



2022-2023 DVFRSIT REPORT

MARYLAND DOMESTIC VIOLENCE FATALITY REVIEW STATE IMPLEMENTATION TEAM

Table Of Contents

Overview of the Team_____	1
Team Members, Subcommittees, and Recommendations_____	4
2022 Homicide Tracking Overview_____	12
Criminal Justice Protocol and Response Subcommittee Progress Report__	18
Public Health and Medical Response Subcommittee Progress Report_____	20
Education and Training Subcommittee Progress Report_____	21
Community Services Subcommittee Progress Report_____	23
Children’s Programming Subcommittee Progress Report_____	26
Survivor Advisory Board Yearly Evaluation_____	29
Conclusion_____	31



I. OVERVIEW OF THE TEAM:

The Maryland Domestic Violence Fatality Review State Implementation Team (MD-DVFRSIT) was formed in 2021 by the Maryland Network Against Domestic Violence (MNADV) and a work group comprised of representatives from five jurisdiction teams. This volunteer implementation body brings statewide changemakers together to close the feedback loop between jurisdiction teams reviewing cases and recommending changes and the implementation of those changes to decrease the prevalence of intimate partner related homicide in Maryland. This report documents the progress made during the second 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 jurisdiction DVFRTs, identifies trends and patterns in those recommendations, and works to enact those systemic and societal improvements throughout the State of Maryland.

Vision Statement:

Statewide collaboration is a critical component to effectively change the high rate of domestic violence homicides in Maryland. Often, local jurisdiction-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:

1. Convening with representatives from numerous local teams and partner agencies in Maryland a pre-determined number of meetings per year
2. Collecting and reviewing local team recommendations
3. Determining which recommendations are viable for implementation by discussion and majority vote of the Core Team and assigning these recommendations to subcommittees to implement
4. 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
5. Promoting a coordinated statewide response among agencies that provide services related to domestic violence
6. Providing technical assistance and guidance to local teams

GUIDING PRINCIPLES:

- The MD-DVFRSIT will implement recommendations at a statewide level that help reach the goal of a violence free Maryland.
- 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.
- 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.
- 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 members, their titles, or roles therein.
- The MD-DVFRSIT works to honor victims and victim family members, by promoting projects that prevent future deaths and near fatalities, better serving survivors and surviving family in Maryland, and acknowledging the need for a coordinated community response including but never limited to the Criminal Justice System.

GUIDING PRINCIPLES CONTINUED:

- The MD-DVFRSIT is committed to operating in a professional manner, free from shame, blame, or the hierarchization of skillset.
- The MD-DVFRSIT has a mutually beneficial and respectful relationship with jurisdiction teams and is created to serve jurisdiction teams as their partner implementation body. jurisdiction team members are invited to the statewide team, consulted regarding which recommendations to move forward, and are offered technical assistance.
- Members of the MD-DVFRSIT attend meetings consistently, commit to their portion of projects with fervor, and share responsibilities and workload.





II. TEAM MEMBERS, SUBCOMMITTEES, AND RECOMMENDATIONS

The main body of the team, which 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.¹ 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.

The 5 standing subcommittees, which 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 jurisdiction 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. Subcommittees A-E are:

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, while some fall under education and training.

SUBCOMMITTEE C: Education and Training.

Approximately 73 recommendations relate to continued education, research, and training. These are community level, service provider, and criminal justice level needs. This subcommittee addresses the majority of these training needs, but some highly specific elements are allocated to other committees.

SUBCOMMITTEE D: Community Services.

The most diverse as far as types of issues, this subcommittee focuses on a variety of coordinated community response and non-criminal justice related recommendations. Main areas include: increasing education, training, and provider capacity regarding male victims and LGBTQIA+ issues; implementing recommendations related to abuse intervention programs; all basic needs services recommendations; and the importance of faith-based partnerships.

SUBCOMMITTEE E: Children's Programming.

This subcommittee focuses primarily on a few key areas: protocol for children whose parents are part of the criminal justice system due to domestic violence, immediate intervention for child survivors of a parent domestic violence fatality, and the school system/school programming to prevent intimate partner violence.

SUMMARY OF RECOMMENDATIONS²

- Baltimore City, Baltimore jurisdiction, and Prince George's jurisdiction 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 collaborating partners included law enforcement, community service providers, and the court system.



CORE TEAM

Name	Team Role	jurisdiction
Amy Hott	Co-Chair Subcommittee A: CJS	Statewide, Howard
Christian Lassiter	Co-Chair Subcommittee A: CJS	Baltimore City
Dr. Jessica Volz	Co-Chair Subcommittee B: PH/Medical	Montgomery
Rosalyn Berkowitz	REPLACEMENT Co-Chair Subcommittee B: PH/Medical	Baltimore jurisdiction
Vickie Sneed	Co-Chair Subcommittee C: Edu/Training	Baltimore jurisdiction
Rebecca Baldwin	Co-Chair Subcommittee C: Edu/Training	Montgomery
Jacqueline R. Scott	Co-Chair Subcommittee D: Community	Howard
Shelby Frink	Co-Chair Subcommittee D: Community	Baltimore jurisdiction
Maura Vilkoski	REPLACEMENT Co-Chair Subcommittee D: Community	Calvert jurisdiction
Connie Phelps	Co-Chair Survivor Advisory Board	Baltimore City
Reverend Sakima Romero-Chandler	Co-Chair Survivor Advisory Board	Frederick
Alison Imhoff	Co-Chair Subcommittee E: Children	Harford
Jessica Dickerson	Co-Chair Subcommittee E: Children	Baltimore City
Detective Jeffery S. Gray, VAS III	Police Rep, subcommittee A, Subcommittee C	Statewide, Prince George's
Taylor Spencer Davis	Service Provider Rep, subcommittee D	St. Mary's
Senator Shelly Hettleman	Senator Rep	Baltimore jurisdiction
Del. Vanessa Atterbeary	Delegate Rep	Howard
Melanie Shapiro	Public Policy Director	MNADV
Whitney Adell	Prevention Coordinator	MNADV

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

SURVIVOR ADVISORY BOARD

Name	jurisdiction
Allison Baker	Calvert/St. Mary's
Beverly Reddy	Baltimore jurisdiction
Norwood Johnson	Baltimore City
Rose Saad	Frederick
Tya Johnson	Prince George's
Amanda Tenorio	Prince George's
Elizabeth Campbell	Calvert
Susan Tucci	Frederick
Maylee Moua	N/A
Jennifer Foxworthy	Calvert
Quetsy Bosque-Lugo	Baltimore
Shawnta Jackson	Anne Arundel

SUBCOMMITTEE A: CRIMINAL JUSTICE PROTOCOLS AND RESPONSE

Name	jurisdiction
CO-CHAIR: Amy Hott	Statewide
CO-CHAIR: Christina Feehan	Wicomico/Worchester/Sommerset
Sharon DiMaggio	Calvert
Jason DuBard	St Mary's, Charles, and Calvert, Previous Anne Arundel
Brett Engler	Frederick
Katherine Parron	Statewide
Sgt. Chris Taylor	Statewide, Frederick
Anthony London	Talbot, Eastern Shore Counties

SUBCOMMITTEE B: PUBLIC HEALTH AND MEDICAL RESPONSE

Name	jurisdiction
Co-Chair: Jessica Volz	Montgomery
CO-CHAIR: Rosalyn Berkowitz	Baltimore jurisdiction
Tania Araya	Baltimore City
Yvonne Dawkins	Calvert
Dr. Pamela Holtzinger	Frederick
Ann Winklbauer	Frederick
Katie Wells	Montgomery
Jen McNew	Washington
Traci La Valle	Statewide
Lauren Hanley	Baltimore jurisdiction
Upeksha Thilakawardana	Calvert

SUBCOMMITTEE C: EDUCATION AND TRAINING

Name	jurisdiction
CO-CHAIR: Vickie Sneed	Baltimore jurisdiction
CO-CHAIR: Rebecca Baldwin	Montgomery
Ngozi Obineme	Howard, Prev: Montgomery
Dr. Johnny Rice	PG/Baltimore City
Lauren Dougherty	Baltimore City
Smita Varia	Montgomery
Sharon DiMaggio	Calvert
Dave Thomas	Statewide
Stephanie Romano	Baltimore City
Jess Garth	Prince George's
Brandie Forest	Baltimore jurisdiction
Iqra Tahir	Baltimore jurisdiction

SUBCOMMITTEE D: COMMUNITY SERVICES

Name	jurisdiction
CO-CHAIR: Shelby Frink	Baltimore jurisdiction
CO-CHAIR: Maura Vilkoski	Calvert
Arleen Joell	Prince George's
Wendy Lee	Baltimore City
Corae Young	Charles
Jackie Rhone	Prince George's
Lisa Enriquez	Carroll and Howard
Meaghan Tarquinio	Frederick
Jess Foster	Charles
Danielle McCray	Baltimore City
Merrick Moise	Baltimore City
Ashley Dilonno	Statewide
Amanda Katz	Statewide
Iqra Tahir	Baltimore jurisdiction
MNADV Guest: Erin Wilkins	MNADV

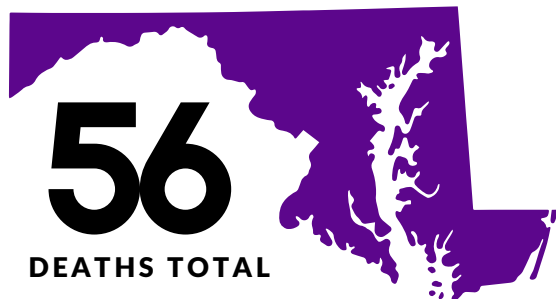
SUBCOMMITTEE E: CHILDREN'S PROGRAMMING

Name	jurisdiction
CO-CHAIR: Jessica Dickerson	Baltimore City
CO-CHAIR: Alison Imhoff	Harford
Kathryn Marsh	Charles
Sheryl Brissett Chapman	Statewide
Jackie Rhone	Prince George's
Leslie Margolis	Baltimore but statewide work
Heather Lageman	Statewide
Amy Gilford	Carroll
Dee Anne Weber	Carroll
Lauren Hanley	Baltimore jurisdiction
Donna Leffew	Wicomico
Judy Postmus	Statewide
Ojeda Hall	Statewide, Baltimore

III. 2022 HOMICIDE TRACKING OVERVIEW

TOTAL DOMESTIC VIOLENCE DEATHS

IN THE YEAR OF 2022, 56 MARYLANDERS LOST THEIR LIVES TO DOMESTIC VIOLENCE



Deaths by Category (2019-2022)

YEARS	Victim Deaths			Homicides *Pending Legal Action	Abusive Partner Deaths	DEATHS
	ADULTS	CHILDREN	TOTAL			
Jan - Dec 2022	35	5	40	*3	13	56
Jan - Dec 2021	40	2	42	*3	13	58
Jan - Dec 2020	40	1	41	*4	11	56
Jan - Dec 2019	23	0	23	2	4	29

40 Victims of Domestic Violence Were Killed

Age Range: 1 years to 67 years old.

26 Intimate Partners Died

- 13** Women were killed by a current or ex-boyfriend
- 8** Women were killed by their current or ex-husband
- 1** Woman was killed by her fiancé
- 1** Man was killed by his boyfriend
- 3** Men were killed by their girlfriend



As a result of these deaths, at least **30** children were left behind.

14 Bystanders Died

- 1** Woman was killed by her daughter's ex-boyfriend
 - 1** Woman was killed by her mother's boyfriend
 - 1** Teenage boy was killed by his sister's ex-boyfriend
 - 1** Child was killed by her grandmother's boyfriend
 - 1** Child was killed by her mother's boyfriend
 - 3** Children were killed by their father
 - 3** Men were killed by their girlfriend/sexual partner's other boyfriend/sexual partner
 - 3** Men were killed by their girlfriend's ex-boyfriend
 - 3** Men died due to domestic violence dynamics
- *Details of cases are unknown due to pending legal action.

ABUSIVE PARTNER DEATHS AND MURDER SUICIDES

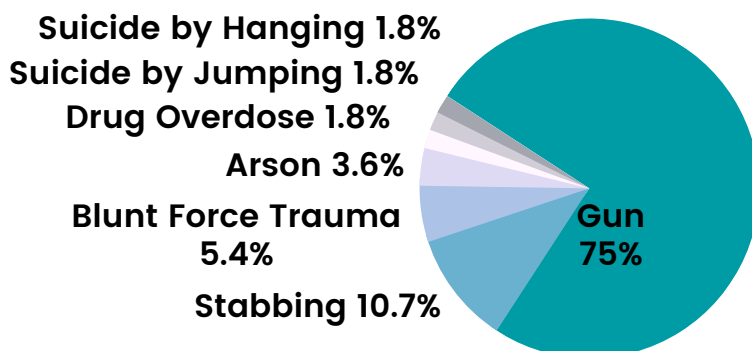
More Lethal? 38% of 2022 deaths were within the context of a murder suicide or quadruple murder suicide. Considering Maryland experienced two quadruple murder suicides in 2022 (something never before seen), murder suicides remain common but may be becoming more lethal.

A total of 13 Abusive Partners Died:

-  **1** Man committed suicide after assaulting his intimate partner.
-  **1** Man was killed by his intimate partner's friend who intervened to protect her.
-  **1** Man was killed in self-defense by his ex-girlfriend.
-  **2** Men were killed by police after attacking their intimate partner.
-  **1** Man was killed in self-defense by his ex-girlfriend's new boyfriend.
-  **7** Men committed suicide within the context of a murder-suicide or quadruple murder-suicide.

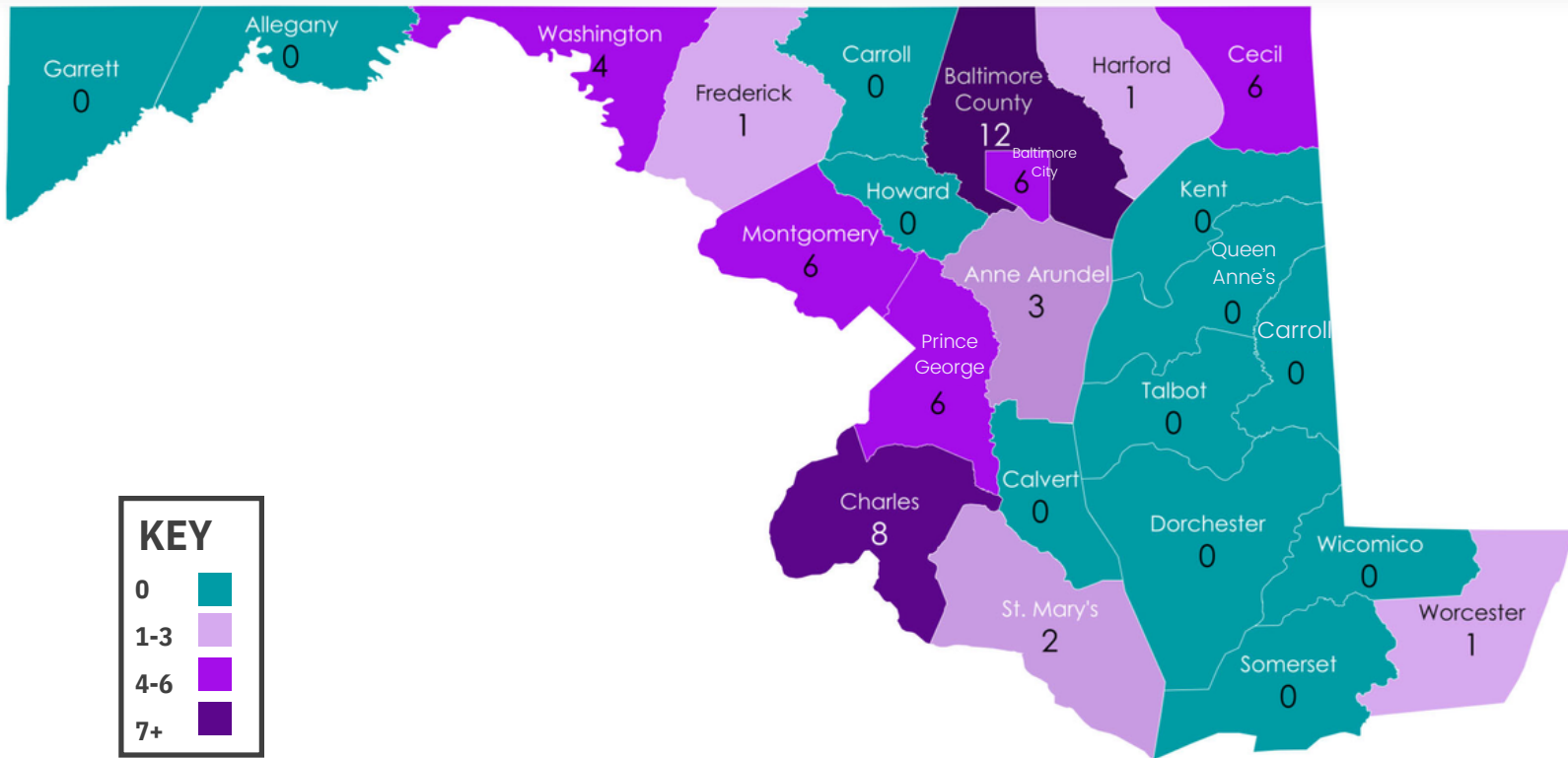
WHAT METHOD WAS USED TO END THEIR LIVES?

Method	Number of Deaths	Percent of Deaths
Gun	42	75%
Blunt Force Trauma (via car or other weapon)	3	5%
Stabbing or Other Penetrative Trauma	6	11%
Suicide by Hanging	1	2%
Arson	2	4%
Drug Overdose	1	2%
Suicide by Jumping from Height	1	2%



75%
of the deaths
were caused
by a gun

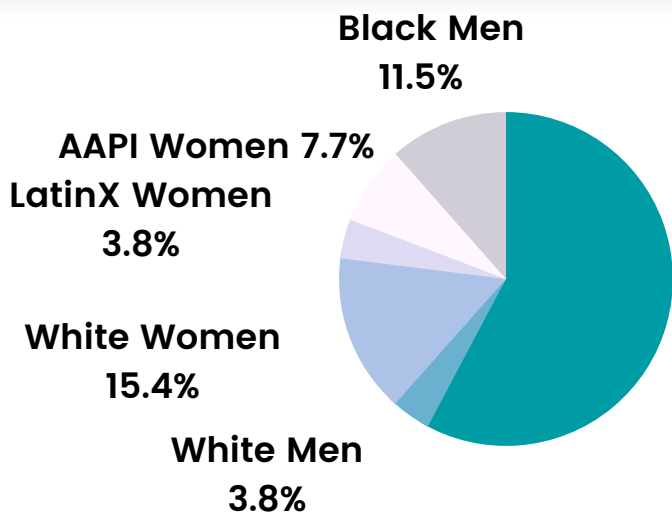
TOTAL DOMESTIC VIOLENCE DEATHS BY JURISDICTION



Allegany	0
Anne Arundel	3
Baltimore City	12
Baltimore County	6
Calvert	0
Caroline	0
Carroll	0
Cecil	6
Charles	8
Dorchester	0
Frederick	1
Garrett	0

Harford	1
Howard	0
Kent	0
Montgomery	6
Prince George's	6
Queen Anne's	0
Somerset	0
St. Mary's	2
Talbot	0
Washington	4
Wicomico	0
Worcester	1

THE GENDERED DYNAMIC OF DOMESTIC VIOLENCE HOMICIDES



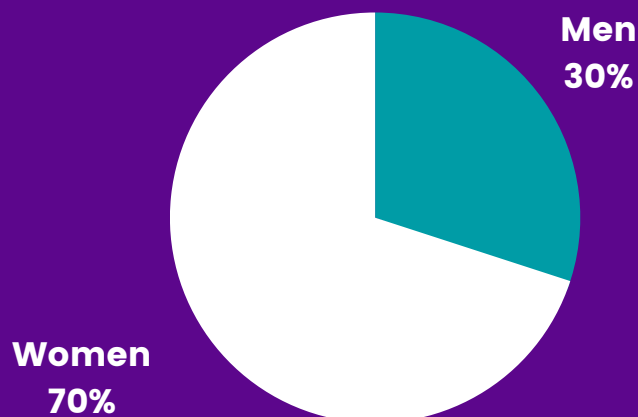
Black Women are dying NEARLY 4 TIMES their proportion within our state's population

Black women 57.8%

All Victims:

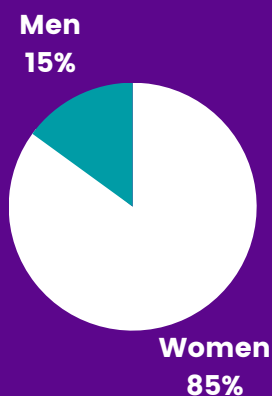
Intimate Partner (IP) and Bystanders (BS), excluding abusive partners and pending cases:

70% (28 of the 40 victims) were women. 30% were men.



All those who died:

Of all 56 lives lost, 50% were women and 50% were men. This is due to a higher than usual number of male bystanders this year.



Intimate Partner Victims:

85% (22 of 26 IP victims) were women. 15% (4 of 26 IP victims) were men.

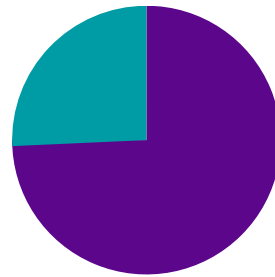


SHIFTING THE NARRATIVE: WHY DON'T THEY JUST LEAVE?

They fear for their own safety: Over one quarter (out of 26) of intimate partner victims died while trying to end the relationship or after they already had.

Victims who had left
or were leaving:


Victims Who Left
25.7%





Victims Who Stayed
74.3%

They fear for the safety of their loved ones:

50% of bystanders who died were killed by abusive partners **AFTER** the intimate partner had left, tried to leave, or had begun seeing other people.

7  Bystanders harmed by abusive partners of intimate partners who had left, tried to leave, or had begun seeing other people.

5  **2**  5 were the new or other partners of the intimate partner victim (killed by her ex or soon to be ex-Abusive Partner), while 2 others were killed by a family member's Abusive Partner after she left.

The most dangerous time for a victim/survivor of Domestic Violence is when they are leaving.



Domestic Violence Fatality Review

An Initiative of the Maryland Network Against Domestic Violence

DOMESTIC VIOLENCE FATALITY REVIEW SUBCOMMITTEE PROGRESS REPORTS



IV. CRIMINAL JUSTICE PROTOCOL AND RESPONSE SUBCOMMITTEE PROGRESS REPORT

Subcommittee A: Criminal Justice Protocol and Response continued to work on the over 30 compiled recommendations from jurisdiction teams. They selected and worked on several recommendations that they felt applied statewide and could be achieved.

INTRODUCTION:

This committee prioritized implementing a recommendation that involved creating a mechanism to outline the period in which a respondent is given to retrieve items from a shared home after the imposition of a Final Protective Order. The goal was to continue to move forward with the recommendation applying the best practices that were created.

Recommendation One (1): There should be a time limit for perpetrators to gather belongings and notification of victim before police accompany perpetrator to get belongings (Baltjurisdiction2014; 2 recommendations). The subcommittee continued their discussion on a recommendation that involves the Commissioner System. The goal for the second term (year 2) was to educate the subcommittee on the commissioner system in Maryland.

Recommendation Two (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, Baltjurisdiction2011, and Baltjurisdiction2012;5 recommendations).

Parole and Probation Recommendations: Many of the recommendations involved the Department of Parole and Probation. They were fortunate to have a team member from that department willing to organize the recommendations and assess which ones his agency could implement.

PROGRESS:

This subcommittee had a good number of active participants who contributed to the discussion and decision-making that supported the progress of these recommendations.

Subcommittee A presented their prepared PowerPoint presentation for Recommendation One (1) at both the Sheriff's Association Annual meeting and a meeting of the Administrative Law Judges. The Sheriff's Association was receptive to their ideas, and it is their intention to follow up with them in the next term (year 3). The presentation to the Administrative Law Judge was not well received, and they have moved on from asking the bench for assistance and buy-in of the recommendation. They are currently assessing the next steps.

The subcommittee welcomed a presentation from the Director of Maryland Commissioners, Timothy Haven, in November 2022 to explain the commissioner system in Maryland. The goal was to make sure that all subcommittee members had a base level of knowledge of the Commissioner System so that the group could have informed discussions on recommendation two (2).

The Parole and Probation recommendations were handled solely by Jason DuBard, who has followed up with his supervisor. The determination was made to start on a more local level, which Jason has more control over, with the intention to learn from that process. However, the ultimate goal is statewide implementation.

SUBCOMMITTEE EVALUATION OF EFFORTS:

This subcommittee made a lot of progress on their recommendations, many of which involved very complex systems. Their progress was due to the leadership of the co-chairs and the active participation of their members.

Goals for Next Term: Next year, they will review their short and long-term goals, continue to educate their members, and attempt to move forward with the recommendations they have selected.

Who is Missing from the Subcommittee? The Subcommittee requests the recruitment of public defenders, law enforcement, and Legal Aid.

V. PUBLIC HEALTH AND MEDICAL RESPONSE SUBCOMMITTEE PROGRESS REPORT

INTRODUCTION:

The subcommittee grouped the recommendations into general themes: Information and Screening, Training, Evidence Collection, Coordinated Response, Behavioral and Mental Health, and Pregnancy. Each recommendation was reviewed by the group and a determination was made that the recommendation was relevant and would be examined by the subcommittee or did not meet criteria for review because it either had been resolved through legislation, was too specific to an individual jurisdiction, or was otherwise satisfactorily completed.

PROGRESS:

The group was able to review all 19 recommendations and created a “State of the State” document that (1) concisely summarizes each recommendation as close to the original form as possible, (2) provides a summary of the questions about the recommendation that were posed by the group, (3) discusses current policies, practices, and other information gathered by the group related to the recommendation, and (4) provides recommendations for actionable items to support the recommendation.

SUBCOMMITTEE EVALUATION OF EFFORTS:

The sub-committee welcomed a new co-chair – Rosalyn Berkowitz – to lead along with Jessica Volz. Together they were able to successfully finish the State of the State document and close out the second term (year 2).

Goals for Next Term: The goals for the next term include recruiting additional members to the subcommittee. They will use the State of the State document to guide them through implementation of their recommendations for term 3.

Who is Missing from the Subcommittee? The subcommittee requests the recruitment of ER nurses, an advocate, a mental health professional, and a law enforcement officer. This subcommittee is currently primarily comprised of current and/or retired Forensic Nurses, so they would like to see their subcommittee diversify for term 3.

VI. EDUCATION AND TRAINING SUBCOMMITTEE PROGRESS REPORT

INTRODUCTION:

Subcommittee C: Education and Training continued their work on non-fatal strangulation.

This subcommittee had smaller working groups and collaborated with members of the Survivor Advisory Board and the Public Health and Medical Subcommittees to move forward with the recommendations outlined below.

Recommendation One (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 jurisdiction 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 jurisdiction 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).

Recommendation Two (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 jurisdiction State’s Attorney’s Office, Montgomery jurisdiction Sheriff’s Office, Montgomery jurisdiction Police Department, and the Adventist Healthcare Shady Grove Medical Center Forensic Medical Unit collaborated to create the “Responding to Strangulation in Montgomery jurisdiction: A Collaborative Approach” training to educate first responders and service providers throughout the jurisdiction about strangulation, the signs and lethality risks of strangulation, and the community resources available for victims of strangulation. Additionally, as described above, the Montgomery jurisdiction Police Department updated the DVS and provided training on strangulation to all officers in 2020 (Mont2020; 1 recommendation).

PROGRESS:

The subcommittee was able to get closer to its goal of completing the non-fatal strangulation training and hopes to continue those efforts next term.

SUBCOMMITTEE EVALUATION OF EFFORTS:

The subcommittee was met with big transitions including the exit of both co-chairs and the Prevention Coordinator at MNADV. Efforts to implement recommendations were challenging for this subcommittee due to those transitions that happened midway through the term.

Goals for Next Term: The plan for next year is to rebuild this committee, recruit new leadership, and complete and present their non-fatal strangulation training with the support and collaboration of the Survivor Advisory Board and the Public Health & Medical subcommittee.

Who is Missing from the Subcommittee? The subcommittee requests the recruitment of community members with expertise in domestic violence dynamics. This subcommittee is unique because it does not just focus on one area of domestic violence homicide prevention. Although recommendations that focus on a very particular area may go to another subcommittee for implementation, this subcommittee receives recommendations that span a wide range of topics, so it needs members that have a well-rounded understanding of domestic violence.

VII. COMMUNITY SERVICES SUBCOMMITTEE PROGRESS REPORT

INTRODUCTION:

Subcommittee D: Community Services continued to work on their long term and short-term recommendations related to Family Justice Centers, Abuser Intervention, Cultural Competency, and the 2SLGBTQIA+ community.

This subcommittee decided to create subcommittees/smaller working groups within the larger subcommittee to support the implementation of Family Justice Centers (FJCs). Each working group came up with a set of values and reflection questions.

CULTURAL HUMILITY

This group worked on establishing cultural humility principles for FJC's.

- **Be responsive and responsible to the communities that they serve.**
 - Ensure that all local non-English speaking communities can have access to the resources they need in a timely way.
 - Ensure feedback loop between clients and providers.
 - Research, reach out, and learn from the local/regional/jurisdiction demographics when creating safe spaces.
- **Hire with best practices in diversity inclusion and belonging.**
 - Understand local community needs and select staff able to provide appropriate services.
 - Consider offering DV training to hires with varied professional backgrounds.
- **Establish relationships with culturally specific organizations to be engaged either as providers or as partners.**
 - Strive to support and enhance the work of culturally specific providers already providing services in the area.
 - Seek to build community relationships/leadership where need is identified.
- **Educational session/training for the staff on what is cultural humility.**

MALE SURVIVORS

When it came to discussing the inclusion of survivors of all genders, the group focused on supporting male survivors as this is a population that is underrepresented. The subcommittee was able to discuss and come up with questions and values around the inclusion of male survivors.

- How do we reach all victims and break the stigma around males speaking out about their victimization?
- Violence in relationships is normalized in culture, as seen in TV shows and heard in music. Education on healthy relationships is critical.
- In developing an FJC, services offered should be gender neutral. An FJC should be a place where all victims feel safe and do not fear their information will be disclosed.
- Intake process for FJC should be sensitive to the needs of all victims regardless of gender.
- Providers who receive grant funding are required to make accommodations for male and female victims. Are there providers/organizations who are not and why?
- Important to include the 2SLGBTQIA+ community to determine potential reasons for non-disclosure, like a person's sexual orientation or HIV status being made public.
- What comorbidities exist with all victimization? Do those comorbidities tend to override the root cause? (i.e. abuse) For example - alcoholism, drug abuse.
- All victims will be served equally and equitably as appropriate accommodations will be made.
- Will utilize a trauma informed lens.

2SLGBTQIA+

- Normalization of stating pronouns (email signatures, name badges, introductions, presentations).
- Awareness of and resources about issues that disproportionately affect sexual minorities (gender discrimination, HIV).
- Diverse representation- not only in the materials distributed but in the actual staff members, as well.
- Participation in local Pride events to show support and increase visibility.
- Celebration of gender minorities and Pride events on social media platforms and website.
- Support for parents of 2SLGBTQIA+ children (PFLAG or parent support programs).
- Training for local entities and organizations regarding 2SLGBTQIA+ sensitivity workshops/trainings.

ABUSER INTERVENTION PROGRAMS (AIP)

- More coordination between Department of Parole and Probation and service providers.
- Access to shared data to spotlight gaps in referrals to parole and probation.
- Governance structure around the use of OCEMS database.
- Report outs for non-completers of AIP programming (terminations and administrative discharges).
- Each jurisdiction needs a standing meeting/roundtable at the local level to build on strengths, understand gaps, and touch base.
- Education and Trainings for judges, legal counsel, and community.

PROGRESS:

Sub-committee members were able to provide expectations for FJCs regarding cultural humility and recommendations for Abuser Intervention, Male Victims, and 2SLGBTQIA+. They are now in the process of getting key collaborative partners involved.

SUBCOMMITTEE EVALUATION OF EFFORTS:

Subcommittee D was able to take steps forward on the implementation of its recommendations but faced some challenges around communication from members, organization of documents, and attendance. Subcommittee D members confident that if these few things improve, they will see some great results.

Goals for Next Term: This subcommittee plans to regroup and get grounded in its primary goals around Family Justice Centers. This will include re-evaluating how the smaller subcommittees will influence and impact the overall FJC goal and outlining steps to move the work forward. They will also consider merging the 2SLGBTQIA+ w/ male victims' subgroups for 2023-2024.

Who is Missing from the Subcommittee? The subcommittee requests the recruitment of anyone in the community who has energy and passion for the work that will allow them to be an active and engaging member.

VIII. CHILDREN'S PROGRAMMING SUBCOMMITTEE PROGRESS REPORT

INTRODUCTION:

Subcommittee E: Children's Programming had many members who were relatively new to the committee, so they engaged in a lot of fact-finding processes and assessing commonalities and differences through Maryland's implementation of the Handle with Care program, Healthy Teen Relationships curricula, and other child serving programs.

Throughout term two (2), Subcommittee E met monthly and decided to focus on the recommendations around School-Based Programming and Teen Dating Violence.

The group identified strategies to collaborate with the public-school systems as well as some areas where further training is needed. The One Love Foundation was identified as a front-runner because of their mission to reach students, parents, and educators. In addition, there were representatives from various agencies and organizations that conducted presentations on topics that related to Subcommittee E's starting recommendations.

PRESENTATIONS:

October 2022:

Title: Handle with Care and the Family Violence Council's compilation of Healthy Teen Relations Curriculum for MSDE
Presenter: Rebecca Allen, Victim Services Program Manager with the Governor's Office of Crime Prevention, Youth, and Victim Services.
Description: This presentation was to address Recommendation #6 and #7.

- School-Based Programming Recommendations #6: Safety plan for children involved in Protective Order proceedings, and to create a protocol which will identify and develop an appropriate response to children whose parent(s) have been killed as a result of domestic violence: Handle with Care & Children Who Witness brochure.
- School-Based Programming Recommendations #7: DV education: Healthy Teen Dating: A Guide for Educators and Youth Service Providers

PRESENTATIONS (CONTINUED):

December 2022:

Title: Handle with Care Initiative

Presenter: Christine Fogle, Program Manager, Trauma Informed Care Children and Youth Division, Governor's Office of Crime Prevention, Youth, and Victim Services.

Description: Follow up presentation on the Handle with Care Initiative to include representatives from the sites that have been most successful with implementation available to speak.

February 2023:

Title: IPV Training & K-12 Schools

Presenter: Connie Phelps

Description: As a social worker with Baltimore jurisdiction Schools that worked in schools in the Baltimore area for the past 15 years, she presented on suggested presentations/information to explore related to bringing healthy relationship training into K-12 schools.

May 2023:

Title: Handle with Care

Presenter: Rosheda Harrell-Brockington, Center for Hope

Description: Presentation on the successes and challenges of the Handle with Care Initiative from a Handle with Care Coordinator.

PROGRESS:

Subcommittee E was able to develop a conference and offer CEUs to draw in school social workers, nurses, teachers, service coordinators with DDA, and placement social workers with DSS. The group was also able to develop training curriculum that included: Training for school social workers, guidance counselors and nurses; Training for School Resource Officers (already being conducted); Other school-based personnel.

SUBCOMMITTEE EVALUATION OF EFFORTS:

This subcommittee made great progress towards their goals focused on Teen Dating Violence and school-based programming. They had hoped to make more progress on the development of their trainings and hope to recruit more members to be able to do that next term.

Goals for Next Term: This subcommittee hopes to continue to expand on the development of training specifically for their selected recommendations around School-Based Programming and Teen Dating Violence.

They hope to have a future presentation on Specialized Services for Child Witnesses from Tania Araya. This recommendation came out of the Baltimore City DVFRT, and they hope to discuss how the recommendation came about, and if there were any challenges and successes around implementation on the local side.

Who is Missing from the Subcommittee? The subcommittee requests the recruitment of MSDE, the State Council on Child Abuse and Neglect, and/or Maryland Essentials for Childhood, as well as a representative from Maryland's Court Appointed Special Advocates. A member from the OPD juvenile section may also be helpful. They may also consider someone from the School Nurse Association, Maryland Association of School Health Nurses and Camp Erin Program, and the Intercultural Counseling Connection.

IX. SURVIVOR ADVISORY BOARD YEARLY EVALUATION

INTRODUCTION:

Overall, the Survivor Advisory Board (SAB) feels positive about the direction and progress so far of the team. The SAB thanks everyone for their hard work and willingness to work together! The SAB was integrated and respected in meetings they were able to attend but does have feedback regarding how to increase accessibility and opportunities for feedback by the SAB.

PROGRESS:

Members of the SAB participated in all subcommittees throughout the term while continuing to create an uplifting and supportive environment within the Board itself.

SUBCOMMITTEE EVALUATION OF EFFORTS:

Subcommittee A: The SAB is very pleased with the progress and priorities of Subcommittee A: Criminal Justice Protocol and Response, which is implementing a time limit on the retrieval of belongings from the home once a protective order has been served. The SAB notes that they have come a long way in making progress on that goal, and the entire SAB agrees this is a worthwhile cause and will continue to support the work of its work.

Subcommittee B: The SAB would like to partner with SC-B: Public Health and Medical Response regarding training away gaps in understanding about Domestic Violence among medical providers.

SUBCOMMITTEE EVALUATION OF EFFORTS: (CONTINUED)

Subcommittee C: 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. It is important that the work done on the strangulation presentation not be lost and that the Education and Training committee be fully reconstructed.

Subcommittee D: The SAB feels passionately about the value of FJCs and hopes to see subcommittee SC-D continue to prioritize the creation of more FJCs.

Goals for Next Term: The SAB will commit to investigating 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.

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?”

The SAB will continue to conceptualize their protocol for sharing survivor stories (among the SAB, with the 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 the next term with prepared video statements. 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 stories. Sharing stories will assist the team in resonating and getting a fresh perspective on survivor experiences when serving on various committees. Based on these goals, the SAB will continue the survivor stories project and incorporate its work throughout the next term.

Who is Missing from the Board? The SAB will continue to strive for an inclusive and affirming environment. The SAB encourages survivors who are men and survivors of color to reach out and join if interested.

SAB RECOMMENDATIONS TO PREVENT DV MORE BROADLY: PRIORITIES TO CONSIDER

1. This team will continue to work against the over-professionalization of the gender based violence 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 as they do in substance use communities? Increasing jobs for survivors in this field relates to economic empowerment.
2. The SAB would like to see jurisdiction DVFRTs prioritizing more survivor representation.
3. Encourage jurisdiction teams to review police misconduct (new law makes this public knowledge) in order to inform better recommendations pertaining to criminal justice protocol and response solutions. Patterns at the jurisdiction level can be sent to the state team to inform the implementation of recommendations.
4. Encourage jurisdiction 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).

X. CONCLUSION

The Maryland Domestic Violence Fatality Review State Implementation Team (DVFRSIT) has successfully wrapped up their second year. Through normal and anticipated obstacles, the subcommittees were able to make great strides in implementing its recommendations.

Thank you to the dedicated core team members, subcommittee members, and the Maryland Network Against Domestic Violence for their continuous efforts to implement statewide homicide prevention initiatives.

Thank you to Mariesa Robinson for her tireless efforts in the creation and coordination of the state team for the last two terms. This team owes much of its success to her.











XI. REFERENCES

1 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 Submitted to the U.S. Department of Justice. Retrieved from <https://www.ojp.gov/pdffiles1/nij/grants/229248.pdf>

2 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.

XII. LIST OF ACRONYMS

The following list includes acronyms used throughout this report:

 2SLGBTQIA+	TWO SPIRIT, LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, INTERSEX, ASEXUAL, PLUS (INCLUDING OTHER IDENTITIES AND ORIENTATIONS NOT MENTIONED IN THE ACRONYM)
 AP	ABUSIVE PARTNERS
 DVFRSIT	DOMESTIC VIOLENCE FATALITY REVIEW STATE IMPLEMENTATION TEAM
 IPV	INTIMATE PARTNER VIOLENCE
 IPH	INTIMATE PARTNER HOMICIDES
 FJC	FAMILY JUSTICE CENTER
 AIP	ABUSER INTERVENTION PROGRAM
 CEU	CONTINUING EDUCATION UNITS
 SAB	SURVIVOR ADVISORY BOARD
 DVFRT	DOMESTIC VIOLENCE FATALITY REVIEW TEAM



Domestic Violence Fatality Review

An Initiative of the Maryland Network Against Domestic Violence

Contact Us



301-429-3601



info@mnadv.org



**1997 Annapolis Exchange
Parkway, Suite 300
Annapolis, MD 21401**

