

Marjorie Cook Foundation <u>Domestic Violence Legal Clinic</u> 2201 Argonne Dr • Baltimore, Maryland 21218 • 410-554-8463 • dlennig@hruthmd.org

TESTIMONY TO THE CITY COUNCIL OF BALTIMORE CITY COUNCIL BILL 21-0039R Council Resolution Concerning Violence Against Women – An Overlooked Public Health Crisis Dorothy J. Lennig, Esq

The House of Ruth is a non-profit organization providing shelter, counseling, and legal services to victims of domestic violence throughout the State of Maryland with its headquarters and shelter in Baltimore City. Intimate partner violence against women is a public health crisis that, even after years of advocacy and systemic change, continues to endanger the health and safety of individual victims, impacts children and families, and takes a toll on our communities and society.

In Maryland, more than one-third of women have experienced intimate partner violence in their lifetimes.¹ More than two-thirds of female victims report a health or basis needs impact as a result of experiencing intimate partner violence, including the missed time from work, housing needs, and the need for medical care.² This underscores the very real public health and economic implications of intimate partner violence.

Supportive services for victims have been and will remain a key component of addressing violence against women. Shelters, legal services, and therapeutic counseling are all necessary tools to help women escape their abusers and achieve safety and independence for themselves and their children. But, in order to truly end intimate partner violence, we need to broaden our efforts at preventing intimate partner violence at its source and expand the types of supportive services that are available to victims and their families.

Improve the City's Efforts to Support Young People Who Experience Trauma from Exposure to Intimate Partner Violence (also referred to as domestic violence)

In the Baltimore City Domestic Violence Fatality Review Team's 2007 Recommendations, the Team reported that children who witness domestic violence at home are at greatly increased risk

¹ Smith, SG, Zhang, X, Basile, KC, Merrick, MT, Wang, J, Kresnow, M, Chen, J. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2018. 20.

 $^{^{2}}$ Id.

for experiencing child abuse and psychological problems.³ A wide range of studies have shown that, on average, children who are exposed to domestic violence exhibit higher levels of childhood behavioral, social, and psychological problems than children who have not witnessed such violence.⁴

In addition, the Team saw that adolescent perpetrators and victims often had repeated exposure to traumatic events in their homes and communities, including seeing adults in their homes hit each other, being physically or sexually abused themselves, and witnessing shootings, stabbings, violent robberies or seeing dead bodies in their neighborhoods. Exposure to traumatic life events can result in post-traumatic stress disorder, which may manifest in both overt and subtle ways such as poor scholastic performance, aggressive behavior, and hypervigilance to one's surroundings (anticipating attack even when there is none coming), and physical symptoms such as stomach pains and trouble sleeping).

The City should create a protocol designed to identify and respond to children who have experienced significant trauma as a result of witnessing domestic violence and other violence. For adolescents, school may be one of the most stable and safe places in their lives. This protocol should be implemented in partnership with the school system, where school personnel can systematically identify trauma-exposed children and offer an appropriate response. In addition, Baltimore City school nurses should receive training in identifying and addressing trauma, domestic violence, sexual assault, sexually transmitted diseases, and reproductive health with students as appropriate.

Partner with Certified Abuse Intervention Programs in Baltimore City to Provide Free, Drop-In Intervention Programming and Group Sessions for Non-Court-Ordered Individuals

In 2015, the Baltimore City Domestic Violence Fatality Review Team identified that there were scant resources available for men who could benefit from help prior to an act of domestic violence. The Team reviewed cases which suggested that young men frequently commit acts of violence against a partner during or after a relationship break up. Young men frequently learn at an early age that acts of violence are accepted and tolerated behavior as part of an intergenerational transmission of violence. The Team acknowledged that many of the programs and interventions related to dating violence focused on providing support, education, and services to young women, but there was a lack of corresponding services focused on providing support to young men. That year, the Team recommended that intervention programs should target young men who have been traumatized or have a personal history of exposure to violence and abuse, as these men might be more likely to abuse a current or former intimate partner.

A significant number of abusive behaviors are controlling and humiliating to a victim but not illegal. This type of psychological violence is associated with many of the same negative health

³ "Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Police and Practice," issued by the National Council of Juvenile and Family Court Judges in 1999. This is also known as the "Greenbook."

⁴ *Id*.

outcomes as is physical intimate partner violence.^{5,6} Fatality reviews and research on abusive partner typology both indicate that, in a significant percentage of cases involving lethal domestic abuse, the parties did not have previous incidents of criminal violence.^{7,8} These abusive partners are unlikely to come to the attention of the criminal legal system before it is too late. Reducing barriers to program engagement, such as fees, would increase the preventative benefits of intervention programs.

The City should make resources available for people who could benefit from intervention prior to an act of domestic violence. The City should partner with a Baltimore City Abuse Intervention Program (AIP) to provide free, drop-in intervention programming and group sessions for people who have not been court-ordered to an AIP, but who believe they could benefit from such services.

Re-imagine a Coordinated Response to Domestic Violence in Baltimore City

For many years, Baltimore City has made efforts to coordinate the City's response to domestic violence. In 1984, the Mayor established the Baltimore City Domestic Violence Coordinating Council (DVCC) to help identify and implement improvements in systemic responses to domestic violence and sexual assault through legislation, education, and policy development. In 2007, Baltimore City established the Baltimore City Domestic Violence Fatality Review Team (BCDVFRT). The mission of the BCDVFRT was to reduce domestic violence-related fatalities and near fatalities through systemic multi-disciplinary review of domestic violence fatalities and near fatalities in Baltimore City; through inter-disciplinary training and community-based prevention education; and through data-driven recommendations for legislation and public policy. In addition, the Mayor's Office on Criminal Justice organized DV Stat to improve enforcement of domestic violence criminal laws and maximize the use of the lethality assessment tool, improve connection of victims to supportive services, and target prosecution of domestic violence of the Baltimore City Criminal Justice Coordinating Council. The Governor defunded the executive director position in 2017 and the Mayor's office no longer convenes DV Stat.

It is critical that stakeholders work together to identify improvements in systemic responses to domestic violence, improve enforcement of domestic violence criminal laws, and systemic multidisciplinary review of domestic violence cases in an effort to improve the response to domestic violence in Baltimore City. The City should reimagine a way to engage entities in a coordinated effort to ending domestic violence, after determining the best way to do so in light of the City's history of such activities and its current needs.

⁵ Ann L. Coker et al., "Physical health consequences of physical and psychological intimate partner violence," 9 *Family Medicine Archives*, 451, 456 (2000).

⁶ Maria A. Pico-Alfonso et al., "The impact of physical, psychological, and sexual intimate male partner violence on women's mental health: Depressive symptoms, posttraumatic stress disorder, state anxiety, and suicide," 15 *Journal of Women's Health*, 599-609 (2006).

⁷ National Institute of Justice, United States Department of Justice, "Practical implications of current domestic violence research: For law enforcement, prosecutors and judges" (2009).

⁸ A. Holtzworth-Munroe & G. L. Stuart," Typologies of male batterers: Three subtypes and the differences among them," *Psychological Bulletin*, Vol. 116 (3) (1994).

Expand Opportunities for Rapid Rehousing

Intimate partner violence and housing instability are strongly linked.^{9,10,11,12} In one study, women who experienced intimate partner violence were four times more likely to report housing instability than women who did not experience intimate partner violence.¹³ While short-term domestic violence shelters are an important part of the safety net for victims and their children, a growing body of research suggests that housing assistance offers better outcomes for victims.¹⁴ Rapid rehousing is an important means of addressing this need. Rapid rehousing programs move people who are experiencing housing instability, including victims of intimate partner violence, into permanent housing as quickly as possible, provide rental assistance, basic-needs support, trauma counseling, workforce development, and legal interventions.^{15,16} The City should expand rapid rehousing opportunities for victims of intimate partner violence.

Submitted by Dorothy J. Lennig, Esq. House of Ruth Maryland Legal Clinic Director dlennig@hruthmd.org

⁹ Dichter ME, Rhodes KV. Intimate Partner Violence Survivors' Unmet Social Service Needs, *J Social Service Research*, 2011;37(5): 481-489. Doi: <u>10.1080/01488376.2011.587747</u>

¹⁰ Gezinski L, Gonzalez-Pons KM. Unlocking the Door to Safety and Stability: Housing Barriers for Survivors of Intimate Partner Violence. *J.Interpersonal Violence*. 2019.

¹¹ Griffing S, Ragin DF, Sage RE, Madry L, Bingham LE, Primm BJ. Domestic violence survivors' self-identified reasons for returning to abusive relationship. *J Interpersonal Violence*. 2002;17:306-319.

¹² Mbilinyi L. *The Washington State Domestic Violence Housing First Program Cohort 2 Agencies Final Evaluation Report. September 2011- September 2014.* Seattle, WA: Washington State Coalition Against Domestic Violence; February 2015.

¹³ Pavao J, Alvarez J, Baumrind N, Induni M, Kimerling R. Intimate Partner Violence and Housing Instability. *Am J Prev Med.* 2007;32(2): 143-146. doi:10.1016/j.amepre.2006.10.008

¹⁴ Dichter, *et al*, *supra*, at FN9.

¹⁵ Mbilinyi, *supra*, at FN12.

¹⁶ Sullivan CM & Olsen L. Common ground, complementary approaches: adapting the Housing First model for domestic violence survivors, *Housing and Society*, 2016;43(3): 182-194.doi: 10.1080/08882746.2017.1323305