

New York Law Journal

COMMENTARY

A Wider Range of Voices Is Needed on Domestic Violence Fatality Review Boards

Daniel Pollack & Kerianne Morrissey | January 18, 2024



Child fatality review boards are familiar to many health, social service and legal professionals. Such boards (also called “teams” or “committees”) review suspicious or unexpected deaths of children by reviewing the specific circumstances of a child’s death. Following the review, the board may recommend prevention measures so that a similar death does not occur in the future. Similar boards exist in the domestic violence field. The object is to identify accurate historical

information regarding the victim and perpetrator in order to detect trends, and to monitor the impact and efforts of health, social service, and justice agencies in an effort to reduce the number of fatalities (or near-fatalities) due to domestic violence.

To ensure its maximum effectiveness, what should be the membership of such a team? According to the “Report to the Governor and Legislature” (June 2021), in New York, “[t]eam members are appointed by the Executive Director of the NYS Office for the Prevention of Domestic Violence and include representatives from agencies and systems that handle domestic violence cases.” The report identifies the following affiliations of those on the team:

- New York State Office for the Prevention of Domestic Violence
- Albany Police Dept
- Ulster County Dept of Social Services
- NYS Dept of Health
- New York State Police
- NYS Coalition Against Domestic Violence
- Buffalo City Court Judge
- NYS Dept of Corrections and Community Supervision
- NYS Office of Victim Services
- Urban Resource Institute

- NYS Office of Temporary and Disability Assistance
- NYS DCJS
- Office of Probation and Correctional Alternatives
- Westchester County DA's Office
- Center for Safety & Change
- NYS Office of Court Administration
- NYS Division of Criminal Justice Services
- NYS Office of Children and Family Services
- Albany County Crime Victim and Sexual Violence Center

Composed mostly of government representatives, seemingly underrepresented are medical professionals and laypersons. Specifically, medical professionals with specialties in obstetrics and gynecology, and domestic violence survivors are critical voices that are noticeably absent.

Doctors and nurses in the field of obstetrics and gynecology (OB/GYN) are uniquely situated to provide valuable insight into identifying red flags or constructing timelines helpful in preventing future domestic violence fatalities. They see patients of all ages, often accompanied by their intimate partner. This allows OB/GYN professionals to witness the intimate partner dynamics and to make observations of a patient's physical condition and history that may indicate intimate partner violence or other red flags that may pose a risk of violence. In addition, OB/GYN professionals may have contact with patients before violence

occurs, whereas other responders will likely have contact with victims only after the domestic violence has occurred. OB/GYN professionals may also provide invaluable knowledge from their unique vantage point to assist the domestic violence team in identifying trends and preventative measures.

Survivors of domestic violence who wish to volunteer their knowledge and insight would also provide invaluable information to the domestic violence team. Their contributions would draw upon their own experiences, affording a window into the behaviors of offenders and, if any, the effectiveness of agency interventions.

Sharing their perspectives may also be empowering and serve the dual purpose of helping others and preventing future fatalities. The domestic violence team's collection of information—using a cold case record or relying on the likely distant memories of a responder—pales in comparison to the first-person perspectives and knowledge of survivors.

Appointing relevant medical personnel and DV survivors would strengthen the domestic violence review team's objectives and save lives.

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