An in-depth look at Domestic Violence in Anne Arundel County
October, 2018
Domestic violence transcends age and socio-economic status affecting all levels of income, education and occupation. National domestic violence hotline statistics (2017) show that nearly three in ten women (29%) and one in ten men (10%) in the US have experienced rape, physical violence and/or stalking by a partner. Although females ages 18 to 34 generally experience the highest reported rates of Intimate Partner Violence (a subset of all domestic violence,) males are also at risk but more unlikely to report. It is well-documented that domestic violence creates trauma for victims that may include episodes of situational anxiety and depression. Victims may also be struggling with pre-existing mental health diagnoses. This report was created with both possibilities in mind.

Secondary victims of intimate partner violence are often children within the household whose resulting trauma may impact their lifelong health and opportunity. Adverse childhood experiences (ACEs) have been associated with risky health behaviors, chronic health conditions, low life potential, and early death (Centers for Disease Control and Prevention, 2016). According to the National Coalition Against Domestic Violence (NACDV, 2018) a child witnessed violence in 22% (nearly 1 in 4) of intimate partner violence cases filed in state courts. 30 to 60% of perpetrators of intimate partner violence also abuse children in the household. Among victims of child abuse, 40% report domestic violence in the home. Most experts believe statistics like those quoted above are an underestimation of the extent of domestic violence and its ripple effect for secondary victims like the children. For many victims, shame, fear, and any practical capacity to create a new life, reduce the likelihood they will report.
National data used in this report is provided by NCADV, the Center for Disease Control (CDC,) and the Maryland Network Against Domestic Violence (MNADV.) Other state and local data comes from police reports, protection orders documented by the court system, hotline calls, child abuse centers and hospitals. There is a likelihood of count duplication within these sources. Qualitative data were sourced from several county domestic violence victims who accessed services within Anne Arundel County and were willing to offer their lived experiences to inform this needs assessment and to help future victims. Other data came from professionals who serve domestic violence victims and residents with experience of the trauma related to domestic violence.

Maryland law defines domestic violence as the occurrence of one or more of the following acts between family or household members; assault, serious bodily harm, fear of imminent serious bodily harm, rape or sexual offense, attempted rape or sexual offense, stalking, and false imprisonment. Although the abuse is usually committed by an intimate partner, it may also be at the hands of a family member. Criminal penalties include being charged with a felony (repeat offenders) or misdemeanor (depending on the crime) resulting in: probation, jail time, anger management classes, community service, fines, and restitution to the victim(s). Sentences may also include a restraining or protective order. In addition to criminal prosecution, Maryland has additional legal remedies in the form of protection orders and peace orders.

Escalating domestic violence can result in homicide. MNADV tracks domestic violence-related deaths in Maryland and releases the statistics in February of each year (Table 1). Of the 46 people who died in the state in 2017, 67% or 31 of the fatalities involved the use of a gun. Of the 31 victims, 26 were killed by their intimate partner. Of the 15 abusive partners who lost their lives, 11 men completed suicide-murder or attempted murder-suicide; two men died during police response to the incident; one man was killed by his victim's son; and one man completed suicide after assaulting his girlfriend.

<table>
<thead>
<tr>
<th>Years</th>
<th>Victim Deaths</th>
<th>Abuser Deaths</th>
<th>Total Deaths</th>
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<tbody>
<tr>
<td></td>
<td>Adults</td>
<td>Children</td>
<td>Total</td>
</tr>
<tr>
<td>July 2016-June 2017</td>
<td>29</td>
<td>2</td>
<td>31</td>
</tr>
<tr>
<td>July 2015-June 2016</td>
<td>39</td>
<td>3</td>
<td>42</td>
</tr>
<tr>
<td>July 2014-June 2015</td>
<td>32</td>
<td>2</td>
<td>34</td>
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<tr>
<td>July 2013-June 2014</td>
<td>36</td>
<td>1</td>
<td>37</td>
</tr>
<tr>
<td>July 2012-June 2013</td>
<td>38</td>
<td>2</td>
<td>40</td>
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<tr>
<td>July 2011-June 2012</td>
<td>31</td>
<td>3</td>
<td>34</td>
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Network Against Domestic Violence: Domestic Violence Homicide Statistics, July 2016-June 2017, Maryland
In 2017, Anne Arundel County had the third highest county rate of fatalities in 2017 at five fatalities (Figure 1) an improvement over 2016 (9 fatalities).

Figure 1: Total Domestic Violence Deaths by County, State of Maryland

The Anne Arundel County Police Department tracks domestic violence by year and police district including physical assaults with hands or fists, guns, and knives. Figure 2 shows all Domestic Violence incidents in the county from 2013 – to the first three months of 2018. The data shows an upward trend although there was a dip in numbers for the 2015-2016 year. The statistics for the 2018 year are alarming. The numbers for the six month period are almost as high as for the previous 12 months. These statistics confirm anecdotal data from police, schools and hospital personnel who all reported a notable increase in domestic violence over the same period.

Table 2: Calls Received to the YWCA Domestic Violence Hotline by Year

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of Calls</th>
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<tbody>
<tr>
<td>July 2016-June 2017</td>
<td>1,883</td>
</tr>
<tr>
<td>July 2017-June 2018</td>
<td>2,204</td>
</tr>
<tr>
<td>July 2018-August 2018</td>
<td>209 (YTD)</td>
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</table>

The YWCA, the county’s domestic violence provider, began tracking all domestic violence and sexual assault calls to their hotline in 2016. (Table 2.) Those numbers show an increase of 17 percent in call volume over 2 years.
The Circuit Court offers another method of understanding domestic violence. Numbers of Protective Orders filed by victims, as opposed to those granted by the courts, are tracked by year (Figure 3). While this information does not help assess the scope and breadth of domestic violence in the county, it does illustrate the large gap between reports filed and those granted giving a good picture of how difficult it is for victims to gain protection under the current laws. The numbers for both filed and granted petitions have remained steady over the past five years.

Anne Arundel Medical Center's domestic violence program tracks all types of violence they respond to, including domestic violence, dating violence, sexual assault, human trafficking, child abuse and vulnerable adult abuse. As we can see in Figure 4, there has been a slight dip in the overall numbers served in the category of domestic violence. Informants explained that dip is more illustrative of a change in focus for the program rather than any countywide reduction in domestic violence. According to key informants, the numbers for all abuse victims, including the elderly, have risen by approximately five percent. Sexual assault is showing an upward trend over two years. Estimates continue that trend for the 2018 calendar year.
CHILD PHYSICAL AND SEXUAL ABUSE

Children are often the secondary victims in homes where domestic violence occurs. While local numbers are not counted separately in any meaningful way, one in seven U.S. children (more than 15 million) experience the impact of domestic violence in their home each year. Between 2012 and 2017, 13 Maryland children lost their lives to domestic violence. For many others, the stress and trauma of what can amount to life in a 'war zone' takes its toll. As one participant noted:

“Children who witness domestic violence, or are victims of abuse themselves, are at serious risk for long-term physical and mental health problems (Gilbert, Breiding, Merrick, Parks, Thompson, Dhingra, and Ford, 2015.) One county court system official noted that:

“Children are looking at pornography on their parent’s phones and tablets. It used to be that the child was the victim and the adults the perpetrators but that’s not always the case now. Now we have five and six year olds doing inappropriate things. Kids are watching pornography at early ages."

All child sexual assault and sexual abuse cases must go to the police department prior to a hand-off to social services. This process, and the limited number of police specialists, can cause back up of over three months and then there may be 95-100 cases at a time sent to DSS. Every report must be processed by the police specialists prior to forwarding to DSS. As one social worker noted, “We’re often cold calling three months later.”

Sex Trafficking Victims

While domestic violence and human trafficking take different forms, there are overlaps and intersections between these types of violence (Figure 5). Cases that initially appear to be domestic violence may mask sex or labor trafficking. Sometimes the trafficker is a person the victim loved and trusted. Intimate partner trafficking occurs when an abuser “[compels] their partner to engage in commercial sex, forced labor, or involuntary servitude.” Victims sometimes live with their trafficker and may be subjected to physical violence and emotional manipulation. As with domestic violence victims, trafficking victims are often denied access to money and lack the financial resources necessary to leave (NISVS, 2012.)
Maryland's location on the I-95 corridor makes it easy for traffickers to transport people on the NY-DC-VA circuit. According to the Maryland Rescue and Restore Coalition (2016) trafficking in Maryland is lucrative. On average, a trafficker can make $200,000 annually from one girl. Victims have reported that Maryland is one of the top three most profitable states. The National Human Trafficking Hotline (2017) reports that from 2007 to December 2016, Maryland calls to the hotline numbered 3081 with a total of 770 trafficking cases. Preliminary data shows CST victims in Maryland are 91% female, 4% male, 3% transgender and 2% unknown. However, the total of trafficking numbers in any area is notoriously difficult to substantiate; many are reported as prostitution, and victims are unwilling to come forward due to fear.

Anne Arundel County is in the top five jurisdictions in Maryland for sex trafficking. (Rubenstein and Carr, 2017). The 50-mile radius surrounding BWI airport is becoming known as the third-most-lucrative area for trafficking in people (Allert, 2016). Anne Arundel County Police Department tracks the number of sex trafficking incidents for the county (Figure 6). While the numbers were stable between 2015 and 2017, data for the first 6 months of 2018 are showing an almost 100% increase in cases. There are only two detectives fully dedicated to human trafficking.

Children below the age of 18 are at risk for trafficking. According to the University Of Maryland School Of Social Work Child Sex Trafficking Victims Initiative (2017) over 200 child sex trafficking (CST) victims were identified in 17 counties across Maryland since July 2013. Most were Maryland residents between the ages of 14-17. Vulnerable populations include unaccompanied immigrant minors, homeless and runaway youth and youth who have run away from foster care or juvenile services. According to respondents in this needs assessment, the number of young Hispanic trafficked victims (related to gang activity) is underreported.

The Department of Juvenile Services tracks trafficking victims 18 and under brought to their attention by the police. Between 2012 and 2017, Anne Arundel County Department of Juvenile Services aided 27 trafficking victims 18 and under. Any youth on runaway status from the county department of social services is now considered as a potential sex trafficking case. When victims are identified they are referred to the Child Advocacy Center. However, officials noted an absence of services and supports for trafficking victims in the county. As one commented:

“there aren’t any resources to help with recovery for them, let alone placement resources that can help them work through some of the trauma that they have experienced”
COUNTY DOMESTIC VIOLENCE SERVICES

The YWCA of Annapolis and Anne Arundel County is the main provider of domestic violence and sexual assault services for women, men and child victims. Services include a domestic violence safe house with accommodation for up to 16 individuals; a 24-hour hotline; counseling, support groups, rehabilitation for offenders and victim legal services. In October, 2017, the YWCA broke ground for a new shelter that will double the capacity of the existing shelter and allow for thirty-two (32) clients to reside onsite with 24-hour staff coverage. Included in the residence is a 24-hour hotline, case management resources and eight residential suites for individuals and families. There are also plans for a building to serve sex trafficking victims.

Anne Arundel County Sheriff’s Office formed a Domestic Violence Unit in October, 2000, to serve protective orders and peace orders. These orders are Maryland’s equivalent to a restraining order. Any resident who has been a recent victim of domestic violence may petition the court to issue a Protective Order to the alleged aggressor to refrain from contact.

Anne Arundel County Police Department has a trained domestic violence officer for each of five police districts. These officers have a close working relationship with the YWCA and, working alongside the countywide crisis response system, offer services to domestic violence victims.

Anne Arundel County Circuit Court has a Special Victims Unit that is responsible for the prosecution of child abuse and sex offenses. These crimes include sex abuse, rape, child pornography, and physical abuse of children. The unit has a Domestic Violence subset for the prosecution of crimes committed against intimate partners. The prosecutors of this unit are trained to recognize specific patterns of behavior needed to develop serious cases, and work closely with the victim advocate to hold the abuser accountable while addressing the needs and concerns of the victim.

Anne Arundel Medical Center houses an Abuse and Domestic Violence Program to help victims who are living with intimate partner abuse. Staff is trained to provide support, guidance and resources. AAMC also offers a weekly trauma recovery support group for victims of related trauma.

Anne Arundel County Children’s Advocacy Center provides a multi-disciplinary investigation of sexual child abuse complaints for children 18 and below. Police and Department of Social Services workers conduct investigations. A physician conducts medical exams. Treatment resources are provided for victims, victims’ families and offenders.
Mental Health Services for Domestic Violence Victims

Victims did not express any issue with receiving referrals to mental health services. Victims mentioned being able to easily pay for mental health services through private insurance or Medicaid. Referrals came from police, the crisis response system, and social workers. Barriers to those services were related to transportation, childcare and time to attend appointments.

It was clear from participant responses that mental health providers not working in fields or services specifically identified for domestic violence victims were not screening for domestic violence or considering the specific trauma of domestic violence in counseling sessions. Many victims do not initially understand that what they have experienced is domestic violence. They may attend mental health services for their symptoms but since they do not label themselves as victims will get overlooked by mental health clinicians not trained in victim services. These providers were more likely to treat the victim for anxiety or depression using tools from a traditional practitioner’s viewpoint. As one victim noted:

“I had two terrible counselors – neither understood DV or sexual abuse.”

Recommendations from court system participants included mental health services available at the court house for children and adults but they did not specify that those services should be delivered by a therapist who was also trained on the impact of domestic violence.

Respondents who were also victims emphasized the importance of access to mental health counselors who are
trained in domestic violence. Some victims had sought out counselors, prior to working with the YWCA, who concentrated on their mental health symptoms without understanding the cycle of violence and the emotional damage that comes with it. They were treated for depression and anxiety, sometimes without dealing with the issues related to domestic violence, because the presenting symptoms are much the same.

All victims reported that they experienced trauma prior to reaching out for services. While many described symptoms that could also be identified as a generalized anxiety state or depression, they were more likely to describe how the abuse made them ‘feel’. For some, the abuse went on for years before the victim asked for help. The loss of self-worth was identified by victims as an obstacle to building a new life. Those who took part in this assessment emphasized the importance of peer support, especially in a formal, group counseling setting. Support groups helped ‘process the experience’ according to one participant. While support groups are available at the YWCA in Arnold, they are not available specifically related to domestic violence in other settings.

Victims and participants emphasized the need for mental health counselors for the children of victims, all of whom were described as suffering from the trauma associated with witnessing or living among abuse.

There is a lack of bi-lingual mental health counselors in the county. This is problematic because the Hispanic population has grown by more than 205% since the year 2000. Hispanic needs assessment participants identified a growth in domestic violence issues for women in the Hispanic community.

COMMUNICATION AND NAVIGATION

Most victims interviewed said they had no understanding or knowledge of where to turn for help once they decided to face their abuse. While county police and social services personnel give out the YWCA hotline numbers, for victims who don’t reach out to those agencies as they make a plan to leave, there is little obvious help. The very name ‘YWCA’ was held up as an example of poor communication. The general complaint was that ‘no-one knows about them.’ As one victim noted:

“ I had no idea what they did. I used to drive past there - I saw the sign about empowering women - that’s all. ”

Several victims said they got the best information from the bathroom wall in the local hospital.

When victims leave their home, they rarely have the practical resources to handle what comes next. Often they are kept financially dependent on the abuser, with no access to a bank account or even a car. For those with children, child care is a huge issue as they try to enter or re-enter the job market. They may have to find a house and pay rent. Several victims pointed out that the abuser generally has ‘more financial resources’ leaving the victim at a disadvantage. Victims talked about the difficulties of navigating the various systems related to starting a new life, especially those with children. Housing, jobs, loans for financial issues, counseling for themselves and children, were all cited as issues to be managed.

Several service providers pointed out that victims often have immediate needs because they’ve left their home in a hurry and the abuser has control of the money. As one respondent noted:

“ They need gas or transportation or just basic food until they can get to a point where they could potentially access the money- it’s one of the biggest problems. ”
LEGAL SERVICES

The court system provides protective orders but, according to victims, has very few other resources to help navigate their legal issues. Protective Orders must be filed within 30 days of the abuse occurring. Most victims were pointed to the Family Law library for their legal needs. One victim described it as ‘really hard to maneuver through – and asked for a ‘list of resources.’ Because the legal issues for victims include hearings and sometimes custody battles, victims suggested a court navigator who could at least explain the legal process to victims. One victim said:

“I feel completely let down by the judicial system. They ask when you check into hospital about Domestic Violence, why don’t they do that when you go to court?’”

Sexual abuse victims commented on the difficulties of preparing a case against their sexual abuser, especially in cases of marital rape. Victims were often disbelieved by friends and family. Some respondents explained that the abusive behavior was minimized as ‘normal’ sexual behavior between a married couple. For those who stayed in the home after the abuse occurred, there were more difficulties. As one noted ‘five different attorneys told me the abuse doesn’t count.’ Another said she felt ‘doubly violated’ when the state attorney turned her case down.

Legal representatives interviewed for this needs assessment acknowledged there were too few resources to help domestic violence victims inside the court system. Some also expressed concern for the children, describing them as ‘caught in the middle.’ As one Judge said ‘I see no one tending to the kids during the (court) process.’

Victims were vocal about the issues of domestic violence when filing for divorce. They were in agreement that the attorney should be ‘sensitive’ to the cycle of abuse and the nuances of sexual assault. Several commented that child custody can be very difficult for Intimate Partner Violence victims. Maryland Law mandates family counseling in divorce cases which creates a system where the victim is forced to sit across the table from their abuser. Court mandated parental visitation brings its own problems. The Sheriff’s office charges $120 for three hours of supervised visits.
**RECOMMENDATIONS**

- Training for mental health counselors related to the dynamics of domestic violence
- The development of screening tools specifically for domestic violence victims who seek help with their mental health issues
- Increased access to group counseling with peers
- Training for domestic violence counselors on referral services for victims with pre-existing mental health issues
- Increased number of bi-lingual mental health counselors trained in the dynamics of domestic violence
- Comprehensive, county-wide communication about what steps to take for victims of domestic violence, including a name change for the YWCA, or at least a tag line that includes the words ‘domestic violence.’
- Hotline numbers placed prominently within all city and county buildings.
- Access to emergency shelter in other areas of the county
- Emergency shelter for human trafficking victims
- Services for human trafficking victims
- Place based domestic violence services in other areas of the county
- Domestic Violence navigators to walk victims through services.
- Flexible dollars to help victims who have been left without any resources and need help to restart their lives (including security deposit, first month’s rent, transportation)
- Education related to domestic violence for public employees throughout the county

**RESOURCES**

- National Domestic Violence Hotline 1-800-799-7233
- The YWCA of Annapolis 410-222-6800
- National Sexual Assault Hotline 1-800-656-4673
REFERENCES


National Rescue and Restore Coalition (2016.) https://www.idealist.org/en/nonprofit/4507e460ddba45bca5e7c86d1dc9113a-the-maryland-rescue-and-restore-coalition-baltimore


Maryland Network Against Domestic Violence http://mnadv.org/resources/get-the-facts/


YWCA of Annapolis and Anne Arundel County

ABOUT THE AUTHOR

Dr. Pamela Brown is currently the Executive Director of the Anne Arundel County Partnership for Children, Youth and Families. She completed her Ph.D. in Educational Leadership at Florida Atlantic University. Her dissertation focused on the importance of community partnerships in diverse neighborhoods to improve outcomes for children and families. She is a University Research Reviewer and Dissertation Chair for the University of Phoenix specializing in qualitative case study methods. She is certified to conduct ethical research through the Collaborative Institutional Training Initiative at the University of Miami. She has been conducting community needs assessments for over 20 years.

The author takes full responsibility for the interpretations and analyses represented here. They do not necessarily represent the interpretations or the views of the YWCA of Annapolis and Anne Arundel County or the Anne Arundel County Partnership for Children, Youth and Families, or the staff, boards, officers, or donors of these organizations.