaded to the shared google drive, and all notes will be taken there.

c. The prevention coordinator will edit the finalize notes after every meeting.

d. Because it will be under the google drive, everyone will have immediate access.

e. Meeting minutes must be finalized on the drive no later than 24 hours after the close of the meeting, approved by both Chairs and the PC/TC, whereupon the SAB can access notes at their leisure, as can other members.

f. The PC/TC will send all core team meeting minutes to the full team and encourage all to review them.

3. Attendance Tracking: The SAB noted the difficulty in tracking down attendance metrics, resulting in difficulty knowing who to ask about specific initiatives. As such, the PC/TC will create a better attendance sheet, that will note chair cancellations, individual cancellations, special/virtual/Dropbox meetings, MNADV cancellations, etc., all color coded and on the drive for everyone to help track their own attendance. This constantly updating attendance sheet will correlate with the broader team calendar, also on the drive.

4. Team Communication: In order to facilitate ease of communication and allow for constant recruitment without constantly changing contact lists, the PC/TC will create list-serves for each SC and the SAB so all survivors and members get all correspondence and every meeting invite (without the chairs having to search through emails!).

## Areas of Improvement: Subcommittee Meeting Structure and Progress Tracking

1. The PC/TC will review successful meetings and determine a proposed meeting structure (where folks should be by each monthly meeting) to reduce load on chairs.
2. The PC/TC will better encourage accountability around both short-term and long-term goals (have notes include a check list for complete, pending, and unfeasible tasks) and encourage teams to stay "on task" with voted in goals.
3. The PC/TC will overall, be clearer and hold folks more accountable for the duties of this team (chair requirements, attendance, etc.).
4. SAB will (given that meetings are accessible to them) take a more hands on approach with implementation projects. They are particularly passionate about helping serve Baltimore City as it pursues the reinvigoration of DVFRT, the LAP, etc. They note that partnering with City Council in Baltimore could be key.

## Areas of Improvement: Broad Team Cohesiveness

1. Each September, an adapted version of the SAB Presentation (created for MNADV's Biennial Conference) and an overview of the procedure guide will start the meeting. This will better guarantee a shared understanding of roles, duties, and team prerogatives for all members.
2. Once in the month of October, at least one subcommittee chair from each SC will be expected to attend the SAB's monthly meeting to get initial feedback from the full SAB and develop a starting working relationship.
3. Once, in the month of May, at least one subcommittee chair from each SC will be expected to attend the SAB's monthly meeting to come to a final consensus on what was done and the thoughts the SAB has. This will increase collaboration between the Advisory Board and Team Chairs.
4. All team members should consider who is missing from the table (who to recruit over the summer) and should continue recruiting throughout the year. The SAB would like to invite a Baltimore City Council member to sit on the team, for example. The Maryland School Social Worker Association should also be recruited for SC-E.

# SAB Team Priority and Vision Recommendations

## SAB Recommendations to Prevent IPH More Broadly: Priorities to Consider

1. This team should work against the over-professionalization of the movement, not just through the continued support of our SAB but through consideration of how to make jobs and advocacy accessible to survivors regardless of educational attainment and without paternalistic questions pertaining to how "healed" the survivor is. In our work to implement recommendations and to improve our housing agencies, how can we be survivor FRIENDLY as a core principle? How can we support peer recovery specialists/coaches within this movement like they do in substance use communities? Increasing jobs for survivors in this field relates to economic empowerment.
2. County DVFRTs should prioritize inviting multiple survivor reps to their county teams, as this is a statutory requirement that is not yet commonplace.
3. The SAB would like the broader MD-DVFRSIT to consider and promote the inclusion of SABs at all state and county DV organizations, including MNADV.
4. Encourage county teams to review police misconduct (new law makes these public knowledge) in order to better inform recommendations pertaining to criminal justice protocol and response solutions. Patterns at the county level can be sent to the state team to inform implementation of recommendations.
5. Encourage county teams to investigate the use of restorative practices between police and victims when such misconduct cases come to light (restorative dispute resolution options between survivors and DV professionals).

# CONCLUSION

After just one term, the Maryland Domestic Violence Fatality Review State Implementation Team has made incredible progress toward statewide implementation of recommended homicide prevention initiatives. As the team continues to research, recruit, plan, and enact changes throughout the state, MD-DVFRSIT hopes to see a decrease in domestic violence homicides.

As this report is published each year, a body of literature to track trends in Maryland's homicides due to IPV will develop, more detailed and comprehensive than any such body of literature previously produced by the network. Similarly, as this report continues to document team progress, it will be possible to draw correlations between team activities and homicide prevention. Between this outcome tracing and the evaluation of the SAB each year, MNADV and MD-DVFRSIT hope to move the needle on preventing homicide and suicide due to IPV.

Thank you to the dedicated workgroup members, core team members, subcommittee members, and the Maryland Network Against Domestic Violence for their tireless efforts in making this vision a reality.

Intimate Partner Violence is an intersectional issue that requires broad-scale, statewide, coordination to combat. A new level of statewide cohesiveness on this issue begins here.

# 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 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.

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**MAYRLAND NETWORK AGAINST DOMESTIC VIOLENCE**
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**FOR QUESTIONS, REQUESTS AND ANYTHING ELSE WE CAN HELP WITH PLEASE EMAIL US AT INFO@MNADV.ORG**

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Maryland Network Against Domestic Violence

Domestic Violence Fatality Review
An Initiative of the Maryland Network Against Domestic Violence

MD-DVFRSIT
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