



**Governor's Family Violence Council
Annual Report
December 1, 2016**

Larry Hogan
Governor

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Lt. Governor

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MSAR # 9421

Executive Summary

Governor Larry Hogan and his Administration are committed to preventing and reducing domestic violence and have advocated strongly for victims of family violence by supporting the work of the Governor's Family Violence Council. The Council, currently chaired by Jeanne Yeager, Executive Director, Mid-Shore Council on Family Violence, has accomplished a broad range of projects to improve accountability, awareness, and research in statewide family violence policy.

I. Governor's Family Violence Council Structure and Goals

The mission of the Governor's Family Violence Council is to provide the Governor with timely and accurate information on family violence with recommendations that will reduce and eliminate abusive behaviors.

The Governor's Family Violence Council was organized by the Lt. Governor and the Attorney General in 1995. The Council worked to reduce and prevent family violence. The Council and its action teams represented all areas of the criminal justice system, as well as elected officials, advocates, scholars, and citizens. Action teams focused on: Children's and Domestic Violence Abuser Intervention; Courts; Criminal Justice; Legislative; Local Family Violence Coordinating Councils; Sexual Offender Treatment; and Victim Service Resources.

Summary of Executive Order Goals

- (1) Advise the Governor through the Executive Director of the Governor's Office of Crime Control & Prevention on matters related to family violence.
- (2) Identify and analyze State policies and programs relating to family violence, including but not limited to:
 - (a) Collecting data from State agencies relating to the prevention and reduction of domestic violence and related family violence;
 - (b) Identifying resources available to reduce and prevent family violence through a statewide coordinated effort.
 - (c) Identifying opportunities for collaboration between governmental units.
- (3) Examine, or cause to be examined, the relationship between family violence and other societal problems, including but not limited to juvenile delinquency, alcohol and substance abuse, truancy, and future criminal activity.
- (4) Identify best practices, research and information pertaining to abuser intervention and related programs.

(5) Propose to the Governor, through the Executive Director of the Governor's Office of Crime Control & Prevention, legislative, regulatory, and policy changes to reduce and prevent the incidence of domestic violence and related family violence, to protect victims and to punish perpetrators.

The first task of the Council was to understand the major problems facing the State's response to family violence. Criminal and civil laws concerned with family violence were evaluated by the Council. Using the model code developed by the National Council of Juvenile and Family Court Judges as a guide, the Council recommended reforms to strengthen these laws, their enforcement, and programs that support families and protect victims. The Council established the following goals to further the Governor's efforts to reduce and prevent family violence.

A. Reorganization

In 2012, the Family Violence Council members established a new structure to continue progress and provide recommendations to the Governor annually as a body. Members agreed upon a framework whereby two or three key areas of family violence policy would be selected by a majority vote and championed by one member and a working committee of members for one year. At the culmination of the study, each working group would deliver expert research, recommendations, and resources for the Governor and criminal justice partners statewide.

B. FY 2016 of Areas of Study

Workgroup #1: Domestic Violence in the Presence of a Child Workgroup.

Problem Statement

In light of the overwhelming evidence regarding the costs of childhood exposure to domestic violence, and in response to the United States Attorney General's National Task Force's recommendation that government officials in all states develop protocols and policy responses to address the issue of Domestic Violence in the Presence of a Child, the Council established the Domestic Violence in the Presence of a Child Work Group in FY 2012. Due to the magnitude of the problem, the Council voted to continue this work for FY 2013 and FY 2014. In 2015 legislation (SB 337/HB 306 – Crimes – Committing a Crime of Violence in the Presence of a Minor – Penalties) was passed which enhances the penalty for a defendant convicted of a crime of violence committed in a residence when the defendant reasonably should have known that a minor was within sight or hearing of the crime.

Workgroup Structure

Members of the workgroup have continued with the agenda of this workgroup in 2016. The members continue to work with the Maryland State Police to implement a training curriculum. Additionally, the Maryland Network against Domestic Violence (MNADV) included the cost of printing brochures for statewide distribution to address training for child-serving professionals on the effects of violence in the budget for its Victims of Crime Act (VOCA) grant application.

In the Governor's Family Violence Council's Operational Guidelines for Abuse Intervention Programs in Maryland, the standards for program staffing require that "all group facilitators and individual counselors must have a minimum of 30 hours of training specific to working with perpetrators of intimate partner violence from an abuser intervention program certified in its state" prior to facilitating or co-facilitating any group sessions (2016).

In 2016, the Governor's Family Violence Council and its subcommittee on children contacted MNADV to request that MNADV print their brochure, "Fighting In The Home: Is Your Child Being Affected?" This project includes training for child-serving professionals on the effects of violence and this brochure will accompany that training. Funding is requested to format the brochure so it can be printed in English as well as having it translated and printed in Spanish. In addition to benefitting child-serving organizations, these brochures will increase the diversity of outreach publications that are already made available to victim service providers and allied professionals upon request, building on MNADV's existing capacity to distribute such materials.

Workgroup #2: Abuse Intervention Program Certification and Audit Process Review

Problem Statement

The workgroup for the Abuse Intervention Program Certification and Audit Process Review's original mission was to identify barriers that hinder abuse intervention programs from meeting the Operational Guidelines for Abuse Intervention Programs as set forth by the Governor's Family Violence Council. The goal was to ensure that certified abuse intervention programs meet the Guidelines in practice and to develop a protocol for certified programs that are not in compliance with the Guidelines.

Dr. Tara Richards, University of Baltimore and Dr. Chris Murphy, University of Maryland worked with the workgroup and applied for and received Byrne Justice Assistance Grant funding to conduct a process analysis of the Maryland Abuser Intervention Programs' (AIP) Policies and Guidelines. In keeping with the Governor's Office of Crime Control & Prevention's priority to advance "evidenced-based recidivism reduction programs that, deliver services to and enhance

successful outcomes for, ex-offenders in communities throughout Maryland,” Dr. Richards and Dr. Murphy completed a process analysis of the Maryland Abuser Intervention Programs using a representative sample of programs receiving court referrals across the state. Specifically, this research examined AIP’s (1) processes and content, (2) philosophies and goals, (3) relationships with referral and monitoring organizations, and (4) familiarity and compliance with state guidelines. The project identifies challenges and promising practices regarding AIP service delivery in Maryland, and provides a foundational knowledge base to support future research on program effectiveness (i.e., the association between program completion and future recidivism) that can be used to design future studies of program efficacy.

In order to meet these goals, all certified Maryland AIPs were asked to volunteer to participate in the study; 20 AIPs (63%) volunteered to participate and were enrolled. The AIP sample was quite diverse in that participating AIPs serve 18 Maryland counties ranging from urban Baltimore City and Prince George’s counties to more rural Caroline and Kent counties. Data collection involved: a) review of program materials; b) structured telephone interviews (approximately one hour) with two program staff; and c) review of five de-identified case files for each program.

Several key recommendations emerged from this process analysis of Maryland AIP practice:

- 1) Providers consistently conveyed the importance of several key elements of AIP practice, including: a) the need for effective strategies to address participants’ initial resistance to reduce minimization and blaming and enhance accountability and change motivation b) the importance of establishing a collaborative relationship with AIP participants to achieve program goals, and c) the value of positive group interactions (including role modeling) to promote change.

All of these insights are consistent with available research on AIP efficacy. However, there is also considerable variation in how Maryland AIPs approach these key areas of practice, highlighting: a) the need to apply currently available research findings and to conduct further research to clarify best practices for motivating participants to change, establishing collaborative relationships, and facilitating effective group interactions; and b) the development and use of effective methods to disseminate these best practices.

- 2) Providers conveyed many possible change targets for AIP work, and had divergent views on the value of structured program materials. Given that: a) behavior change efforts are typically enhanced through practice and application between counseling sessions, and b)

some AIP providers expressed considerable enthusiasm about their use of structured program materials. Important next steps to promote best practices may involve efforts to gather and/or create resource materials to promote structured program interventions that address the key change targets identified by AIP providers.

- 3) Providers differ substantially in their efforts to evaluate and address individual problems that may influence the effectiveness of AIP services. Key examples include substance use disorders, serious mental health concerns (e.g., psychotic and mood disorders), traumatic stress reactions, and life complications such as unemployment and housing instability. The available research indicates that such factors are often associated with increased risk for violence recidivism, and therefore movement toward best practice will require increased responsiveness to individual needs and risk profiles. These efforts may be facilitated by organizing resource materials and providing training to help AIPs assess key individual problems and risk factors in an accurate and efficient fashion, and by developing and disseminating effective strategies to reduce violence risk linked to individual problems (e.g., substance abuse, mental health problems) that may not be sufficiently addressed within standard AIP practice.
- 4) Providers indicated that there was substantial need for evaluation regarding the association between AIP completion and future recidivism. Although some providers reported using the number of repeat clients as an indicator of program effectiveness, most providers readily admitted that there was a lack of understanding regarding the impact of their program on behavioral change among their clients, especially over time.
- 5) Resource limitations affect many key aspects of AIP practice, including Programs' ability to recruit, train, and retain AIP staff; their capacity to assist low-income AIP participants; and their ability to provide timely services that follow best practice models (e.g., maintaining manageable group sizes, offering accessible services in rural communities; addressing co-occurring problems with mental health and substance use disorder, etc.). This situation reflects broader societal trends in which endemic public health problems associated with violence receive less attention and resources than acute epidemic public health problems (such as Zika, Ebola, etc.) that affect far fewer individuals and have much less overall negative influence on public welfare.
- 6) AIP coordination with referring sources is highly variable and is an important area for program practice enhancement. Our analysis uncovered some exemplary models to support effective communication and careful monitoring of referrals and compliance.

Individual AIPs should consider the viability of such models for their program/jurisdiction and consider adopting such innovations or modifying innovations to improve their program practice. Improving practice in this area is likely to reduce the number of high-risk cases that are noncompliant with AIP services and avoid legal consequences of noncompliance. Research has indicated that greater coordination of the community response to Intimate Partner Violence (IPV) is likely to reduce violence recidivism.

- 7) Limited training and credentialing options serve as a significant barrier to AIP work. AIP staff who are geographically isolated in less populated areas of Maryland face intense challenges in traveling to multi-day trainings which require monetary support and work absence. Further, training is offered infrequently, which becomes problematic when staff are hired mid-year and must wait months until they can complete the necessary training. The AIP Certification Workgroup is encouraged to increase the frequency and accessibility of training, and to develop alternative delivery options such as online streaming presentations and/or webinars. Utilizing such technology will reduce travel time and cost for trainees and trainers and support increased frequency of trainings.

Workgroup #3: Domestic Violence Mapping Ad Hoc

Problem Statement

Data mapping has historically been used to map crime data. The Domestic Violence Mapping workgroup is working with Washington College to map domestic violence data. A Domestic Violence Analysis was completed using data from the Mid-Shore Council on Family Violence looking at the services received by clients, lethality screenings, location distance from service providers and location distance from transportation.

The data included the following:

- § where arrests are made;
- § where protective orders are;
- § demographics by overlaying census data;
- § target/outreach;
- § contract with transportation service; and
- § marketing strategies efficacy.

Further analysis revealed concerns with social isolation and cohesion, communication, transportation, economics, demographics, temporal patterns and co-occurring crimes in relation to rural areas.

- Social Isolation/Social Cohesion
 - Victims living in rural areas are more likely to be geographically isolated and live further from places of support and resources. They are often more socially connected than those living in urban areas. Communities are close knit and victims often feel as if they lack privacy. This makes it difficult for victims to obtain services because providers may fall somewhere in their social network and IPV may no longer be private.
- Communication
 - Victims living in rural areas often lack reliable and affordable communication access, specifically internet access, in addition to limited cellular and internet reception; limiting them from contacting available resources in their area.
 - Victims may face breaches of privacy with cellular accounts; account holders have access to phone usage.
- Transportation
 - Lack of access to public and private (taxi) transportation can hinder victims in rural areas from obtaining resources. Social cohesion factors exist; victims may know the drivers.
- Economics
 - Victims in rural areas face high rates of poverty, unemployment/lack, and low income housing, all are known co-occurring factors in IPV.
- Temporal Patterns
 - Holidays, weather conditions and school sessions are all identified as barriers limiting victims from obtaining services.
- Co-occurring Crimes
 - Known links between substance abuse and IPV are in direct relation to drug problems in rural areas.

C. FY 2017 Areas of Study

Council members presented topics for the upcoming year at the July 2016 Council meeting. After a Council vote, Gun Removal Implementation and Healthy Teen Dating/Social and Emotional Learning were chosen as the focus topics.

Gun Removal Implementation

The purpose of this workgroup is to review the current gun removal statutes to make procedural and/or legislative recommendations to address a formal way to inform the defendant of the law, time frames and procedures for surrendering the firearms or any mechanism for follow up.

Healthy Teen Dating/Social and Emotional Learning

The purpose of this workgroup is to identify best practices in order to develop a statewide approach to awareness and prevention on healthy teen dating and social and emotional learning in partnership with local private and public school systems.

D. Program Updates

VINE Protective Order (VPO)

In an effort to increase the usage of VPO, the Family Violence Council Coordinator conducted several trainings at various domestic violence agencies and coordinated a statewide VPO training. The Coordinator also attended several outreach forums held throughout the state to disseminate information about VPO. Additionally, the language “Do you have a Protective Order against this offender? Visit RegisterVPO.com to receive updates about the service status of a Protective Order.” was added to VINELINK to ensure that registered users of VINELINK were also made aware of VINE Protective Order.

Abuser Intervention Program

To ensure all Abuser Intervention Programs are operating effectively, the Council voted to make changes to the certification guidelines to include recourse actions in the event an Abuse Intervention Program does not meet the standard audit regulations. All programs who are not certified after 2016 are subject to probation, suspension and revocation of program for unsatisfactory audits.

In May 2016, the FVC received four applications for Abuse Intervention Program certification.

The applications were reviewed by peer reviewers in June 2016 and all programs were re-certified. There are now 30 certified programs in Maryland.

Legislative Subcommittee

The Legislative Subcommittee is responsible for helping to draft and present bills for legislation. Bills must obtain a majority vote within the Family Violence Council before being presented to the General Assembly. During the 2016 Legislative Session, the Council supported the following key pieces of legislation that were enacted into law:

HB 155/SB 278 Domestic Violence – Additional Relief: Expands the relief available in a final protective order by authorizing a judge to order “any other relief that a judge determines is necessary to protect a person eligible for relief from abuse.” This bill would provide more flexibility for judges to order any other appropriate relief and tailor the order specific to the case

HB 314/SB 346 Peace Orders – Grounds for Relief: Adds misuse of telephone facilities and equipment, misuse of electronic communication or interactive computer service, revenge porn, and visual surveillance to the list of offenses for which a petitioner can file for a Peace Order. These additional offenses expand the list of harassing and stalking behaviors currently in the law.

HB 534/SB 924 Family Law – Protective Orders – Notification of Sunset Repeal: Repeals the termination date of the provisions of law related to notice of the service on a respondent of specified protective orders.

II. Looking Ahead: Goals for 2016-2017

In FY 2017, the FVC will pursue the following goals:

Develop a statewide strategy to ...

- Increase usage of VPO by providing more training and outreach.
- Build capacity of Maryland domestic violence organizations.
- Advocate for key legislation: The Council is committed to developing the momentum and awareness necessary for a successful legislative session in 2017 and has already begun this process by meeting as a full council and discussing potential legislation. There are several pieces of legislation expected for the upcoming session, including:
 - Complete certification and review of Abuse Intervention Programs.
 - Identify and appoint additional members to the Council.
 - Advise the Governor, through the Executive Director of the Governor's Office of Crime Control & Prevention, on working group topics and recommendations for the upcoming fiscal year.

Appendix A:

Family Violence Council Membership

Governor Larry Hogan

Boyd K. Rutherford, Lieutenant Governor

Jeanne Yeager, Chair, Executive Director, Mid-Shore Council on Family Violence

Sam Abed, Secretary, Department of Juvenile Services

Michaele Cohen, Executive Director, Maryland Network Against Domestic Violence

Debbie Feinstein, Chief, Family Violence Division, Montgomery County State's Attorney's Office

Brian E. Frosh, Maryland Attorney General

Glenn Fueston, Executive Director, Governor's Office of Crime Control & Prevention

Gregory James, Interim Secretary, Maryland Department of Human Resources

Arlene Lee, Executive Director, Governor's Office for Children

Dorothy J. Lennig, Esq., House of Ruth Maryland

Helga Luest, Director, Marketing Communications and Publications – Behavioral Health Abt Associates

Van T. Mitchell, Secretary, Department of Health and Mental Hygiene

Stephen Moyer, Secretary, Department of Public Safety & Correctional Services

Lisa Nitsch, MSW, Abuse Intervention & Training Institute Manager, House of Ruth Maryland

Colonel William M. Pallozzi, Superintendent, Maryland State Police

Scott Patterson, Office of State's Attorney, Talbot County

Manuel Ruiz, Family Crisis Center of Prince George's County, Inc.

Karen B. Salmon, Superintendent, Maryland State Department of Education

Philip A. Selden, Assistant United States Attorney, United State's Attorney's Office

David Shultie, Domestic Violence Law Manager, Administrative Office of the Courts

Senator Bryan Simonaire, Maryland General Assembly

Delegate Kriselda Valderrama, Maryland General Assembly

Reverend Anne Orwig Weatherholt, Rector, Saint Mark's Episcopal Church

Delegate Brett Wilson, Maryland General Assembly

Family Violence Council Alternate Representatives

Patricia E. Arriaza, Governor's Office for Children

Captain Holly Barrett, Maryland State Police

Kara Contino, Maryland General Assembly

Jessica Dickerson, Department of Juvenile Services

Ellen Grunden, Office of State's Attorney, Talbot County

Deena Hausner, House of Ruth Maryland

Lisae C. Jordan, Esq., Maryland Coalition Against Sexual Assault

Jordan Lysczek, Maryland General Assembly

Christina Miles, Montgomery County State's Attorney's Office
John McGinnis, Maryland State Department of Education
Vernice Renee McKee, Maryland Department of Human Resources
Mark Newgent, Office of Lieutenant Governor
Carrie Williams, Esq., Office of the Attorney General
David Wolinski, Department of Public Safety & Correctional Services
S. Lee Woods, Department of Health and Mental Hygiene

Appendix B:

Certified AIP Programs

Abuse Intervention Program
Abused Persons Program
CASA
Alcohol & Drug Intervention (ADI)
Catocin Counseling Center
Center for Abused Persons
Dove Center (DVSARC.)
Erly Family Solutions
Family and Children Services
Family Crisis Center of Baltimore County
Family Crisis Center of Prince George's County
Family Crisis Resource Center
Guided Visions Counseling Center
HARBEL Community Organization
Heartly House
HopeWorks of Howard County
House of Ruth Maryland
Isaiah & Associates
Life Crisis Center, Inc
Men's Awareness & Recovery System (MA&RS)
Mid-Shore Council on Family Violence
My Covenant Place
North Carroll Counseling Center
SARC (/Sexual Assault Spouse Abuse Resource Center
Si Puedo at House of Ruth
Synergy Family Services
The Engaging Men's Program
TurnAround
Walden Sierra
YWCA of Annapolis and Anne Arundel County