MURIEL BOWSER
MAYOR

August 28, 2024

The Honorable Phil Mendelson
Chairman, Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, NW, Suite 504
Washington, DC 20004

Dear Chairman Mendelson:

I am hereby transmitting to the Council of the District of Columbia the District of Columbia Domestic Violence Fatality Review Board ("Board") 2024 Annual Report, prepared by the Board pursuant to D.C. Official Code § 16-1052(d).

The report summarizes the work undertaken by the Board from January 2023 through December 2023, describes 2023 homicides that are domestic in nature, changes in legislation and updates to the protections for survivors of domestic violence in the District, and provides an update on District agency improvements undertaken in response to previous Board recommendations.

If you have any questions regarding the report, please contact Jennifer Porter, Director, Office of Victim Services and Justice Grants, at 202-724-7216, or by email at jennifer.porter@dc.gov.

Sincerely,

Muriel Bowser

Enclosure

District of Columbia Domestic Violence Fatality Review Board

2024 Annual Report

OVSJG
Office of Victim Services and Justice Grants

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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INTRODUCTION

The District of Columbia Domestic Violence Fatality Review Board (DVFRB) is honored to present its **2024 Annual Report** highlighting work undertaken from January through December 2023. Operating alongside special task forces, public safety initiatives, public health operations, and targeted legislative tools, the DVFRB represents one portion of the District's multifaceted efforts to address domestic violence and improve the safety and lives of residents.

About the DVFRB

The Domestic Violence Fatality Review Board is a 25-member body composed of representatives from District agencies, domestic violence-related bodies, and community members. The DVFRB works to prevent intimate partner and other domestic violence homicides in the District by improving the response of individuals, the community, and government agencies to domestic violence. The Board is the formally established entity for:[1]

- tracking domestic violence-related deaths,
- assessing the circumstances surrounding those deaths and any associated risk indicators, and
- making recommendations to improve the systemic response to victims of domestic violence.

This city-wide, collaborative effort was originally established by the Uniform Interstate Enforcement of Domestic Violence Protection Orders Act of 2002, effective April 11, 2003 (DC Law 14-296; DC Official Code § 16-1051 *et seq.*). The Board comprises a cadre of experts from the areas of law enforcement, victim advocacy, social services, health care, child welfare, corrections, and the judicial system, alongside invested community members with relevant subject matter expertise. A major strength of the DVFRB is the purposeful inclusion of this diverse set of system, agency, and community representatives.

The annual findings and recommendations presented in this report are based on the Board's expert analysis of police, court, medical, and other public records.[2]

1 D.C. Code §16-1052

2 Media records include data from DC Witness, which tracks all homicides in the District of Columbia. Only those homicides of victims 15 years and older that were attributed to domestic violence are eligible for DVFRB review and included in this report. For information regarding child and infant fatalities, see reports from the Office of the Chief Medical Examiner.

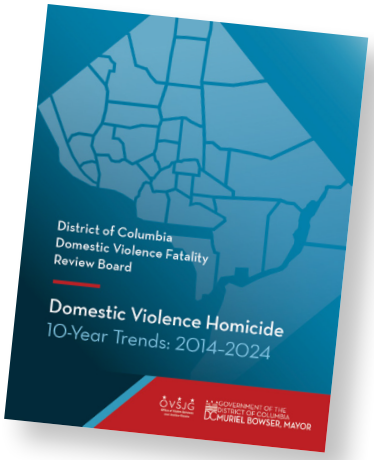
About the 2024 Report

The 2024 Annual Report highlights important activities, policies, recommendations, and data related to domestic violence fatalities in the District from the 2023 calendar year, including:

- a report on notable Domestic Violence Fatality Review Board activities;
- new recommendations made to District agencies based on the Board's annual case review and analysis, along with related agency responses;
- a demographic snapshot of last year's domestic violence-related homicides; and
- information regarding current District domestic violence protections and programs.

This year also marks 10 years of data collected by the DVFRB on District domestic violence fatalities. In recognition of this milestone, this year's report also includes a special look at recent public health research regarding domestic violence homicide, including: the effects of Covid-19 on gender-based violence, how access to firearms affects intimate partner homicide rates, the link between domestic violence and mass shootings, the link between domestic violence and suicide, and how intimate partner homicide factors into maternal mortality rates and child homicide figures.

Statistical trends and demographic findings specific to the District are covered in our annual companion report—for the first time spanning 10 years—"**Domestic Violence Homicide: 10-Year Trends**." These longer-term data sets provide necessary additional context for analyzing the scope of the problem and the impact of systems change.



DVFRB Makeup

DVFRB legislation provides for **25** appointed members, including:

- **10** governmental entities appointed by the Mayor;
- **7** federal, judicial, and private agencies or entities with domestic violence expertise, either appointed by the Mayor or at the Mayor's request; and
- **8** community representatives (non-DC government employees) appointed by the Mayor, with the advice and consent of the Council, who serve up to a three-year term.

DVFRB 2023 Board Members[3]

GOVERNMENTAL ENTITIES

Shermain Bowden	Department of Behavioral Health
Cheryl Bozarth	Office of Victim Services and Justice Grants
Sasha Breland	Office of the Chief Medical Examiner
Kafui Doe	Department of Health
Susie Dunn	Fire and Emergency Medical Services Department
Sarita Freeman	Child and Family Services Agency
Cindy Kim	Office of the Attorney General
Jennifer Porter	Mayor's Office of Women's Policy Initiatives
Subrena Rivers	Metropolitan Police Department
Michelle Wilson	Department of Corrections

ENTITIES WITH DOMESTIC VIOLENCE EXPERTISE

Nicole Beck	Superior Court of the District of Columbia
Rachel Camp	University Legal Clinics
Dawn Dalton	Coalition Against Domestic Violence
Lenore Jarvis	District of Columbia Hospitals
Dana Joseph	Office of the U.S. Attorney—District of Columbia
Toshira Monroe	Domestic Violence Housing Organizations
Jennifer Wesberry	Domestic Violence Advocacy Organizations

COMMUNITY REPRESENTATIVES

Lisa Geller	Laila Leigh (Co-Chair)
Beverly Jackson/Toshira Monroe	Shannarese Sims
Ashley Joyner Chavous (Co-Chair)	Varina Winder
Dana King	*Vacant*

3 **Governmental changes**: Cheryl Bozarth departed the Office of Victim Services and Justice Grants seat in May; Ashley Archer replaced Subrena Rivers for the Metropolitan Police Department in September; Jennifer Porter filled the Women's Policy Initiative seat through February before the role passed to Shoteria Pearson through May and then Brenda Keels through November; Michelle Wilson stepped into the Department of Corrections seat in November, filling a vacancy from January; Sarita Freeman departed the Child and Family Services Agency seat in August, with Tiffany Williams stepping in temporarily in December. **Domestic Violence changes**: Nicole Beck took over from Rita Blandino in February; Camesha Harris replaced Toshira Monroe in August. **Community changes**: Beverly Jackson departed in June, with Toshira Monroe joining in July.

DOMESTIC VIOLENCE FATALITIES: **A PUBLIC HEALTH PERSPECTIVE**

Domestic Violence: Its Scope and Effects

Domestic violence is a serious public health concern, affecting millions of people in the United States every year.[4] It encompasses physical, sexual, emotional, and financial harm and coercion from intimate partners, family members, other household members, and related parties, and can have lasting, even generational, effects on physical and mental health, financial security, relational health and attachment, and general ability to thrive. Devastatingly, it can also result in homicide.

To better understand and track the scope of the problem, the Centers for Disease Control and Prevention periodically conducts the National Intimate Partner and Sexual Violence Survey (NISVS) to determine lifetime and prevalence rates for physical violence, sexual violence, and stalking among women and men. The latest report on intimate partner violence reveals that nearly **1 in 2 women** and more than **2 in 5 men** in the United States have been victims of physical or sexual violence or stalking by a current or former partner at some point in their lifetime—directly affecting more than **17 million** people in the prior year alone.[5] More than 6 million children witnessed physical violence toward their parent by a former or current intimate partner, and over 9 million children witnessed verbal insults, humiliation, and threats of harm.[6] These estimates hold true locally as well: an estimated **47.4% of women in DC** and **43% of men** have been physically or sexually assaulted or stalked by an intimate partner in their lifetime.[7]

Domestic violence has profound effects on victims' lives. It can result in serious injury and correlates with poor mental and physical health outcomes. Victims can experience chronic issues related to heart and gut health, immune response, and reproductive and nervous systems, and damage to their muscles

4 Ruth W. Leemis et al., *The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence,* (Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2022), 1, https://stacks.cdc.gov/view/cdc/124646.

5 Ibid., 4, 5.

6 Ibid., 15.

7 Sharon G. Smith et al., *The National Intimate Partner and Sexual Violence Survey: 2016/2017 State Report,* (Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2023,) Table 5.3.a, Table 5.4.a, *available at* https://www.cdc.gov/nisvs/documentation.

and bones.[8] They are also at increased risk of depression, suicidal thoughts, posttraumatic stress disorder, and addiction, and may be coerced into risky sexual behaviors or pregnancy.[9]

Domestic violence is also expensive. The estimated costs over the course of a lifetime to victims and society include $2.1 trillion in medical expenses, $1.3 trillion in loss of productivity, $73 billion in criminal justice activities, and $62 billion in property loss, damage, and other costs, with government sources covering 37% of these costs.[10] The individual cost to female victims averages to more than $100,000 each.[11] For a crime that disproportionately affects lower-income and minority women, this burden can be crushing, limiting options for escape, immediate and long-term medical treatment and mental health care, educational and professional opportunities, and overall advancement in quality of life—for both herself and any dependents.[12]

Adverse Childhood Experiences

Understanding the scope of how, and how many, children are affected by domestic violence in the home is critical to having appropriate trauma-responsive services to lessen the effects of domestic violence and, ideally, prevent future harm. Adverse childhood experiences (ACEs) of abuse, neglect, or other dysfunction in the home or community have cumulative effects on growing bodies, leading to detrimental changes in brain structure, endocrine function, immune response, and cardiovascular health.[13] ACEs are associated with poorer health outcomes, academic achievement, and job performance, and increases in risky behavior, substance abuse, and emotional dysregulation.[14] Researchers have developed risk assessment tools to better understand associations between

8 Jacquelyn C. Campbell, "Health Consequences of Intimate Partner Violence," *Lancet* 359 (2002): 1331-36, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(02)08336-8/fulltext?cc=y%3D%3D; Centers for Disease Control and Prevention, "About Intimate Partner Violence," February 8, 2024, (Atlanta, GA), https://www.cdc.gov/intimate-partner-violence/about.

9 Ibid.; Julie M. Kafka et al., "Intimate Partner Violence and Suicide Mortality: A Cross-Sectional Study Using Machine Learning and Natural Language Processing of Suicide Data from 43 States," *Injury Prevention* 30, no. 2 (2023): 125-31, https://injuryprevention.bmj.com/content/30/2/125; Elizabeth Miller et al., "Pregnancy Coercion, Intimate Partner Violence, and Unintended Pregnancy," *Contraception* 81, no. 4 (2010): 316-22.

10 Cora Peterson et al., "Lifetime Economic Burden of Intimate Partner Violence among U.S. Adults," *American Journal of Preventive Medicine* 55, no. 4 (2018): 433-44, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6161830.

11 Ibid.

12 Jamila Stockman, Hitomi Hayashi, and Jacquelyn C. Campbell, "Intimate Partner Violence and Its Health Impact on Disproportionately Affected Populations, Including Minorities and Impoverished Groups," *Journal of Women's Health* 24, no. 1 (2015): 62-79, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4302952.

13 "About the CDC-Kaiser ACE Study," (Atlanta, GA: Centers for Disease Control and Prevention), April 6, 2021, https://www.cdc.gov/violenceprevention/aces/about.html; https://www.nature.com/articles/s41591-023-02426-0; Center on the Developing Child, "ACEs and Toxic Stress: Frequently Asked Questions," (Boston, MA: Harvard University), May 18, 2024, https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions.

14 Ibid.; Robert Anda et al., "Childhood Abuse, Household Dysfunction, and Indicators of Impaired Adult Worker Performance," *Permanente Journal* 8, no. 1 (2004): 30-38, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4690705.

ACE factors and outcomes. Importantly, parents with more (and more severe) ACEs are more likely to have children with higher ACE scores as well.[15]

Tracking Domestic Violence Homicide

Despite the clear relationship between domestic violence and domestic violence-related homicide, incidence of the two are tracked separately. Domestic violence is usually a pattern of behaviors, sometimes involving criminal acts such as assault or explicit threats of harm, but many times involving more subtle coercion—e.g. implied threats, monitoring movements, or demands for financial control. It is often a hidden crime, unknown by acquaintances and even those close to the victim. Incidence is counted through surveys like the NISVS and National Crime Victimization Survey, which do not include homicide. Instead, homicide is counted as an isolated crime through law enforcement reports and death records. Apart from individual research into the circumstances of every murder, sorting national homicide data by victim–offender relationship provides the closest available count of domestic violence-related homicide.

Overall Homicide Rates and Trends

While crime in general, including homicide, has decreased significantly from peak rates in the 1990s, recent spikes have garnered national concern. The national homicide rate rose nearly 30% in 2020, to 6.5 homicides per 100,000 people.[16] Although homicides remain at a pre-pandemic high, that rate has since decreased, with a 6.1% decline in 2022 (the latest available data).[17]

Complicating the picture has been a challenging transition in data collection: in 2021, the Federal Bureau of Investigation, which collects, tabulates, and reports on law enforcement data from local jurisdictions, moved forward with a long-anticipated transition in data reporting systems. However, many local law enforcement agencies, including some large metropolitan forces, were unprepared for the full transition and submitted partial or no reports. This gap in reliable statistics has made it difficult for governments, service providers, crime researchers, and other interested parties to discern how local changes in crime volume fit into national trends and driving forces. As a response, the FBI has softened the discrepancy by incorporating partial reporting under the old collection

15 Adam Schickedanz, José J. Escarce, Neal Halfon, Narayan Sastry, and Paul J. Chung, "Intergenerational Associations between Parents' and Children's Adverse Childhood Experience Scores," *Children (Basel)* 8, no. 9 (2021): 747, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8466272.

16 *Calculations based on* Federal Bureau of Investigation, Crime Data Explorer, May 18, 2024, https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend.

17 Ames Grawert, "Analyzing the FBI's National Crime Data on 2022 with an Eye Toward 2023 Trends," October 18, 2023, Brennan Center for Justice, https://www.brennancenter.org/our-work/analysis-opinion/analyzing-fbis-national-crime-data-2022-eye-toward-2023-trends; Federal Bureau of Investigation, "UCR Summary of Crime in the Nation, 2022," (Washington, DC: U.S. Department of Justice, 2023), 9, https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/special-reports.

system, providing a more robust view of current crime statistics. Importantly for those tracking domestic violence offenses and related homicides, the new data reporting system, the National Incident-Based Reporting System (NIBRS), allows for multiple crimes and victims to be connected to a single incident, instead of only the most severe offense, and includes more detail regarding the circumstances of the crime.[18]

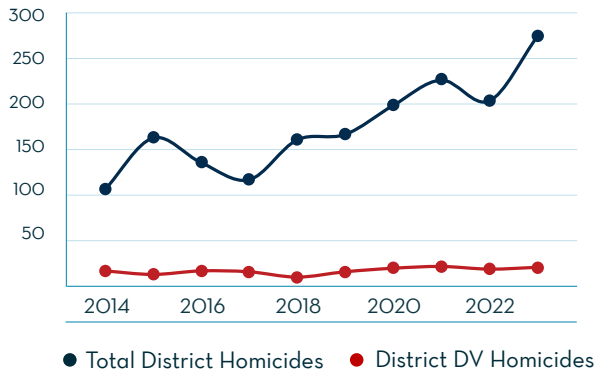
According to the NIBRS data available for 2022, 13.9% of the 19,196 reported homicides were known to be perpetrated by intimate partners or immediate family members of the victim.[19]

Homicide in the District

In the District, homicide experienced a similarly sharp 36% rise between 2019 and 2021, followed by a 10% decline in 2022. However, 2023 saw the highest number of homicides in the last two decades, at 274 fatalities.[20]

Over the last decade, domestic violence fatalities have made up on average 8.7% of homicides in the District. As homicides climbed during the pandemic, the percentage began to decline; from 2014–2019, domestic violence fatalities accounted for 9.7% of District homicides, versus 8.2% for 2020–2023.

District Homicide by Type



Domestic violence fatalities have increased slightly in recent years but at a slower pace than overall homicides and other violent crimes in the District.

In general, "domestic violence homicide" describes a homicide perpetrated by the victim's family member, romantic partner, or cohabitant. Homicide by a current or former intimate partner, specifically—including spouses, sexual partners, dating partners, or people with a child in common—is termed "intimate partner homicide," or IPH.

Lethality Risk Factors

Research into intimate partner homicide has revealed a number of factors associated with greater risk of death for women in particular ("femicide"). High-risk indicators include the

18 Federal Bureau of Investigation, "National Incident-Based Reporting System (NIBRS)," (Washington, DC: U.S. Department of Justice, 2023), https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/ucr/nibrs. Although the FBI implemented NIBRS in 1989, reporting to NIBRS was voluntary until 2021 when it replaced the Summary Reporting System as the FBI's data collection standard (FBI, *NIBRS 101* video transcript).

19 *Calculations based on* Federal Bureau of Investigation, "Expanded Homicide Data Table 10: Murder Circumstances by Relationship, 2022," https://cde.ucr.cjis.gov/LATEST/webapp/#.

20 *Calculations based on* Metropolitan Police Department, "District Crime Data at a Glance," May 17, 2024, https://mpdc.dc.gov/page/district-crime-data-glance.

COMMON LETHALITY RISK FACTORS

- Abuser has access to victim
- Abuser has a history of acute mental health problems (including depression)
- Abuser has a history of physical assault
- Police have received prior calls about abuser
- Abuser threatens homicide or suicide
- Abuser expresses extreme jealousy and possessiveness
- Abuser controls victim's daily activities/ contact with others
- Abuser is unemployed
- Abuser consumes drugs/alcohol
- Abuser demonstrates lack of respect for the law
- Abuser destroys property
- Abuser obsesses over partner
- Abuser feels sense of ownership over victim
- Abuser threatens/intimidates victim's family
- Abuser has a history of sexual violence
- Abuser has strangled victim during previous assaults
- Abuser has access to firearms
- Abuser is publicly violent toward victim
- Abuser and victim are separated/ estranged
- Abuser has a history of stalking
- Victim has children who are not the abuser's
- Abuser witnessed intimate partner violence as a child
- Abuser has abused pets
- Abuser and victim had a short courtship

perpetrator having access to a firearm, making previous threats with a weapon, living with a child not related to the perpetrator, or being recently separated; separations are at the highest risk of femicide when the victim is leaving the relationship for a new partner.[21] A perpetrator's lack of employment or illicit drug use also increases risk. Living separately as well as the perpetrator having been arrested previously for domestic violence are associated with a lower risk of homicide.[22] Risk factors identified from these studies have been used to create danger assessments, which are important screening tools used by service providers to target interventions and services to victims at the most risk of harm. (Read more about the District's Lethality Assessment Program under "**Domestic Violence Fatalities in the District**.")

More recent research on a number of fronts has explored these and other lethality risk factors in greater depth. The findings underscore not only what factors contribute to IPH but also how intimate partner violence (IPV) and homicide spill over into more widespread community violence.

21 Jacquelyn C. Campbell et al., "Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study," *American Journal of Public Health* 93, no. 7 (2003): 1089-97, https://ajph.aphapublications.org/doi/10.2105/ajph.93.7.1089?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed.

22 Ibid.

Effect of Covid-19 on Intimate Partner Violence

Researchers have long observed how gender-based violence increases in the wake of national crises and/or disasters. Large-scale societal disruptions heighten stressors that contribute to violence, as well as the opportunity for that violence to go unchecked, especially among already vulnerable populations. Indeed, the Covid-19 pandemic ushered in a well-documented wave of global violence against women.[23] In the United States, rape crisis center calls increased while sexual assault nurse examiner (SANE) and similar in-person services decreased, potentially due to victims avoiding medical settings.[24] Although the limited national data from this period suggest little overall change in rates in intimate partner violence during the pandemic (still down from their peak in the 1990s),[25] some regional studies point to an increase in the rate and severity of such violence.[26] One meta-analysis of police, hospital, hotline, and other records and studies concluded that domestic violence rose by 8.1% in the United States during the Covid-19 pandemic.[27]

What did become quickly evident was the necessity of including gender-based violence response organizations in local governments' emergency planning. Domestic violence shelters, rape crisis centers, SANEs, and multidisciplinary teams not only provide critical and timely assistance to survivors of sexual assault and IPV that cannot be delayed, but also these professions may experience a surge in demand during regional crises. They deserve consideration for access to emergency funding, exemptions from shutdown orders, and streamlined communication and coordination, as they are essential services.

IPV and Firearm Access

One figure that has unarguably climbed in recent years has been access to firearms. A steady rise in U.S. firearm sales over the last decade precipitously spiked during the pandemic, with an estimated 7.5 million

23 Taylor Walker, "A Second, Silent Pandemic: Sexual Violence in the Time of COVID-19," May 1, 2020, *Perspectives in Primary Care*, Harvard Medical School, https://info.primarycare.hms.harvard.edu/perspectives/articles/sexual-violence-and-covid.

24 Ibid.; Matt Reynolds, "How the COVID-19 Pandemic Creates Obstacles for Sexual Assault Survivors," April 23, 2020, https://www.abajournal.com/web/article/how-the-pandemic-creates-obstacles-for-sexual-assault-survivors.

25 Bureau of Justice Statistics, U.S. Department of Justice, "Rate of Violent Victimizations, 1993-2022: Victim-Offender Relationship: Intimate Partners," *National Crime Victimization Survey, 1993-2022*, https://ncvs.bjs.ojp.gov/multi-year-trends/crimeType.

26 Sarah M. Peitzmeier, Lisa Fedina, Louise Ashwell, Todd Herrenkohl, and Rich Tolman, "Increases in Intimate Partner Violence During COVID-19: Prevalence and Correlates," *Journal of Interpersonal Violence* 37, nos. 21-22 (2022): https://pubmed.ncbi.nlm.nih.gov/34866451/; Brad Boserup, Mark McKenney, and Adel Elkbuli, "Alarming Trends in U.S. Domestic Violence during the COVID-19 Pandemic," *American Journal of Emergency Medicine* 28, no. 12 (2020): 2753-55, https://www.sciencedirect.com/science/article/pii/S0735675720303077?via%3Dihub.

27 Alex Piquero et al., *Domestic Violence during COVID-19: Evidence from a Systematic Review and Meta-Analysis*, (Washington, DC: Council on Criminal Justice, 2021), 1, https://build.neoninspire.com/councilоncj/wp-content/uploads/sites/96/2021/07/Domestic-Violence-During-COVID-19-February-2021.pdf.

consumers purchasing guns for the first time between 2019 and 2021.[28] Over the same decade, intimate partner homicide by firearm increased 58%.[29] Nationally, firearms are used in half of IPH deaths:[30] IPV victims are five times more likely to die when the abuser has access to a gun and 41 times more likely to die if the abuser has used a gun during a previous severe domestic violence incident.[31] Firearms are also a deterrent to escaping abuse: 4.5 million women have been threatened with a gun by their intimate partner, and nearly one million were nonfatally shot or shot at.[32] These numbers don't account for implied coercion from knowing an abuser has access to a firearm. As legal protections to prohibit known abusers from possessing firearms are being struck down by the courts, there are fewer enforceable remedies available to victims.[33]

Black women are particularly vulnerable. Over their lifetime, 53.6% of Black women experience intimate partner violence, and Black women experiencing IPV are three times more likely to die by firearm than White women.[34] Overall homicide death by firearm tripled among Black women between 2010 and 2021.[35] One survey found that 73% of IPV victims reported staying or returning to an abuser due to economic insecurity,[36] and three times as many victims of IPV are in the lowest quartile of income as the highest.[37] The lowest earners on average are Black women, Hispanic men and women, and Native American/Alaska Native women, making roughly half the average income of

28 Elizabeth Tobin-Tyler, "Intimate Partner Violence, Firearm Injuries and Homicides: A Health Justice Approach to Two Intersecting Public Health Crises," *Journal of Law, Medicine, and Ethics* 51 (2023): 65, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10209983.

29 Ibid.

30 April Zeoli, Rebecca Malinski, and Brandon Turchan, "Risks and Targeted Interventions: Firearms in Intimate Partner Violence," *Epidemiologic Review* 38, no. 1 (2016): 125–39, https://academic.oup.com/epirev/article/38/1/125/2754863.

31 Jacquelyn C. Campbell et al., "Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study," *American Journal of Public Health* 93, no. 7 (2003): 1089–97, https://ajph.aphapublications.org/doi/10.2105/ajph.93.7.1089?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed.

32 Susan Sorenson and Rebecca Schut, "Nonfatal Gun Use in Intimate Partner Violence: A Systematic Review of the Literature," *Trauma, Violence and Abuse* 19, no. 4 (2016): 431–42, https://journals.sagepub.com/doi/abs/10.1177/1524838016668589.

33 Tobin-Tyler, "Intimate Partner Violence, Firearm Injuries and Homicides," 65.

34 Everytown Research and Policy, "American Indian/Alaska Native, Black, and Latina Women Are Victims of Intimate Partner Firearm Homicide at the Highest Rates," October 26, 2022, https://everytownresearch.org/graph/american-indian-alaska-native-black-and-latina-women-are-victims-of-intimate-partner-firearm-homicide-at-the-highest-rates-%EF%BF%BC.

35 Leemis, *The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence*, 7; Chris Rees et al., "Trends and Disparities in Firearm Fatalities in the United States, 1990-2021," *JAMA Network Open* 5, no. 11 (2022): e2244221, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2799021.

36 Cynthia Hess and Alona Del Rosario, "Dreams Deferred: A Survey on the Impact of Intimate Partner Violence on Survivors' Education, Careers, and Economic Security," (Institute for Women's Policy Research, 2018), https://iwpr.org/wp-content/uploads/2020/09/C475_IWPR-Report-Dreams-Deferred.pdf.

37 Amy Bonomi, Britton Trabert, Melissa Anderson, Mary Kernic, and Victoria Holt, "Intimate Partner Violence and Neighborhood Income: A Longitudinal Analysis," *Violence Against Women* 20, no. 1 (2014): 42–58, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5486977.

top earners.[38] With recent homicide clearance rates at a low of 49.3% nationally and 52% in the District, and more guns throughout the community, it is perhaps unsurprising that rates of gun ownership among Black women have also been rising.[39]

IPV and Mass Shootings

While mass shooting deaths make up only 1% of total firearm homicides, they garner national attention due to their seemingly random nature, the number of victims affected per incident, and widespread media coverage that promotes a sense of ubiquity.[40] Observing that some portion of mass shooting events are associated with domestic violence, researchers have recently taken a closer look into the extent of that connection.

By examining news reports of fatal mass shootings from 2014–2019 (defined as those involving four or more firearm-related fatalities, excluding the perpetrator), researchers determined that nearly 60% of mass shootings were known to be related to domestic violence—where the fatalities included an intimate partner or family member of the perpetrator.[41] In an additional 9.1% of the shootings, the perpetrator had a known history of previous domestic violence offense although no intimate partners or family members were injured or killed. In total, perpetrators of domestic violence were responsible for more than two-thirds of mass shooting events.[42]

In terms of average fatality figures, perpetrators with a history of domestic violence both injured and killed the most victims. However, shootings that directly involved an intimate partner or family member had the highest case fatality rate—meaning victims involved in the shooting were more likely to die—underscoring the targeted nature of those mass shooting events.[43]

These findings suggest that enacting and enforcing domestic violence harm-reduction measures like extreme risk protection orders and prohibitions against firearm sales to known abusers may not only safeguard domestic violence victims but also could help prevent mass shooting events.[44] Such protections could

38 Women's Bureau, U.S. Department of Labor, "Women's Earnings by Race and Ethnicity," May 21, 2024, https://www.dol.gov/agencies/wb/data/earnings/race-percentage-white-hispanic; U.S. Department of Labor, "Median Annual Earnings by Sex, Race, and Hispanic Ethnicity," 2022, https://www.dol.gov/agencies/wb/data/earnings/median-annual-sex-race-hispanic-ethnicity; Amber Pariona, "Average Income by Race and Gender, USA," (World Atlas, 2019), https://www.worldatlas.com/articles/income-inequality-by-race-and-gender-in-the-u-s.html.

39 Federal Bureau of Investigation, NIBRS Clearance Table: 2022, https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/downloads; Metropolitan Police Department, "District Crime Data at a Glance," May 17, 2024, https://mpdc.dc.gov/page/district-crime-data-glance; Peter Jamison, "Black Women Who Once Hated Guns Are Embracing Them as Violence Rises," *Washington Post*, July 27, 2022, https://www.washingtonpost.com/dc-md-va/2022/07/28/black-women-guns-crime.

40 Lisa Geller, Marisa Booty, and Cassandra Crifasi, "The Role of Domestic Violence in Fatal Mass Shootings in the United States, 2014-2019," *Injury Epidemiology* 8 (2021): 38–45, https://injepijournal.biomedcentral.com/articles/10.1186/s40621-021-00330-0.

41 Ibid., 4.

42 Ibid., 4, 5.

43 Ibid., 5.

44 Ibid., 6.

also forestall perpetrator death by suicide: half of perpetrators died during the mass shooting events, with the majority of those deaths attributed to firearm suicide.[45]

IPV and Suicide

Outside mass shooting events, intimate partner violence contributes to an estimated 6–7% of suicides overall.[46] Data on suicidality and intimate partner violence is difficult to track: the main national fatality dataset, the National Violent Death Reporting System, does not have a mechanism for coding intimate partner violence circumstances with suicide entries as it does for homicide, so information must be gleaned from other coding combinations and narrative text.

Of suicides linked to IPV, the majority (82.8%) are isolated suicide events and not murder-suicides. Decedents include both intimate partner violence victims as well as perpetrators. Decedents of IPV-related suicide more commonly reported suicidal intent a month before the suicide and were more likely to use a firearm than suicides unrelated to IPV. There is also a correlation between IPV-related suicide and prior civil or criminal legal problems.[47]

Other studies in global populations have reported higher incidence of suicide attempts among women who are victims of intimate partner violence as well as increased incidence of depression in both female and male IPV victims.[48] Findings among women suggest that not only does IPV increase their risk of depression but also, in an insidious loop, that women suffering from depression are more at risk for IPV.[49]

Murder-Suicide

For more than 20 years, the Victim Policy Center has tracked murder-suicides in their periodic publication, *American Roulette*. According to their latest review, an estimated 1,176 murder-suicide fatalities occurred in 2021.[50] Of the murder-suicide fatalities, 69% of the homicide victims were women and 27% men. Of those who died by suicide after committing a homicide, 5% were women and 91% men.[51] In all, 62% of murder-suicides were perpetrated by an intimate partner, and among those incidents,

45 Ibid.

46 Millan AbiNader, "Examining Intimate Partner Violence-Related Fatalities: Past Lessons and Future Directions Using U.S. National Data," *Journal of Family Violence* 38 (2023): 1-12, https://link.springer.com/article/10.1007/s10896-022-00487-2; Kafka et al., "Intimate Partner Violence and Suicide Mortality: A Cross-Sectional Study Using Machine Learning and Natural Language Processing of Suicide Data from 43 States," *Injury Prevention* 30, no. 2 (2023): 125-31, https://injuryprevention.bmj.com/content/30/2/125.

47 Kafka, "Intimate Partner Violence and Suicide Mortality," https://injuryprevention.bmj.com/content/30/2/125.

48 Karen Devries et al., "Intimate Partner Violence and Incident Depressive Symptoms and Suicide Attempts: A Systematic Review of Longitudinal Studies," *PLOS Medicine* (2013), https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001439.

49 Ibid.

50 *American Roulette: Murder-Suicide in the United States*, (Washington, DC: Victim Policy Center, 2023), 2, http://vpc.org/studies/amroul2023.pdf.

51 Ibid., 1.

95% of the victims were women, and 93% involved a firearm.[52]

Murder-suicides affect all ages. Children under 18 made up 14% of homicide deaths, and another 66 children witnessed some aspect of a murder-suicide over the six-month period studied.[53] On the other end of the spectrum, murder-suicide perpetrators were generally older than the average homicide offender: 21% of offenders who committed murder-suicide were 55 or older, versus 7% of general homicide offenders.

IPV and Maternal Mortality

Another area of importance is the relationship between intimate partner violence and maternal mortality. Pregnancy and childbirth can have a host of serious health implications for the pregnant person. However, homicide is the leading cause of death during pregnancy and the postpartum period.[54] In fact, homicide surpasses all other leading causes of maternal mortality by a factor greater than two, including hypertension, hemorrhage, and infection.[55] Compared to non-pregnant/postpartum women of the same age, pregnant or postpartum women have a 16% higher prevalence rate of homicide death.[56]

This risk is elevated for young women: pregnant or postpartum girls ages 10–19 were more than six times as likely to die by homicide as their non-pregnant/postpartum peers. By age 24, that risk was 1.6 times (before reversing rates with nonpregnant women in their late twenties and thirties).[57] Black women, in particular, experience the bulk of the risk. Pregnant or postpartum Black girls and women ages 10–24 died by homicide more than 2.5 times the rate of their non-pregnant/postpartum Black peers, more than 5 times the rate of pregnant or postpartum White girls and women the same age, and more than 15 times the rate of non-pregnant White 10–24-year-olds.[58]

While the relationship between the victim and offender was not a feature of the homicide data used to compile these figures, the majority of the homicides took place within the home, suggesting the deaths could be domestic

52 Ibid., 5.

53 Ibid., 2.

54 Maeve Wallace, "Homicide During Pregnancy and the Postpartum Period in the United States, 2018–2019," *Obstetrics & Gynecology* 138, no. 5 (2021): 1, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9134264/pdf/nihms-1804550.pdf. "Maternal mortality" is measured through 42 days postpartum, while "pregnancy-associated mortality" spans up to one year after birth.

55 Ibid., 4.

56 Ibid., 1.

57 Ibid., Table 2.

58 Ibid.

violence-related. Seventy percent of the fatalities involved a firearm.[59]

Considering that forced or coercive conception and reproductive control are known indicators of IPV, pregnancy and childbirth should be screened for as significant risk factors for intimate partner homicide.[60]

IPV and Child Homicide

Not even children have escaped the national uptick in homicide. From 2019–2020, child homicide rates in the U.S. rose by 27.7% to a total of 2,059 deaths of children age 17 and younger.[61] Also in 2020, guns overtook car crashes for the first time as the leading cause of child death (including homicide, suicide, and unintentional shootings).[62]

While many of these deaths are not related to domestic violence, one study of child homicide deaths across 16 states from 2005–2014 suggests that intimate partner violence is responsible for up to one-fifth of child homicide deaths.[63] Researchers' review of National Violent Death Reporting System narrative data found that roughly half of the IPV child homicides occurred when the perpetrator also killed or attempted to kill an intimate partner. In the other half of the narratives, intimate partner conflict (e.g. divorce, separation, custody) preceded the child's death.[64]

Taken together, research on IPH paints ***a vivid and costly picture of the deadly toll*** intimate partner violence takes on victims, children, and communities.

59 Ibid., 5.

60 Miller et al., "Pregnancy Coercion, Intimate Partner Violence, and Unintended Pregnancy," https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2896047/pdf/nihms164544.pdf.

61 Rebecca Wilson, "Trends in Homicide Rates for U.S. Children Aged 0 to 17 Years, 1999 to 2020," *JAMA Pediatrics* 177, no. 2 (2023): Table 2, https://jamanetwork.com/journals/jamapediatrics/article-abstract/2799356.

62 Jason E. Goldstick, Rebecca M. Cunningham, and Patrick M. Carter, "Current Causes of Death in Children and Adolescents in the United States," *New England Journal of Medicine* 386, no. 20 (2022), Figure 1, https://www.nejm.org/doi/full/10.1056/NEJMc2201761.

63 Avanti Adhia et al., "The Role of Intimate Partner Violence in Homicides of Children Aged 2-14 Years," *American Journal of Preventive Medicine* 56, no. 1 (2019): 38-46, https://pubmed.ncbi.nlm.nih.gov/30416031.

64 Ibid.

DOMESTIC VIOLENCE FATALITIES IN THE DISTRICT

Defining Fatalities

In the District, a homicide is considered a "domestic violence fatality" when the perpetrator and victim had been romantically linked, were related, or resided together, or if the perpetrator had previously stalked the victim. Homicide victims are also included if they were killed due to their relation to one of those intended victims. In 2023, 19 people in the District were killed in domestic violence-related homicides.

Recognizing the impact of domestic violence homicide on individuals, families, and communities, the District employs a number of measures to identify, prevent, and intervene in high-risk situations. This robust set of protections and responses is designed to reduce the harm of domestic violence. Highlighted below are those programs particularly tailored to decreasing fatalities.

Protections in the District

Extreme Risk Protection Orders

Relatively new to the District is an extreme risk protection order (ERPO), sometimes referred to as the "red flag law." ERPOs are civil court orders designed to quickly remove a firearm from someone who poses a danger to themselves or others. Family members, partners, roommates, police officers, mental health professionals, medical professionals, and select others can petition DC Superior Court to issue an ERPO, allowing law enforcement officers to search for and seize firearms or ammunition from the subject of the order (the respondent). A temporary order can be granted in as little as one business day, while a final order can be granted within two weeks and lasts for up to one year at a time.[65] According to DC Superior Court, 36 ERPO cases were disposed in 2023.

Lethality Assessment Program

Lethality assessments are used to determine if a victim is at high risk for re-assault, major injury, or homicide. Lethality assessment programs (LAPs) are used in jurisdictions throughout the country and are often a partnership among victim services, police departments, the courts, and other relevant agencies. The District's LAP is led by DC SAFE.

Since its inception in 2009 through December 2023, the LAP has screened 78,516 survivors and identified 35,830 as being at high risk for serious repeat assault or homicide. High-risk survivors can then receive expedited,

65 More information on ERPOs is available from the Office of the Attorney General.

DOMESTIC VIOLENCE FATALITY DISTRICT CODE

According to DC Code § 16-1051, a "domestic violence fatality" is a homicide that occurs under any of the following circumstances:

- The alleged perpetrator and victim resided together at any time;
- The alleged perpetrator and victim have a child in common;
- The alleged perpetrator and victim were married, divorced, separated, or had a romantic relationship, not necessarily including a sexual relationship;
- The alleged perpetrator is or was married to, divorced, or separated from, or in a romantic relationship, not necessarily including a sexual relationship, with a person who is or was married to, divorced, or separated from, or in a romantic relationship, not necessarily including a sexual relationship, with the victim;
- The alleged perpetrator had been stalking the victim;
- The victim filed a petition for a protective order against the alleged perpetrator at any time;
- The victim resided in the same household, was present at the workplace of, was in proximity of, or was related by blood or affinity to a person who experienced or was threatened with domestic violence by the alleged perpetrator; or
- The victim or the perpetrator was or is a child, parent, sibling, grandparent, aunt, uncle, or cousin of a person in a relationship that is described within this subsection.

coordinated, low-barrier access to services. In 2023, 3,558 screenings were conducted, with 2,243 survivors identified as high lethality risk. DC SAFE also sent 385 LAP alerts.[66] Over the life of the program, eight high-risk survivors have been killed.

LAP is part of a broader High Risk Domestic Violence Initiative (HRDVI) and is connected to the work of the Domestic Violence Systems Review (DVSR) team, a multi-agency accountability task force for complex, high-risk cases.

Address Confidentiality Program

The District's Address Confidentiality Program (ACP), administered by the Office of Victim Services and Justice Grants (OVSJG), provides a legal substitute address for eligible DC residents to maintain the confidentiality of

66 A LAP alert is the term for when a high-risk survivor elects to have a designated LAP coordinator make urgent requests of relevant agencies on the survivor's behalf to address their immediate safety and other needs. "Enhancing the District's Public Safety through the High Risk Domestic Violence Initiative," (Washington, DC: DC Safe), https://static1.squarespace.com/static/5b439af92714e5ed4c3ca2c1/t/65c678d5ca70ac27f998c96c/1707505878575/Copy+of+HRDVI+One+Pager_+Edit+2.1.24.pdf.

their actual address. This program helps victims of domestic violence, sexual offenses, stalking, or human trafficking who fear for their safety by shielding their street address from public records, providing one tool in an individual's broader safety plan. The program was established via the Address Confidentiality Act of 2018, effective July 3, 2018 (DC Law 22-118; DC Official Code § 4-555.01 *et seq.*), and launched in 2020.

Civil Protective and Anti-Stalking Orders

On April 27, 2021, the Intrafamily Offenses and Anti-Stalking Orders Amendment Act of 2020 went into effect (DC Law 23-275; DC Official Code § 16-1001 *et seq.*). In part, this act amended previous civil protection order (CPO) provisions as well as created DC's anti-stalking order (ASO).

Civil protection orders are court orders that require the respondent to stay away from and have no contact with the petitioner. CPOs are available for sexual assault and sex or labor trafficking survivors, as well as intimate partners, family members, and household members. With the amendment, CPOs are now valid for up to two years, although a judge may extend the order for good cause. Additionally, minors ages 13–16 may file for a CPO on their own behalf against a respondent for an intrafamily offense; against a person who sexually assaults them; and under sex trafficking of children if they are the victim. Any minor can have a petition filed on their behalf by a parent, legal guardian, legal custodian, family member who is 18 years old or older, or sexual assault youth victim advocate. The court

can also extend a temporary protection order (TPO) for up to 28 days at a time or for a longer time period with the consent of both parties (DC Code § 16-1004). In 2023, there were 5,104 new filings under intrafamily cases.

Anti-stalking orders are similar to CPOs but apply to petitioners who allege the respondent stalked them within the previous 90 days, regardless of their relationship to one another. (Stalking behaviors are defined in DC Code § 22-31A.) These orders direct the respondent to have no contact with and stay away from both the petitioner and specified locations, among other requirements. Minors 16 and older may file on their own behalf; minors under 16 must have a parent, legal guardian/custodian, or adult family member file on their behalf. ASOs can remain in effect for up to two years. The court can also grant a temporary order (TASO) without notice to the respondent—either in 14-day increments or up to 28 days with good cause (DC Code § 16-10A). According to the District of Columbia court's upcoming statistical summary, there were 1,284 new filings under the ASO in 2023.

The Amendment also includes offenses against animals owned by the petitioner, a family member, or household member as intrafamily offenses. And it bars respondents from possessing firearms: after a CPO or ASO is put into effect, respondents are prohibited from purchasing firearms for the duration of the

order and must relinquish possession of any existing firearms and ammunition. Additionally, the bill established a unit within the DC Metropolitan Police Department dedicated to serving CPOs and requires them to do so at the petitioner's request.

Employment Protections

Under the Employment Protections for Victims of Domestic Violence, Sexual Offenses, and Stalking Amendment Act of 2018, effective April 11, 2019 (DC Law 22-281; DC Code § 2-1401.01 *et seq.*), employers, employment agencies, and labor organizations ("employers") in the District of Columbia may not discriminate against an employee or an applicant ("employee") based on their status as a victim or family member of a victim of domestic violence, a sexual offense, or stalking ("DVSOS"). The law amended the DC Human Rights Act of 1977.

Specifically, employers may not take an adverse employment action against an employee for the following actions if they pertain to DVSOS: participating in a legal proceeding, seeking physical or mental health care, or a third-party's disruption of the workplace or threat to their employment. The law also defines family members who are included, reasonable accommodations required of employers, and circumstances under which employers may or may not disclose the employee's status related to DVSOS.

The Role of the DVFRB

Despite the District's proactive measures to identify individuals at increased risk for domestic violence-related serious assault and homicide, every year residents are killed by intimate partners and family members. When current protections are unable to prevent a domestic violence homicide, the Domestic Violence Fatality Review Board is charged with tracking those deaths and exploring missed opportunities for intervention.

Case Selection and Review

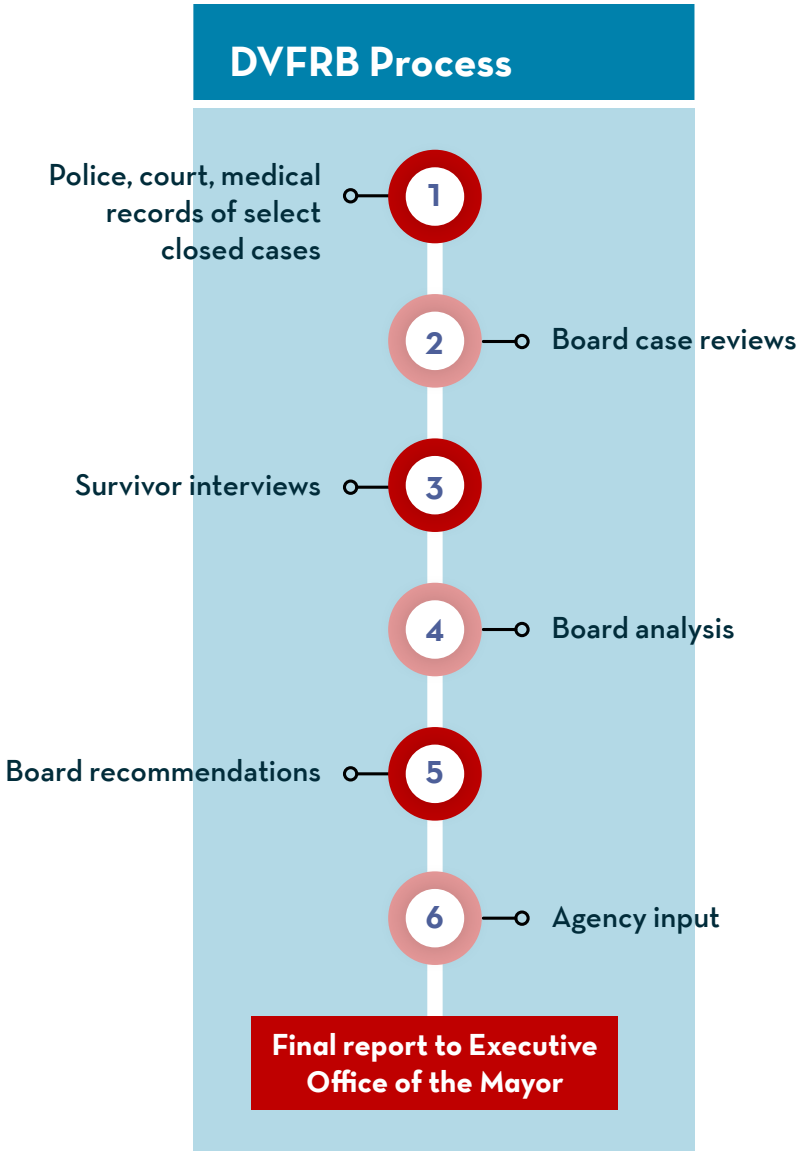
The DVFRB achieves its work through a multidisciplinary analysis of the victims' experiences, perpetrator behaviors, and the general circumstances surrounding the fatalities. Through the case-review process, the Board identifies lethality factors and trends related to the decedents, perpetrators, and systems responsible for supporting, assisting, and protecting victims from family or intimate partner violence. The cooperative efforts of the review process provide an opportunity to enhance and increase services and improve the District's response to address the needs of residents.

The DVFRB meets as a body throughout the year. Domestic violence homicide cases are selected for review based on agreed-upon criteria established by the Board, and cases are only reviewed after the closure of any ongoing criminal case.

The DVFRB focuses its in-depth reviews and recommendation process on intimate partner homicides, which tend to follow similar patterns and could, therefore, benefit from systemic prevention efforts. A well-developed body of scientific research surrounding intimate partner fatality risk factors and prevention strategies guides the Board's review of these cases.[67] While the Board monitors and provides statistics of homicides committed by family members, relatives, roommates, and "common partners,"[68] the Board's annual recommendations stem from intimate partner homicide cases. The Board seeks to honor these victims by attempting to understand their experience and using that knowledge to shape recommendations related to policy, practice, training, and public awareness.

DVFRB meetings are confidential and, thus, are not subject to open meeting rules; Board members must sign confidentiality agreements. The Board obtains records from a variety of public and private agencies and programs that had contact with or provided services to the victim or the perpetrator. The Board coordinator prepares an initial summary of case material and provides the relevant records to Board members.

During review meetings, Board members discuss the facts and circumstances leading up to the homicide and identify potential gaps in service delivery and systemic breakdowns.



67 For more information, see "Lethality Risk Factors," earlier in this report.

68 "Common partners" are defined by statute as people whose only connection to each other is a current or former intimate partner in common.

The Board then proposes recommendations and suggests system improvements to prevent future homicides. The fatality review process is not investigative, and Board decisions are made collectively.

A retrospective analysis of fully adjudicated fatalities allows the Board to objectively observe gaps in the service system without assigning fault. With its "no blame" philosophy, the DVFRB hopes to inspire improved agency and system collaboration and a sense of urgency to work together to create a safer community for victims of domestic violence.

Types of Domestic Violence Homicide

Intimate Partner Homicide	*Non-Intimate Partner Homicide*
• Current spouse • Former spouse • Current intimate partner (unmarried) • Former intimate partner (unmarried)	• Parent, child, sibling, other family • 3rd-party to current/former intimate partner • Roommate • Landlord/renter

2023 DVFRB SUMMARY FINDINGS

While much of the DVFRB's work is confidential in nature, the following section details the Board's publicly reportable activities, data collection findings, and agency recommendations for the 2023 calendar year.

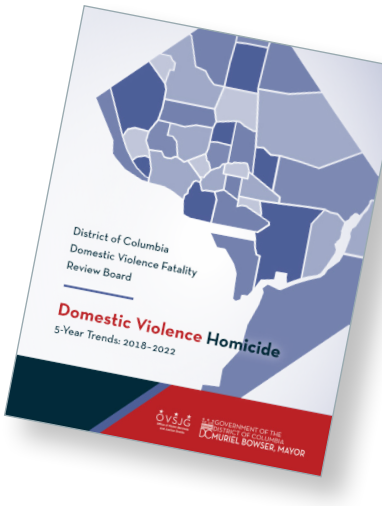
2023 DVFRB Activities

The Domestic Violence Fatality Review Board is composed of public service professionals across a range of disciplines.[69] From January through December 2023, the Board engaged in the following critical work:

- **Met via Webex and in person**: The Board met 10 times during the calendar year for 20 hours of discussion, training, and case review. The Board returned to partially meeting in person, and two meetings were hosted by Board members at their workplaces.
- **Held the first Board retreat**: The DVFRB coordinator and co-chairs planned the first Board retreat for the Board members. The retreat kicked off with a welcome by OVSJG Director Jennifer Porter, followed by discussions on data, trends, expectations, and norms for the Board moving forward. Dr. Neil Websdale of the National Domestic Violence Fatality Review Initiative presented on "What Makes a Successful Review Board?"
- **Appointed new Board members**: During 2023, new Board representatives were appointed for the Metropolitan Police Department, the Department of Corrections, the Superior Court of the District of Columbia, and Domestic Violence Housing Organizations. The Board also welcomed community members Shannarese Sims and Toshira Monroe.
- **Published an internal Board directory**: The DVFRB coordinator compiled a directory of all current Board members to facilitate communication and provide background information on relevant areas of expertise.
- **Conducted in-depth case reviews**: The Board examined three complex intimate partner-related homicide cases.

69 For a complete list of 2023 Board members and their agency affiliations, please refer back to the Introduction.

- **Explored joint case reviews**—and discussed possible procedures for multijurisdictional review—with surrounding areas, including counties in Maryland.
- **Facilitated related District systems briefings**: To foster a deeper understanding among the Board of District programs and agencies tasked with responding to domestic violence and homicide victims, the DVFRB coordinator facilitated a series of briefings conducted by partners across the city. To that end:
  - So Others Might Eat presented on wraparound services, housing programming, and responding to domestic violence in housing and case management.
  - Crime Victims Compensation Program (CVCP) Director Blanche Reese presented on the CVCP and changes to the CVCP that pertain to the domestic violence community.
  - The DC Volunteer Lawyers Project and the Office of the Attorney General for the District of Columbia shared on the status of Extreme Risk Protective Order (ERPO) filings in the District. (The DVFRB previously recommended ERPOs, or Red Flag legislation, to be passed in the District.)
  - Circles of Peace shared about a restorative justice pilot project in the District and how it handles domestic violence in relationships.
- **Continually assessed status of the field**: The Board stayed abreast of ever-changing procedures, policies, and ways of providing services across the city post-Covid, and regularly incorporated those changes into a flexible workflow.
- **Responded to inquiries**: The Board responded to public and agency inquiries related to its work.
- **Published "Domestic Violence Homicide: 5-Year Trends, 2018-2022"**: This annual snapshot of domestic violence-related homicides in the District discusses key findings and trends over a five-year span. The DVFRB coordinator worked with system representatives across agencies to compile and reconcile domestic violence-related homicides in the District. The compiled data presented in these trends reports help shed light on who is most at risk of violence, from whom they are most at risk, and how best to intervene to prevent future domestic violence homicides.



- **Published "DVFRB 2023 Annual Report"**: This annual report included a recap of the DVFRB's work over the 2022 calendar year, information regarding related District protections, and new recommendations based on a review of recently closed domestic violence-related homicides.

2023 BY THE NUMBERS

According to Metropolitan Police Department records, 19 people age 15 and older were killed by 20 perpetrators in domestic violence fatalities in the District of Columbia in 2023.[70] The breakdown between intimate partner homicide (IPH) and non-IPH is as follows:

IPH Victims

- **Gender**: 6 women; 3 men.
- **Race**: 8 were Black; 1 was White.
- **Age range**: 30 to 81; average age was 47.
- **Wards**: 5 homicides occurred in Ward 8; 1 homicide occurred in Wards 2, 5, 6, and 7.
- **Manner of homicide**: 4 victims were shot; 3 were stabbed; 1 died of blunt force trauma and 1 of arson.

IPH Perpetrators

- **Gender**: 3 women; 6 men.
- **Race**: 8 were Black; 1 was White.
- **Age range**: 27 to 85; average age was 48.
- **Relationship to victim**: 6 were current intimate partners, 2 were spouses, 1 was a former intimate partner.

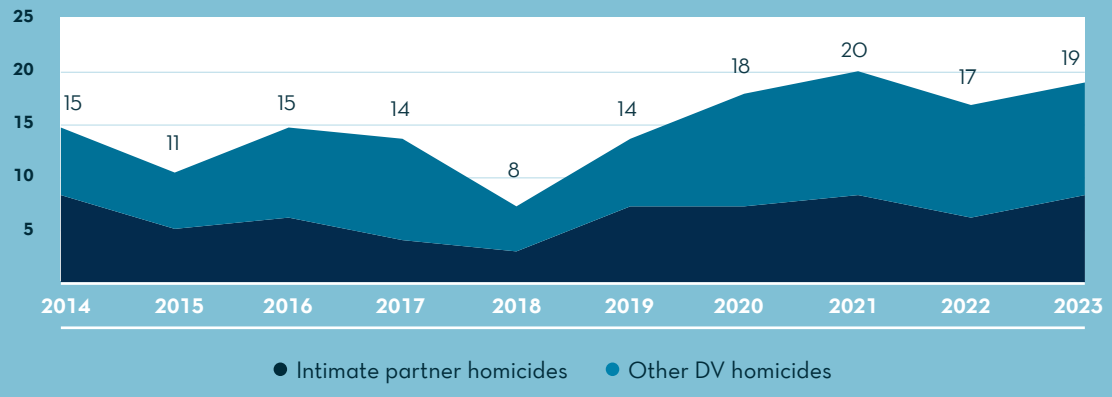
Non-IPH Victims

- **Gender**: 3 women; 7 men.
- **Race**: 9 were Black; 1 was Hispanic.[71]
- **Age range**: 21 to 70; average age was 43.
- **Wards**: 3 homicides each occurred in Wards 6 and 8; 2 occurred in Ward 7; 1 occurred in Wards 1 and 2.
- **Manner of homicide**: 4 victims were shot, 4 were stabbed, 1 died of blunt force trauma, and 1 died from a combination of those three manners.

Non-IPH Perpetrators

- **Gender**: 1 woman; 10 men.
- **Race**: 10 were Black; 1 was Hispanic.
- **Age range**: 13 to 64; average age was 37.
- **Relationship to victim**: 5 perpetrators were roommates of the victim; 2 were children of the victim; 1 was a step-parent; and 3 were related in another away.
- **Murder-suicide**: 1 perpetrator died in a murder-suicide.
- **Multiple perpetrators**: 2 perpetrators were charged with 1 victim's death.

Total Domestic Violence Homicides by Year[72]



70 Regarding domestic violence child fatalities in 2023, two infants were killed by their parents.

71 "Hispanic" is an MPD category based on federal data collection and reporting standards.

72 Please note that current domestic violence homicide figures may differ from those reported previously due to subsequent updates in case information.

2023 DVFRB Recommendations and Responses

The ultimate purpose for reviewing domestic violence fatalities is to reduce the incidence of such homicides. To that end, the Board uses its findings to craft recommendations for system improvements to strengthen the community response to domestic violence. In 2023, the DVFRB issued six recommendations to seven District agencies. The agencies involved have since reviewed the Board's recommendations, and available responses are included below.

Recommendation One

Provide Prompt Services and Referrals to Children Present During Domestic Violence-Related Homicides

An alarming number of youth experience violence in their communities or home, including the acute experience of being present at the time of a family member's homicide. For the best outcomes, youth who experience this kind of traumatic event require immediate access to support services and related referrals, with as little lag or delay in care as possible. Currently, when children are present at the scene of a homicide in the District, the Metropolitan Police Department's (MPD) responding officer or detective is responsible for notifying either the Child Family Services Administration (CFSA) or MPD's Youth and Family Services Division (YD), after which YD contacts CFSA as part of the scene investigatory procedure. This allowance for CFSA to be contacted directly or through YD creates difficulties in accountability and opportunities for error. It also introduces potential delays in CFSA's response to any children of a homicide victim or perpetrator who are present.

Therefore, the DVFRB recommends that:

A. The **Metropolitan Police Department** refine its policies and procedures to ensure that the Child Family Services Administration is immediately notified by one consistent party—either the responding officer or MPD's Youth and Family Services Division—every time a child is present at the scene of a domestic violence-related homicide. When notified quickly, CFSA can better provide the prompt support, referrals, and wraparound services needed to secure the best outcomes for a child and family.

B. **MPD first responders (including the Homicide Investigator)** also request the Department of Behavioral Health's (DBH) Children and Youth Behavioral Health Services office to respond to the scene of any domestic violence-related homicide where children are present. Potential DBH interventions include assessments through the Parent Infant Early Childhood Enhancement Program (PIECE) or the Children and Adolescent Mobile Psychiatric Service (ChAMPS), or even programming with Families First. Notifying DBH would also initiate contact between service providers and those assuming guardianship.

C. When contacted by MPD, **DBH's Children and Youth Behavioral Health Services** respond to a domestic violence-related homicide scene or designated location to meet with all available children in the family. DBH should conduct a crisis assessment and make recommendations for follow-up care. If this recommendation is outside DBH's scope of services, DBH should identify an alternative provider or system in place that can assess and meet the needs of youth directly present at the time of a homicide and can provide appropriate referrals for ongoing mental health services.

Agency Responses

Metropolitan Police Department

MPD will work with CFSA and DBH to determine appropriate procedures for both recommendations. Once an agreement is reached, MPD will issue policy updates to implement the recommendation.

Department of Behavioral Health

DBH acknowledges the profound impact a domestic violence fatality inevitably has on children who, whether physically present or not, experience not only the loss of one parent but very likely the permanent loss or separation from a second parent or caregiver as well, depending on the degree and manner in which the perpetrator was integrated into the family.

DBH also agrees it has a role to play in assuring an appropriate plan of care is developed and that needed services are accessible. However, we disagree with the recommendation for DBH or designee to deploy to the scene for several reasons. Most importantly, children who are present at the scene will already be subjected to multiple interviews by multiple agencies, including MPD, CFSA, Safe Shores (forensic interview), and perhaps others. These interviews may be for investigatory purposes or for initial safety planning and housing placement purposes or both.

DBH should be deployed as a part of the routine assessment process. However, if the child or youth is experiencing an acute mental health crisis at the scene, DBH will provide immediate crisis support by our Mobile Crisis Team. The team can be deployed by calling 202-481-1440.

Further, CFSA who is statutorily involved has developed in-house behavioral health services, and DBH has staff co-located there. We believe it makes better sense for CFSA to be the primary convener and [CSFA] should establish a standing multi-agency response team to hold case level reviews at a prescribed cadence—most likely daily at the outset and then gradually reducing to weekly and monthly. It is important to note that most children in DC Public Schools and DC Public Charter Schools have access to school-based behavioral health clinicians from DBH or community-based organizations under contract with DBH. Staff embedded at the schools may know the children already and certainly have access to school leadership, teachers, and counselors, so it is important to provide care that is highly coordinated and least disruptive to a child whose life has already been turned upside down.

Recommendation Two

Strengthen School-based Mental Health Care Supports for Children Affected by Violence

Domestic and community violence affects children's mental health in profound, disruptive, and long-lasting ways. It can impair their ability to form trusting, healthy relationships, to engage with peers and respected adults, to retain information, to seek help, and to generally thrive in the world. However, those impacts can be mitigated and the cycle of violence stopped if child secondary victims receive appropriate and timely trauma-informed counseling and coping tools.

Therefore, the DVFRB recommends that:

- The **Department of Behavioral Health**—as the coordinator of public and charter school-based behavioral support and mental health services in the District—and the **Coordinating Council on School and Behavioral Health**—which guides the school-based implementation of child behavioral health services—engage with school-based clinicians in the District regarding trauma, community violence, domestic violence, and domestic violence resources and counseling services available to DC residents. Minimally, this engagement should include providing annual trainings on: responding to violence in the home, trauma-informed best practices, and the impact of adverse childhood experiences (ACEs) on youth. The training should help school clinicians provide more trauma-informed care and trauma-related service referrals and resources to students and families and should also urge clinicians to streamline

mental health care supports, both immediate and ongoing, for families recently impacted by violence, including homicide. To support this goal, DBH should update the Behavioral Health Resource Link to include a child-specific crisis category that lists up-to-date crisis and trauma resources and available supports for children. Such a category would provide school counselors and new guardians alike with better knowledge of and access to available resources to support children impacted by violence.

Agency Response

[Although no formal response to this recommendation was provided, the Board notes that the Department of Behavioral Health has since held a Community of Practice meeting on best practices and resources in creating safe spaces for students who experienced domestic and dating violence.]

Recommendation Three

Fully Implement School Safety Omnibus Amendment Act Curriculum Requirements to Reduce Interpersonal Violence

In 2018, the School Safety Omnibus Amendment Act was passed into law. This law requires that public schools and public charter schools provide policies for instruction to prevent and address sexual harassment, assault, and dating violence. Public schools and public charter schools must provide academic instruction on consent, setting and respecting boundaries, and developing and maintaining healthy relationships. In 2020, the Office of the State Superintendent of Education provided model policy and curricula to meet the DC Health Education Standards and School Safety Omnibus Amendment Act but did not provide examples or suggestions regarding the curricular options available to students.

Therefore, the DVFRB recommends that:

- The **Office of the State Superintendent of Education** (OSSE) facilitate the expansion of programs on healthy relationships to all DC public and public charter schools by partnering with the **DC Department of Health**. An age-appropriate curriculum, such as Expect Respect, should be offered year-round to standardize the response, referrals, and supports that students receive. Program selection and expansion should meet the requirements of the School Safety Omnibus Amendment Act of 2018 and include a plan to evaluate program efficacy. If the program evaluation does not demonstrate a measurable benefit and impact to students, further programming should be provided.

Agency Responses

Office of the State Superintendent of Education

OSSE appreciates the opportunity to respond to this recommendation and to coordinate with the District of Columbia Domestic Violence Fatality Review Board (DVFRB) on how District schools can continue to play an important role in preventing and responding to incidents of violence on school grounds and in promoting and educating students in safe and healthy relationships.

OSSE accepts the DVFRB recommendations with changes. In accordance with the School Safety Omnibus Amendment Act of 2018 (SSOAA) and aligned to OSSE's commitment to supporting schools with the implementation of programs aligned to the Center[s] for Disease Control and Prevention's (CDC) Whole School, Whole Community, Whole Child model, OSSE is dedicated to preventing and addressing sexual harassment, sexual assault, and dating violence.

In January 2020, OSSE published its SSOAA model policies for local education agencies (LEAs) to address (1) preventing and addressing student sexual abuse by school staff; and (2) preventing and addressing student-on-student acts of sexual harassment, sexual assault, and dating violence. In addition to the model policies, OSSE released resources to support LEAs, including a Policy Development Resource Guide, SSOAA Adult Training Resources Guide, and a Model Curricular Guide for Meeting DC Health Education Standards and SSOAA Requirements. These model policies and resources were developed after extensive engagement with school personnel and local stakeholders who are subject matter professionals in the area of sexual abuse prevention and intervention, domestic/dating violence, and sexual harassment and human trafficking.

The curricula guide offers a list of curricula LEAs can choose from that meet the SSOAA requirements. The guide provides a description of each curricular program, the SSOAA requirement(s) and Health Education Standard(s) that the curricula meets, the applicable age group(s), and associated costs, number of lessons, and training requirements. Similarly, the Adult Training Resource Guide indicates which SSOAA training requirements are met by each training program. OSSE reviews these resources regularly to ensure that they contain up-to-date information schools can use when selecting their curricula and trainings.

OSSE has utilized SSOAA funding to make training available to public and public charter school staff; however, each LEA ultimately has the authority to select the training and curricula that it implements in its schools to meet the SSOAA requirements and Health Education Standards. As the state education agency, OSSE recommends curricula that meet health education standards,

but does not have the authority to mandate LEAs to adopt a particular curricula or to evaluate the effectiveness of individual curricular programs.

OSSE does collect information about health education curricula from schools via the annual School Health Profiles, including the name(s) of the curricula that are implemented by the school. Further, OSSE offers curricular guides and technical assistance in navigating curricular recommendations. OSSE is also available to support LEAs in understanding whether a particular curriculum meets SSOAA requirements and the Health Education Standards.

Despite not having the authority to enforce a particular curriculum, OSSE is committed to ensuring LEAs are supported to provide high-quality educational opportunities and exposure to developing and maintaining healthy relationships, respecting privacy and body boundaries, consent, and recognizing and reporting misconduct and abuse. OSSE will evaluate the feasibility of purchasing instructional materials aligned to DC's Health Education and (forthcoming) Social-Emotional Learning standards to offer for free to LEAs. OSSE will coordinate with DC Health to ensure [the] curricular selection and implementation plan is in concert with the agency's associated programs (e.g. Adolescent Health Programs, Rape Prevention Program). OSSE will also continue to provide support to LEAs and schools, including through updating the Curricula Guide and Training Resource Guide and providing additional reminders to schools that they are required to meet the requirements of SSOAA. The Public Charter School Board supports these efforts by collecting information from each charter LEA to ensure that they have policies in place, as required by SSOAA.

DC Department of Health

The District of Columbia Department of Health (DC Health) appreciates the opportunity to respond to this recommendation and to coordinate with the District of Columbia Domestic Violence Fatality Review Board (DVRB) to partner with the Office of the State Superintendent of Education (OSSE) to facilitate the expansion of programs on healthy relationships to all DC public and public charter schools.

DC Health accepts this recommendation from the DVFRB with changes. DC Health currently funds several programs with varying curricula to provide age-appropriate healthy relationship training for students in the District. Specifically, DC Health's Rape Prevention and Education Program (DC RPE) offers Expect Respect sessions weekly at five DCPS high schools. Participants complete pre- and post-assessments and session feedback surveys to assess baseline knowledge and knowledge change. Expect Respect session facilitators complete session feedback surveys as well.

DC Health supports OSSE's efforts to recommend curricula that meet health education standards, address the School Safety Omnibus Amendment Act of 2018 (SSOAA), and provide training and technical assistance efforts to local education agencies and schools.

While supporting OSSE, DC Health will also work with current community-based partners within the schools to expand Expect Respect and also promote self-paced, youth-specific learning modules and opportunities.

Recommendation Four

Meet Training Needs of School-Based Health Centers for Increased Violence Prevention

In 2001, the DC Department of Health established School-Based Health Centers (SBHCs) in seven DC public high schools to provide enrolled students and their children with the medical, mental health, and social services needed for them to thrive. Additionally, SBHCs provide referrals to specialty care, community providers, and other programs. SBHC staff include case managers, licensed social workers, and psychiatrists who, among other services, provide care coordination for domestic violence, intimate partner violence, or gun violence; mental and behavioral health resources; education; and counseling.

During the COVID-19 pandemic, SBHC staff saw an increase in referrals for physical and sexual violence and psychological aggression. SBHC staff have expressed interest in receiving professional development in these areas and in offering domestic violence and gun violence prevention training to school personnel and the student population. The DVFRB supports the expansion of training to the SBHC staff and broader school community.

Therefore, the DVFRB recommends that:

- The **DC Department of Health** strengthen SBHCs' ability to support students and school personnel by providing SBHC staff with evidence-based training that focuses on domestic violence prevention and its intersection with gun violence. Such training would allow staff to provide more robust supports for high school students and be better equipped to make appropriate referrals for victims and perpetrators of violence.

Agency Response

The District of Columbia Department of Health (DC Health) appreciates the opportunity to respond to this recommendation and to coordinate with the District of Columbia Domestic Violence Fatality Review Board (DVFRB) on how to strengthen School-Based Health Centers' (SBHCs) capacity to support students and school personnel by providing SBHC staff with evidence-based training that focuses on domestic violence prevention and its intersection with gun violence.

DC Health accepts this recommendation from the DVFRB with changes. DC Health currently has programs in place that implement domestic violence prevention training in the school setting; however, we have identified opportunities to strengthen data capacity, evaluation, and expanded use of the evidence-based curriculum across all schools. The following are examples of our current infrastructure:

- The School-Based Health Centers (SBHCs) utilize various screening tools to identify students who may be in unhealthy and abusive relationships. Students that are confirmed as survivors of abuse are referred to behavioral and mental providers, and incidents are reported to the Metropolitan Police Department.
- DC Health has partnered with its grantee, the DC Coalition Against Domestic Violence (DCCADV), to conduct training for clinical staff working in the school setting. They have already completed training with a cohort of DCPS mental health and social worker teams.
- DCCADV also created a Teen Dating training module for the School Health Services Team. In its next phase we will expand to all school health suite staff.

DC Health is developing strategies that will strengthen the SBHC ability to address domestic violence. Strategies will include:

- Increase data capacity that will illustrate the number of referrals and prevalence of cases among SBHC patients.
- Ensure that referral and screening practices are standardized for all SBHC staff.
- Ensure that SBHC staff receive standardized training across all sites.
- Ensure that SBHC staff is aware of any community-based organization within their schools that are offering similar training and development opportunities.

Through collaboration with the Office of the State Superintendent of Education (OSSE) we will work to update guidance, identify curricula, and provide financial assistance toward training efforts. We plan to implement and support this recommendation of SBHC staff continuing

training in violence (domestic, teen dating, interpersonal) screening tools. We support OSSE's activities of publishing guides (policy development, adult training, health education standards) that support the School Safety Omnibus Amendment Act of 2018 (SSOAA) implementation.

Recommendation Five

Provide Training for Judicial Officers on Risk Factors for Domestic Violence Lethality/Serious Injury

Research shows that a number of known risk factors increase the likelihood of serious physical harm, including homicide, in intimate relationships. These risk factors include: prior strangulation, prior acts of domestic violence, violation of protection orders, stalking behaviors, and access to firearms in tandem with other abusive behavior, including threats of bodily harm. However, judges presiding over cases where domestic violence may be occurring are often ill-equipped to recognize and effectively respond to or consider these factors, leaving victims vulnerable to future harm and potentially increased danger. In its review of recent domestic violence fatalities, the DVFRB has found abusers have had lengthy criminal histories, often had cases dismissed, and had been released quickly after previous domestic violence incidents.

Therefore, the DVFRB recommends that:

A. The **District of Columbia Courts' Center for Education and Training** provide additional expert training for judges and judicial officers on risk factors for domestic violence-related homicide and serious injury. The trainings should be developed and delivered in consultation with relevant subject matter experts and should incorporate a discussion of the risk factors and their association with increasingly severe future violence. The discussion should also include common nuances regarding perpetrator and victim behaviors in the context of intimate partner violence. The trainings should remind judges of the importance of closely reviewing all case details for indications of coercive, controlling, or violent behavior—particularly the risk factors for injury or homicide—when making decisions on cases involving potential domestic or intimate partner violence.

B. The Center for Education and Training should make the information regarding lethality risk factors available in bench card format for easy reference. (See, for example, the "Family Court Judicial Guide to Domestic Violence Risk Factors" developed by the Center for Justice Innovation.)[73]

73 The reference document "Family Court Judicial Guide to Domestic Violence Risk Factors" can also be found in the Appendix.

Agency Response

The DC Courts will coordinate training(s) to ensure all Criminal and Domestic Violence Division Judges are trained on risk factors for homicide or serious injury in domestic violence-related cases. The training(s) will be held by June 2024. In addition, a Bench card similar to the one developed by the Center for Court Innovation and referenced in this recommendation will be developed and provided to all judges by June 2024.

Recommendation Six

Provide Training for the Pretrial Services Agency on Risk Factors for Domestic Violence Lethality/Serious Injury

The Pretrial Services Agency (PSA) for the District of Columbia is charged with balancing community safety and fairness for defendants by advising the courts on pretrial services, supervision, and release. Defendants who are also perpetrators of domestic violence may commit further or increased acts of violence in the lead up to their trial. Research shows that a number of known risk factors increase the likelihood of serious physical harm, including homicide, in intimate relationships. These risk factors include: prior strangulation, prior acts of domestic violence, violation of protection orders, stalking behaviors, and access to firearms in tandem with other abusive behavior, including threats of bodily harm. In its review of recent domestic violence fatalities, the DVFRB has found abusers have had lengthy criminal histories, often had cases dismissed, and had been released quickly after previous domestic violence incidents. To avoid leaving domestic violence victims vulnerable to increased harm, PSA needs to adequately recognize and consider these factors when making pretrial services, supervision, or release recommendations to the court.

Therefore, the DVFRB recommends that:

A. The District of Columbia's **Pretrial Services Agency** provide mandatory annual training to staff on domestic violence lethality risk factors. The trainings should be developed and delivered in consultation with relevant subject matter experts and should incorporate a discussion of the risk factors and their association with increasingly severe future violence. The discussion should also include common nuances regarding perpetrator and victim behaviors in the context of intimate partner violence.

B. PSA evaluate their current risk assessment instrument (and any other evaluation mechanism used to make recommendations to the court on individuals' pretrial services, supervision, or release) to ensure adequate measurement of homicide risk for those charged with abusive

behavior, including assault, strangulation, stalking, threats of bodily harm, and other domestic violence-related charges.

Agency Response[74]

With regard to the first recommendation, the Pretrial Services Agency for the District of Columbia (PSA) will ensure the appropriate training is developed and available to all the agency's Pretrial Services Officers. PSA also agrees to work with its labor union to make completion of the training mandatory annually for Pretrial Services Officers supervising defendants.

With regard to the second recommendation, consistent with best practices, PSA periodically subjects its risk assessment instrument to independent testing and revalidation to ensure continued efficacy. PSA's next revalidation is scheduled for this fiscal year, and all risk measurements, including dangerous, violent, and domestic violence, will be evaluated and revalidated.

74 For more information regarding the Pretrial Services Agency, please see "PSA Key Data and Operational Information" in the Appendix.

DVFRB Summary Recommendations

TOPIC	OBJECTIVE	PARTNER AGENCIES	YEAR
Intervention	Increased availability of non-court-mandated batterer intervention programs	• OVSJG	2019
Strangulation	Improved identification and response to cases involving strangulation	• OVJSG • MPD	2019
LGBTQ+	Improved responses for lesbian, gay, bisexual, transgender, and queer victims of domestic violence	• DHS • MPD	2019
Screening	Improved court domestic violence screening processes	• DC Superior Court	2019
Animal abuse	Greater understanding about the connections between animal abuse and domestic violence	• DC Health • Humane Rescue Alliance	2019
Elder abuse	Expansion of services addressing elder abuse	• DHS • DC Health	2019
Public awareness	All district agencies enhance domestic violence awareness-raising efforts	• All District Agencies	2019
Data collection, information access	Increase timeliness and quality of data input and retrieval for WALES and JUSTIS	• MPD • DC Superior Court	2020
Data collection, information access	Improve WALES data collection efforts and reference practices	• OUC	2020
Screening	Improve domestic violence screening and referrals for at-risk families	• DC Superior Court • OVSJG • DC Family Court	2021
Public awareness	Increase public awareness of red flag law	• OAG	2021
Training	Improve judicial training on domestic violence, separation violence, and the district's red flag law	• DC Superior Court	2021
Professional care	Increase awareness of vicarious trauma and burnout among attorneys	• DC Bar	2021
Intervention	Increase availability of non-court-mandated batterer intervention programs	• OVJSG	2021

DVFRB Summary Recommendations Cont.

TOPIC	OBJECTIVE	PARTNER AGENCIES	YEAR
Federal affairs	Improve response to domestic violence at the State Department	• USDOS	2021
Evaluation	Evaluate the district's response to domestic violence during the Covid-19 public health crisis	• EOM • OVSJG • DC Homeland Security and Emergency Management Agency	2021
Training	Bolster prevention and response to domestic violence and relationship abuse among OSSE employees	• OSSE • DCHR • DGS	2022
Training	Strengthen DCHR guidance and training on domestic violence prevention and response for DC employees	• DCHR	2022
Operations	Maintain CSOSA modifications post-pandemic	• CSOSA	2022
Service referral and provision	Provide prompt services and referrals to children present during domestic violence-related homicides	• MPD • DBH	2023
Service referral and provision	Strengthen school-based mental health care supports for children affected by violence	• DBH • Coordinating Council on School and Behavioral Health	2023
Education	Fully implement school safety omnibus amendment act curriculum requirements to reduce interpersonal violence	• OSSE • DC Health	2023
Training	Meet training needs of school-based health centers for increased violence prevention	• DC Health	2023
Training	Provide training for judicial officers on risk factors for domestic violence lethality/ serious injury	• DC Courts	2023
Training	Provide training for the pretrial services agency on risk factors for domestic violence lethality/serious injury	• PSA	2023

CONCLUSION

Domestic violence victims have often been isolated from their support system by their abuser, restricted from basic needs and comforts, and controlled financially, emotionally, and physically—commonly with their children or other loved ones under threat as well. They frequently have limited means for escape, compounded mental and physical health declines, and a well-founded fear for their safety after leaving. Prevention and response efforts that are aligned with victims' needs, that coordinate across agency lines, and that offer robust, effective interventions with adequate enforcement and follow-up—for victims and offenders alike—can quite literally help save lives.

The Domestic Violence Fatality Review Board is grateful to the agencies listed in this report, as well as to the Executive Office of the Mayor, for their commitment to improving the District of Columbia's response to domestic violence. The work of the DVFRB to note, track, and analyze the related fatalities—and then to collaborate across the community on effective homicide prevention efforts—is critical to breaking the cycle of violence, keeping communities intact, and creating a city where residents feel safe and valued.

The DVFRB is honored to serve the District and its residents in this capacity.

APPENDIX

- Family Court Judicial Guide to Domestic Violence Risk Factors
- Pretrial Services Agency: Key Data and Operational Information

Family Court Judicial Guide to Domestic Violence Risk Factors

Risk Factor	What to Look For	Legal Context
Context of Violence	• Was this the first time that something like this happened? If not, what happened before? How long ago? • What was the **worst or most serious** thing that happened? Medical treatment needed? • Has the physical violence increased in frequency or severity over the past year? • Is there a recent loss of employment? • Is there a history of substance abuse or mental health concerns?	Use of some illegal drugs; increased severity/ frequency of violence; unemployment increase lethality and recidivism. FCA §842(h); medical costs can be allocated as per §828(h); substance abuse/mental health programs can be ordered under §842(g).
Criminal and Family Court History	• Criminal and Family Court check, OP registry, sex offender registry • Pending or prior Orders for Protection • Pending order of Support	Prior OPs/criminal history can be a risk factor for re-offending. FCA §814 provides for comm. bet. crim and civil; prior orders are relevant under §827.
Relationship Status	• When did the relationship begin? When did it end? • Where does each party live? Did they live together, if so when? • Are they **recently separated**?	Separation within the past year increases risk of lethality and recidivism. FCA §828 authorizes temporary child support; FCA §842 and RPL §227-c authorize lease termination.
Firearms/ Weapons	• Does respondent have **access to a firearm or weapon**? • Is there a firearm or weapon in the home? • Has the respondent ever used or threatened to use a weapon against the petitioner?	Respondent access to firearm and use or threatened use of lethal weapon increases lethality risk. FCA §842-a and18 U.S.C. 922(g)(9) include firearms restrictions.
Strangulation	• Has respondent ever attempted to strangle or choke the petitioner?	Strangulation increases lethality. Obstruction of breathing, PL §121.11/12/13.
Threats to Kill	• Has respondent ever threatened to or tried to kill the petitioner?	Disorderly Conduct, Harassment and Agg.Harass., PL §240.20/25/30/30 (1).
Sexual Violence	• Has respondent forced the petitioner to have sex?	Sexual misconduct, PL§130.20/52/55/60.
Controlling Behavior	• Does respondent try to control most or all of petitioner's daily activities? • Is respondent constantly or violently **jealous**? • Who has access to bank accounts, the car, etc.?	Violent jealousy and stalking behaviors are lethality factors and may constitute Stalking PL§120.45-60.
Stalking	• Does the respondent **repeatedly call,** text, or email the petitioner? • Send unwanted gifts or other items to the petitioner? • Monitor petitioner's phone calls, computer use, or social media? • **Use technology**, like hidden cameras or global positioning systems (GPS), to track the petitioner? • Drive by or hang out at the petitioner's home, school, or work? Follow or show up wherever the petitioner is?	Stalking increases risk of lethality. Stalking PL §120.45-60.
Petitioner Belief	• Does the petitioner believe that the respondent will re-assault or attempt to kill the petitioner?	Petitioner belief of harm is a lethality factor. FCA §812(b).
Children	• Has there been direct physical abuse? **Threats to harm** children? Child sexual abuse? • What is the **biological relationship** of respondent and children? • Where children present during the incident? • Have the children witnessed violence between the parties?	Having a child who is not the responding party's increases lethality and recidivism. Assault during pregnancy increases risk of lethality. Children present increases risk of recidivism. FCA

		§842(b)(c) and following: court may limit access or custody on OP; *Annie C. v. Marcellus W.*, court may include child as protected party on OP.
Safety Planning	• Are there **safety measures** in place? Petitioner service referral? Is the petitioner eligible for an attorney?	FCA §821-a requires court to inform petitioner of right to attorney; FCA §844 covers modification.

How To Use The Family Court Judicial Guide to Domestic Violence Risk Factors

This Guide is to assist Family Court judges in identifying domestic violence risk factors and to offer legal remedies or specific conditions that may be appropriate that respond to the correlating risk. This Guide may also be valuable in assisting courts in crafting temporary and final custody, parental access and visitation orders in cases involving domestic violence. The Guide is not exhaustive, is not meant to be a substitute for the court's discretion in determining the credibility of the allegations and weight of each factor and is not meant to be filled out, scored in any way, or placed in any court file.

General Instructions

- Provide both parties with notice of right to retain counsel and, if indigent, to assigned counsel under FCA 262(a)(ii) and 821-a(3)(a) and DRL 35.
- Provide the responding party with an opportunity to be heard as to any risk factors identified
- Explain the terms and conditions of the Temporary Order to all parties, with the assistance of an interpreter where limited English proficiency or hearing impairment is an issue.
- If *ex parte* application for a TOP involves exclusion from the home, the case should be scheduled with a short return date.

Limitations of eliciting safety or risk information from petitioners in open court

- Safety concerns or trauma can affect the petitioner's ability to provide accurate information in open court
- Soliciting information from petitioners in a private setting (by someone other than the judge) improves the accuracy of information and also serves as an opportunity to provide information and resources to the petitioner

At Initial Hearing under §828:

- This tool can assist in determining the terms and conditions on the temporary order, whether to issue a warrant, how quickly to calendar the return hearing, and whether temporary support should be ordered

At Dispositional Hearings §833:

- This tool can assist in determining type and length of order, whether aggravating circumstances apply and which conditions are appropriate, including firearms surrender, support, children on the order, and/or program mandates

Requests for Modifications §844; Violation Hearings §846:

- This tool can assist in modification of type and length of order, and which conditions are appropriate, including firearms surrender, support, children on the order, and/or program mandates; or adding terms and conditions after a violation hearing

Provide petitioners information on risk assessment factors and the option of consulting with confidential advocates

- Information and access to advocates improves petitioner safety and the quality of petitioners' risk assessments and, as a result, the court's own risk assessments

Cultural factors may impact litigants' understanding of this tool

- Information and access to language services should be made available to litigants to ensure their understanding of the risk factors and the petition

- Some of the terms on this tool may need to be explained in more detail

Note that this list of risk factors is not exclusive

- The listed factors are the ones most commonly present when the risk of serious harm or death exists
- Additional factors exist which assist in prediction of re-assault
- Petitioners may face and fear other risks such as homelessness, poverty, criminal charges, loss of children or family supports

Remember that the level and type of risk can change over time

- The most dangerous time is during or after the period when the petitioner:
    - is separating or has separated from the respondent
    - has disclosed or is attempting to disclose the abuse to others
- This information is then used to tailor supervision strategies and oversight.

These factors draw on the following evidence based risk and lethality assessment tools: Danger Assessment and DVSI-R. The lethality factors are validated on female victims in heterosexual intimate partner relationships. For more information on the assessments: www.dangerassessment.org and Williams KR, Grant SR. Empirically examining the risk of intimate partner violence: the Revised Domestic Violence Screening Instrument (DVSI-R) Public Health Reports. 2006;121(4):400–408.

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Pretrial Services Agency for the District of Columbia
Key Data and Operational Information
February 2024

The Pretrial Services Agency for the District of Columbia (PSA) is a federal agency created by an act of Congress (the District of Columbia Bail Agency Act) in 1967.[1] Under the National Capital Revitalization and Self-Government Improvement Act of 1997 (Revitalization Act), PSA was established as an independent entity within the Court Services and Offender Supervision Agency (CSOSA) in the Executive Branch of the Federal Government.[2]

The mission of PSA is to promote pretrial justice and enhance community safety. In fulfilling this mission, PSA assists judicial officers in both the Superior Court of the District of Columbia (DCSC) and the United States District Court for the District of Columbia (USDC) by conducting a risk assessment for every arrested person who will be presented in court, identifying detention eligibility and formulating release recommendations for judges to consider, as appropriate, based on legal requirements governing release[3] informed by the arrestee's demographic information, criminal history, and substance use and/or mental health information.

PSA was among the first pretrial agencies to use a risk assessment instrument[4] (RAI) and has used some form of risk assessment since its inception. Throughout this time, the Agency has leveraged developments in science and best practices to refine and improve its protocols and instruments. PSA's RAI was designed exclusively for the District of Columbia using a data set consisting of defendants assigned to pretrial supervision in the District of Columbia. The RAI predicts each person's risk of failure to appear and rearrest by evaluating 43 factors from five domains: criminal history, current charge, criminal justice system status, drug test results and defendant social/demographic attributes. The RAI produces numeric scores that correlate to each defendant's likelihood of court appearance and likelihood of remaining arrest-free during the pretrial release period. The numeric scores then are translated to risk levels by PSA. These levels are used to develop recommended release conditions.

The District of Columbia (DC or District) operates a bail system that promotes clear and reasoned decisions about release or detention. The foundation of this system is the DC bail statute, which emphasizes the use of least restrictive release conditions for eligible defendants, provides an option of preventive detention for those who pose an unacceptable risk to the community, and limits the use of money-based detention. PSA employs evidence-based practices to help judges make appropriate and effective bail decisions. PSA provides supervision and treatment services intended to *reasonably*

[1] Subchapter I. District of Columbia Bail Agency [Pretrial Services Agency]. | D.C. Law Library (dccouncil.gov).
[2] H.R.1963 - 105th Congress (1997-1998): National Capital Revitalization and Self-Government Improvement Act of 1997 | Congress.gov | Library of Congress. As an independent federal entity under the Executive Branch, PSA is a separate agency from the Court Services and Offender Supervision Agency (CSOSA), led by its own Director, with no reporting relationship to CSOSA's Director.
[3] Subchapter II. Release and Pretrial Detention. | D.C. Law Library (dccouncil.gov)
[4] To be fair and effective, RAIs must be tested regularly to ensure they produce valid results for the population being served and are unbiased with respect to race, gender, or other factors. PSA's RAI was most recently validated in 2018 and a revalidation will be completed in FY 2024.

assure, in accordance with DC Code § 23-1321, that defendants return to court and do not engage in criminal activity pending their trial and/or sentencing. PSA's efforts focus on creating an information-based and data-driven organization that meets the needs of the judges, protects the rights of defendants, and remains cognizant of the Agency's responsibility to the DC community. The result is enhanced public safety, a fairer and more effective system of release and detention, and judicious use of jail resources.

PSA shares the system-wide concerns regarding unacceptable trends related to violent crime in the District and provides the information and data below to help inform strategic planning, legislative proposals, and other operational decision making.

Trends in Release and Rearrest Rates

Historically, approximately 90% of all defendants awaiting trial in the District of Columbia have been released to the community, either on personal recognizance or personal recognizance with conditions, the latter of which is more commonly referred to as "PSA supervision." Over the last five fiscal years, the DCSC release rate has trended downward from 94% during FY 2019 to 87% during FY 2023. During this same five-year period, an average of 90% of defendants have remained arrest-free while awaiting trial in the community. Approximately 68% of those rearrested were rearrested for a misdemeanor and only 1% percent of defendants released to the community pending trial were rearrested for a violent crime. In FY 2023, a total of 14,561 defendants were released to the community while awaiting trial and 92% of them remained arrest-free rate.

Similar to the decline in the overall release rate, the release rate for defendants charged with violent crimes has trended downward during the last five fiscal years. During FY 2019, approximately 50% of defendants charged with violent crimes were released to the community, as compared to FY 2023, when approximately 36% were released. During FY 2023, the period covering October 1, 2022 – July 20, 2023, 37% of defendants charged with violent crimes were released pretrial into the community. From the enactment of the District's "Prioritizing Public Safety Emergency Act" on July 20, 2023 to the end of FY 2023, this number decreased to 29%. For the same time period, the arrest-free rate remained stable.

Rearrest Rates for Defendants Charged with Violent Crimes

Recent legislative changes have been aimed at reducing incidents in which a defendant awaiting trial on a violent charge is rearrested on a subsequent violent charge. For context, during the five fiscal years under the prior legislative standard, approximately 2% of defendants awaiting trial in the community for a charge statutorily defined as a "crime of violence" were rearrested and charged with a subsequent crime of violence. In FY 2023, a total 897 of the 14,561 defendants released to the community while awaiting trial were charged with a crime of violence. Of those 897 defendants, 1.2% were rearrested for a crime of violence.

Performance Indicators

PSA uses four key performance indicators (KPI) to monitor organizational effectiveness: judicial concurrence, continued pretrial release, arrest-free rate, and court appearance rate. Over the last five fiscal years, average outcomes for all KPIs were:

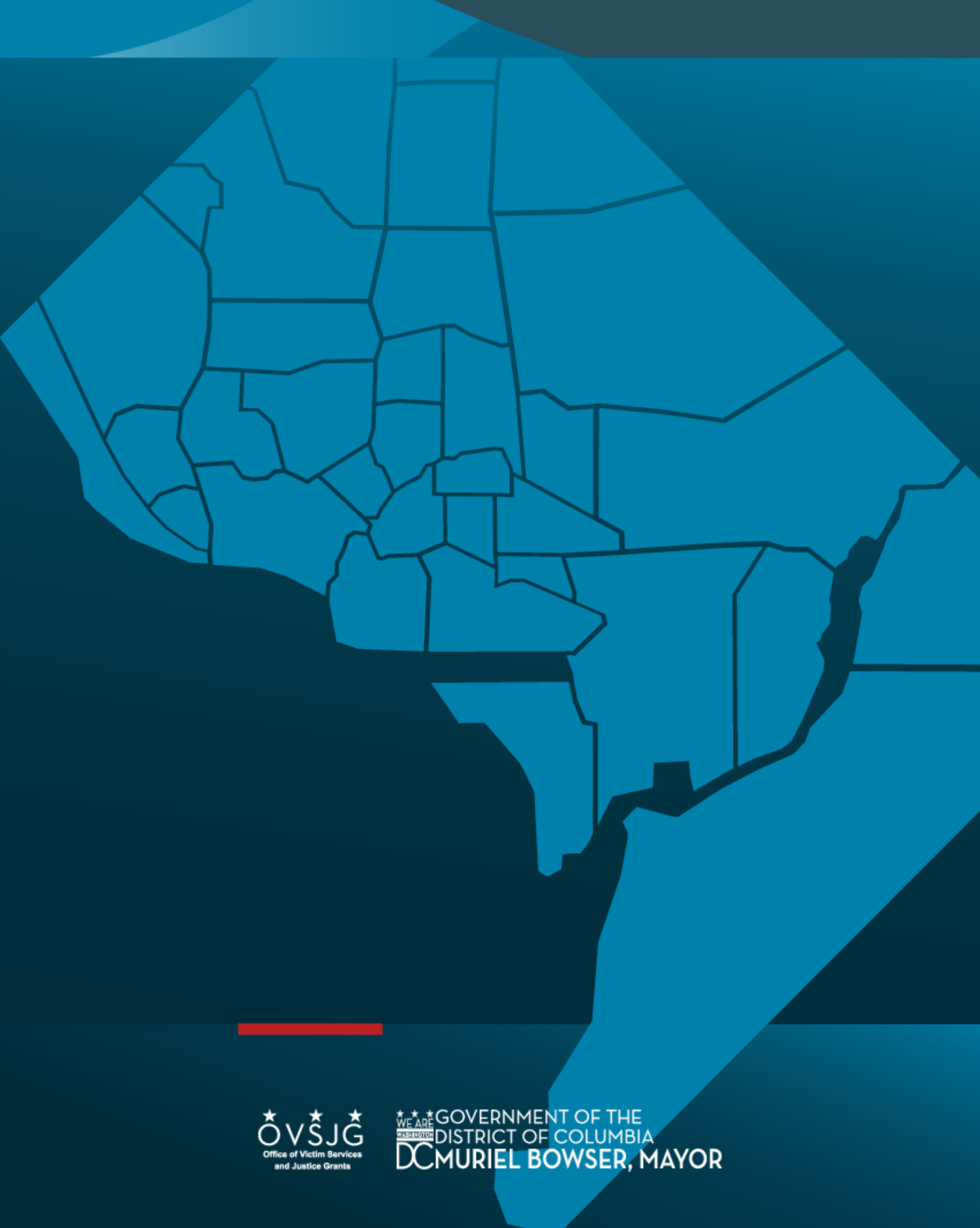
KPI	Average Outcome (FY19 – FY23)
Judicial Concurrence Rate Percentage of cases in which initial release orders match PSA recommendations.	77%
Continued Pretrial Release Rate Percentage of defendants who remain on release at the conclusion of the supervision period without a pending request for removal or revocation due to non-compliance.	87%
Arrest-Free Rate Percentage of defendants who remain arrest-free during the pretrial period.	90%
Appearance Rate Percentage of cases where defendants awaiting trial in the community make all scheduled court appearances during the fiscal year.	89%

These outcomes notwithstanding, PSA continues to leverage data and science to evaluate and improve its performance. Current examples of this include our sentinel event review process and risk assessment revalidation.

PSA rigorously reviews all "sentinel events," which are defined as any events involving a defendant under supervision who is subsequently charged for a new crime involving a firearm and resulting in significant bodily injury and/or loss of life. The goal of sentinel event reviews is to examine our processes and practices to determine whether there are gaps in policy, training, or resources that may have impacted the outcome. PSA also uses the reviews as an opportunity to identify trends and themes amongst the defendant population to ensure that our system is designed to be responsive to not only their risks, but also their needs.

In addition to this, we are currently preparing for the second independent revalidation of our risk assessment instrument. Our instrument, which was designed exclusively for the District of Columbia adult pretrial population, predicts each defendant's risks of failure to appear in court and rearrest. For the 2024 revalidation process, we have asked the independent contractor to conduct specialized analyses to help us better predict the risk of (1) pretrial non-compliance for individuals charged with firearms offenses, and (2) more accurately predict the risk of rearrest on homicide offenses during the pretrial period. Results of this study will be used to refine our risk assessment instrument and better inform release condition recommendations and supervision strategies.

PSA continues to foster strong collaborations across the District's criminal justice system and provide information and data to support the common goal of making the Nation's Capital a safe place for people to live, visit, and work.



OVSJG
Office of Victim Services and Justice Grants

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR