



**MURIEL BOWSER**  
**MAYOR**

December 16, 2021

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

Dear Chairman Mendelson:

I am pleased to submit to the Council of the District of Columbia the enclosed Domestic Violence Fatality Review Board's ("Board") 2021 Annual Report pursuant to D.C. Official Code §16-1052(d).

The report summarizes the work undertaken by the Board from September 2020 through September 2021, discusses how the Board adapted to the COVID-19 public health crisis, and presents new recommendations based on a review of recently closed domestic violence-related homicides.

If you have any questions regarding the report, please contact Michelle Garcia, Director, Office of Victim Services and Justice Grants at 202-724-7216.

Sincerely,

A handwritten signature in black ink that reads "Muriel Bowser". The signature is stylized and cursive.

Muriel Bowser

Enclosures

# 2021 Annual Report



District of Columbia  
Domestic Violence Fatality Review Board

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## Introduction & Overview

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The District of Columbia's Domestic Violence Fatality Review Board (DVFRB) is honored to present its **2021 Annual Report**. This report summarizes the work undertaken by the DVFRB from September 2020–September 2021 as part of the District's efforts to address domestic violence and improve the safety and lives of residents.

Domestic violence and related homicides are serious public health concerns. Over **10 million** women and men in the United States experience physical violence by a current or former partner each year; approximately 1 in 4 women and nearly 1 in 7 men experience severe physical violence by a partner at some point in their lifetime.<sup>1</sup> And locally, an estimated **39 percent** of women in DC have been physically or sexually assaulted by an intimate partner.<sup>2</sup>

In addition, this past year the global COVID-19 lockdowns have affected victims and survivors of domestic violence—particularly intimate partner violence—in ways we're only starting to understand. Isolation from community, constant close quarters, economic instability, and medical anxiety have proved combustible: domestic violence reports around the world have increased at alarming rates.<sup>3</sup>

The personal and societal costs, both emotional and financial, are hard to overstate. And in too many cases, this violence is a precursor to homicide: mirroring national rates, the rate of domestic violence homicides in the District is again increasing.<sup>4</sup>

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- 1 Truman, J.L., & Morgan, R.E. (2014). *Nonfatal Domestic Violence, 2003-2012 (Rep.)*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics. doi:<https://www.bjs.gov/content/pub/pdf/ndvO312.pdf>
  - 2 Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://doi.org/10.3886/ICPSR34305.v1>
  - 3 UN Women, "Issue Brief: COVID-19 and Ending Violence Against Women and Girls," *Gender-Based Violence 1* (2020). <https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls>
  - 4 Fridel, E.E., & Fox, J.A. (2019). "Gender Differences in Patterns and Trends in U.S. Homicide, 1976-2017." *Violence and Gender*, 6(1), 27-36. doi:[10.1089/vio.2019.0005](https://doi.org/10.1089/vio.2019.0005)

## ABOUT THE DVFRB

The Domestic Violence Fatality Review Board works to prevent intimate partner and other domestic violence homicides by improving the response of individuals, the community, and government agencies to domestic violence.<sup>5</sup> The Board is the formally established entity for:

- 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, [DC Law 14-296](#). The Board comprises a cadre of experts from the areas of law enforcement, victim advocacy, social services, healthcare, child welfare, corrections, the judicial system, and invested community members with relevant subject matter expertise. A major strength of the DVFRB is the purposeful inclusion of a diverse set of system and agency representatives, as well as community stakeholders.

Annual DVFRB findings and recommendations are based on the Board's expert analysis of police, court, medical, and other public records.<sup>6</sup>

## ABOUT THE 2021 REPORT

This report includes: a recap of the DVFRB's work over last year, how the Board adapted to the COVID-19 public health crisis, and new recommendations based on a review of recently closed domestic violence-related homicides. At the time of publication, no agency had provided updates on improvements undertaken in response to previous DVFRB recommendations.

Statistical trends and related findings are covered in our annual companion report, "[Domestic Violence Homicide: 5-Year Trends](#)." These longer-term data sets provide necessary additional context for analyzing the scope of the problem and the impact of systems change.

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<sup>5</sup> D.C. Code §16-1052

<sup>6</sup> Media records include data from [DC Witness](#), which tracks all homicides in the District of Columbia. Only those homicides of victims 16 years and older that were attributed to domestic violence are included in this report.

However, demographic information for the prior year’s domestic violence-related homicides are included here in “[2020 by the Numbers.](#)”

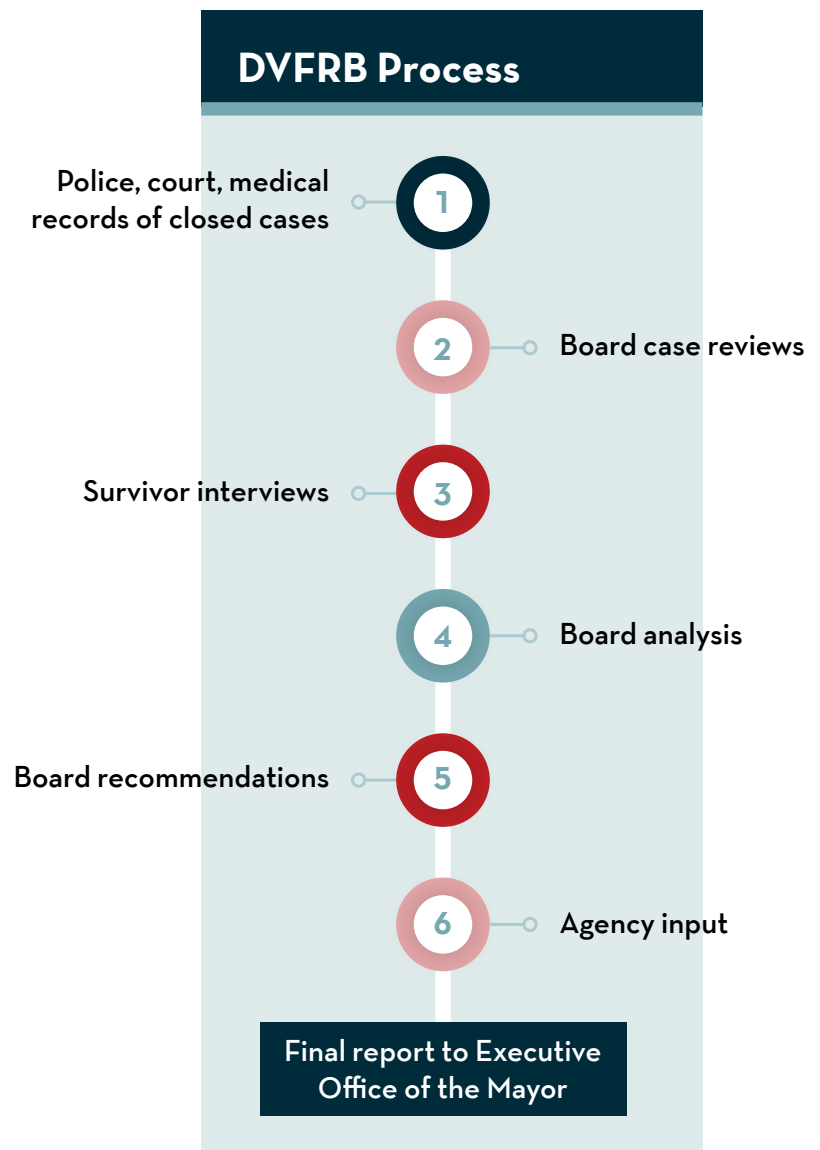
DVFRB Makeup	DVFRB Board Members <small>as of publication date</small>	
<p>DVFRB legislation provides for <b>25</b> appointed members including:</p> <ul style="list-style-type: none"> <li>• <b>10</b> governmental entities appointed by the Mayor;</li> <li>• <b>7</b> federal, judicial, and private agencies or entities with domestic violence expertise, either appointed by the Mayor or at the Mayor’s request;</li> <li>• <b>8</b> community representatives (non-DC government employees) appointed by the Mayor, with the advice and consent of the Council.</li> </ul>	<b>GOVERNMENTAL ENTITIES</b>	
	Shermain Bowden	Department of Behavioral Health
	Cheryl Bozarth	Office of Victim Services and Justice Grants
	Sasha Breland	Office of the Chief Medical Examiner
	Sarah Brooks	Department of Corrections
	Subrena Rivers	Metropolitan Police Department
	Kafui Doe	Department of Health
	Sarita Freeman	Child and Family Services Agency
	Cindy Kim	Office of the Attorney General
	Jennifer Porter	Mayor’s Office of Women’s Policy Initiatives
	Vacant	Fire and Emergency Medical Services Department
	<b>ENTITIES WITH DOMESTIC VIOLENCE EXPERTISE</b>	
	Rachel Camp	University Legal Clinics
	Dawn Dalton	Coalition Against Domestic Violence
	Toshira Monroe	Domestic Violence Housing Organizations
	Lenore Jarvis	District of Columbia Hospitals
	Nelly Montenegro (Co-Chair)	Superior Court of the District of Columbia
	Marcia Rinker	Office of the U.S. Attorney–District of Columbia
	Jennifer Wesberry	Domestic Violence Advocacy Organizations
	<b>COMMUNITY REPRESENTATIVES (3-YEAR TERM)</b>	
Karen Barker Marcou	Laila Leigh	
Amelia French	Varina Winder	
Beverly Jackson	Vacant	
Ashley Joyner Chavous (Co-Chair)	Vacant	

## STANDARD CASE-SELECTION AND REVIEW PROCESS

The work of the DVFRB is achieved 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.

Ordinarily, the DVFRB meets in-person every other month and maintains contact 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 closure of the criminal case.

The DVFRB focuses its in-depth reviews and recommendation process only 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. While the Board monitors and provides statistics of homicides committed by family members,



## Domestic Violence Fatalities Defined

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.

## Types of Domestic Violence Homicide

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



relatives, roommates, and “common partners,”<sup>7</sup> annual recommendations stem from intimate partner homicide (IPH) 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.

The DVFRB meetings are confidential and, therefore, are not subject to open meeting rules; participants are required to sign confidentiality statements. 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 through a confidential file-sharing system. 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. 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

## 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 or threatens/intimidates family
- Abuser feels sense of ownership over victim
- 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

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<sup>7</sup> “Common partners” are defined by statute as people whose only connection to each other is a current or former intimate partner in common.

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.

## Progress in the Pandemic: A Balancing Act

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Across the country (and indeed the globe), the COVID-19 public health crisis has slowed, altered, or halted the work of countless agencies, commissions, and boards. The DVFRB is no exception. Constrained by bylaws and confidentiality agreements that mandated in-person working sessions, the Board temporarily suspended activities in March 2020.<sup>8</sup>

Following the March suspension of activity, the Board coordinator—in consultation with Office of Victim Services and Justice Grants (OVSJG) leadership, Board co-chairs, the Mayor’s Office on Talents and Appointments (MOTA), and the National Domestic Violence Fatality Review Initiative (NDVFR)—determined a path forward under the new pandemic limitations. In May 2020, the Board created a secure virtual structure that incorporated robust confidentiality measures and began meeting remotely each month. These measures included:

- using a HIPAA-compliant, cloud-based file-share service that allowed members to securely access, read, and upload records and files;
- employing Webex to schedule and hold secure and confidential online meetings (with assistance from MOTA along with the Office of the Chief Technology Officer); and
- members agreeing to uphold confidentiality policies while working from their home offices.

While these modifications were less than ideal, they allowed the DVFRB to continue the important work of fatality case reviews and have remained in place throughout 2021.

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<sup>8</sup> In March, as part of the District’s pandemic response, the DC Council and Mayor enacted the COVID-19 Response Emergency Amendment Act of 2020, which largely waived meeting requirements for DC agency boards and commissions.

## WORK TO DATE

The DVFRB is a volunteer body composed of public service professionals across a range of disciplines—all of which have been strained past capacity by the lengthy and critical demands of the pandemic. As such, the Board took care during this reporting period to fulfill its core mission of case review and system improvement without placing additional burdens on members.

From September 2020 through September 2021, the Board engaged in the following critical work:

- **Met via Webex:** The Board officially convened five times during this reporting period (November, January, March, April, and May) and conducted numerous sub-committee meetings.
- **Evaluated Board capacity:** The DVFRB coordinator conducted one-on-one discussions with each Board member to evaluate capacity, identify priorities, and solicit candid recommendations for how to best proceed with the Board's scope of work under current pandemic-related conditions.
- **Conducted candidate search:** The Board evaluated the strengths of its current slate of members and identified potential candidates for vacancies.
- **Continually assessed status of the field:** The Board stayed abreast of ever-changing procedures, policies, and ways of providing services across the city during 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.
- **Conducted in-depth case review, including survivor interviews:** The Board thoroughly examined one complex intimate partner-related homicide/suicide case. (Typically, the Board would review every IPH case from the year prior, but pandemic constraints led to an abbreviated case-review process.) The DVFRB largely drew its 2021 recommendations from this case examination and the many hours of accompanying survivor interviews.
- **Published "Domestic Violence Homicide: 5-Year Trends, 2016-2020":** 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 illuminate 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.

## PROTECTIONS IN THE DISTRICT

The District has a robust set of protections and responses designed to reduce the harm of domestic violence. Highlighted below are two programs particularly tailored to decreasing fatalities.

### Red Flag Law

Relatively new to the District is the Red Flag law, designed to quickly remove a firearm from someone who poses a danger to themselves or others. It allows family members, partners, roommates, police officers, mental health professionals, and select others to petition DC Superior Court to issue an “Extreme Risk Protection Order,” or ERPO. An ERPO allows law enforcement officers to retrieve any firearms or ammunition from the subject of the order. 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. Learn more from the [Office of the Attorney General](#).

### Lethality Assessment Program

Lethality assessments (also called danger 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—as in the District—are often a partnership among victim services, police departments, the courts, and other relevant agencies. The District’s LAP is led by DC Safe and operates under a protocol implemented by the City Administrator.

Since its inception in 2009, the District’s LAP has screened 63,843 survivors and identified 31,036 as being at high risk for serious repeat assault or homicide. Those survivors can then receive expedited, coordinated, low-barrier access to services. Of those identified as at high risk from 2009 through June 2021, six have been killed. LAP is part of the District’s 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.

### DVSR Partner Agencies

- DC SAFE (program lead)
- Metropolitan Police Department
- Department of Human Services
- Office of Victim Services and Justice Grants
- Department of Behavioral Health
- DC Public Schools
- Child and Family Services Agency
- DC Forensic Nurse Examiners
- Network for Victim Recovery of DC
- Office of the Attorney General for the District of Columbia
- U.S. Attorney’s Office for the District of Columbia
- Pretrial Services Agency
- Court Services and Offender Supervision Agency (CSOSA)

# 2020 by the Numbers

According to available Metropolitan Police Department records, 18 people age 16 and older were killed in domestic violence fatalities in the District of Columbia in 2020. The breakdown between intimate partner homicide (IPH) and non-IPH is as follows:

## IPH Victims

- **Gender:** 6 women and 2 men.
- **Race:** All were Black.
- **Age range:** 26 to 44; average age was 34.
- **Wards:** Wards 6, 7, and 8 had 2 homicides each; Wards 2 and 5 both had 1.
- **Manner of homicide:** 5 victims were shot, 2 were stabbed, and 1 manner of death is undetermined.

## IPH Perpetrators

- **Gender:** 2 women and 6 men.
- **Race:** All were Black.
- **Age range:** 20 to 55; average age was 37.
- **Relationship to victim:** 5 were current intimate partners and 3 were former intimate partners.

## Non-IPH Victims

- **Gender:** 2 women and 8 men.
- **Race:** All were Black.
- **Age range:** 18 to 67; average age was 37.
- **Wards:** Ward 7 had 6 homicides; Wards 1, 5, 6, and 8 had 1 each.
- **Manner of homicide:** 7 victims were shot, 2 were stabbed, and 1 was strangled.

## Non-IPH Perpetrators

- **Gender:** 1 woman and 9 men.
- **Race:** All were Black.
- **Age range:** 19 to 54; average age was 30.
- **Relationship to victim:** 2 perpetrators were children of the victims, 2 were other family, 1 was a roommate, and 5 were related in another way.

## Number of Domestic Violence Homicides by Year



## 2021 DVFRB Recommendations

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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 2021, the DVFRB issued seven new recommendations, outlined below—five to District agencies, one to the Executive Office of the Mayor, and for the first time, one to a U.S. federal executive department. The agencies involved are currently reviewing these Board recommendations and will provide their responses in the coming months. Updates on any activity will be included in next year’s report.

### Recommendation

#### Evaluate the District’s Response to Domestic Violence during the COVID-19 Public Health Crisis

The current COVID-19 public health crisis has illuminated widespread gaps in traditional city emergency planning. In hindsight, it is unsurprising that a public health crisis causing prolonged isolation, economic instability, medical uncertainty, and other hardships has resulted in elevated rates of domestic violence. Moving forward, the District needs a public safety crisis plan that accounts for these domestic violence factors and appropriate interventions.

#### Therefore, the DVFRB recommends that:

- The **Mayor’s Office**, with support from the Office of Victim Services and Justice Grants and the DC Homeland Security and Emergency Management Agency, convene a roundtable of local domestic violence prevention organizations and related District agencies. The roundtable would examine the city-wide response to the pandemic as it relates to domestic violence victims and would focus on lessons learned: what existing or emergency protocols worked well, where did efforts fall short, and how could the city better prepare for similar emergencies in the future. This network could then be activated to craft public messaging about resources and safety information during future events. Points of discussion for the roundtable should include:

- The development of a comprehensive crisis protocol as part of the Domestic Violence System Review that includes all organizations and agencies that domestic violence survivors access as avenues to immediate safety (including DC SAFE, DC Superior Court, the Metropolitan Police Department, the Department of Human Services, and the Crime Victims Compensation Program) to allow those entities to coordinate any necessary changes in access to services, resources, or legal relief and to communicate those changes effectively to the general public.
- The creation of a specific, non-lapsing emergency fund to sustain community-based organizations that provide immediate crisis intervention services for survivors of domestic violence to ensure ongoing access for survivors to lifesaving resources and services during a city- or nation-wide emergency.
- Whether or how previously created District emergency plans were triggered.

## Recommendation

### Improve Domestic Violence Screening and Referrals for At-Risk Families

Through a review of intimate partner homicide cases, the DVFRB determined that there may be individuals who are engaged in domestic relation court matters and also have overlapping domestic-violence lethality risks. Individuals at risk may not recognize that there are resources available to help them. (For instance, family conflicts may not have previously escalated to physical abuse, or victims with financial means may feel that they do not qualify for support.) Further, family court staff are not well-equipped to identify potential victims or lethality risk factors, or provide necessary social service interventions.

#### Therefore, the DVFRB recommends that:

- The **Superior Court of the District of Columbia** create a domestic violence questionnaire and accompanying service referral resource, with funding from the Office of Victim Services and Justice Grants, and then coordinate with DC Family Court to make them available at all Family Court proceedings.
  - The questionnaire should describe specific behaviors of concern instead of using the term *domestic violence*. (For instance, “If you are experiencing XYZ, there are

- free resources available to support you.”) Removing the term *domestic violence* will encourage respondents to engage directly with the prompts and reduce self-selection bias.
- The service referral resource should provide a range of local resources that serve the public—e.g., mental health services, social services, domestic violence services, financial relief, and affordable housing or childcare—as well as touch on legal protections, such as civil protective orders and red flag laws.
  - The service referral resource should also have inclusive messaging regarding people with financial means and across all socioeconomic levels, emphasizing that help is available for everyone.
  - Both the questionnaire and referral resource—which can be separate outreach pieces or combined into one document—should be available online via QR code or other discrete access for respondents who do not feel safe taking a physical copy with them.
  - Both the questionnaire and referral resource should be available at multiple points throughout court procedures and related appearances (e.g., parenting classes or mediation).
- The **Superior Court of the District of Columbia**, through its Center for Education and Training, provide basic training and information for all court clerks and public-facing staff on domestic violence incidence, intervention, and service referral.
    - The Clerk of the Superior Court, in partnership with DC Family Court, should oversee the development and implementation of a protocol for Family Court staff who receive a verbal or written disclosure of domestic violence. The protocol should include service referral and next steps, as appropriate.



## Recommendation

### Increase Public Awareness of Red Flag Law

The District's Red Flag law, designed to quickly remove a firearm from someone who poses a danger to themselves or others, could be of particular use to victims of domestic violence. Yet it is not widely known or understood by the general public or service providers and allied professionals.

#### Therefore, the DVFRB recommends that:

- The **Office of the Attorney General**, in conjunction with the Office of Victim Services and Justice Grants, develop a robust outreach campaign to inform city residents and relevant professionals about the Red Flag law and the availability of Extreme Risk Protection Orders (ERPO). The awareness campaign should include one comprehensive resource sheet written for the general layperson or pro-se litigant; targeted materials for a variety of professionals; and a public poster, flier, or similar notice that could be posted in court buildings or other public spaces. Targeted outreach could include: court clerks, law enforcement officers, mental health professionals, attorneys and mediators, teachers, parenting advisors, and Child and Family Services.

## Recommendation

### Improve Judicial Training on Domestic Violence, Separation Violence, and the District's Red Flag Law

Often subtle and sometimes fatal, domestic violence factors into a variety of court proceedings, including divorce and separation, child custody and visitation, elder care, pet custody, and civil protection order petitions (including Extreme Risk Protection Orders). All judges who interact with family court matters need to understand the basic dynamics of domestic violence to rule in the best interest and safety of all involved parties.

#### Therefore, the DVFRB recommends that:

- The Chief Judge over the **Superior Court of the District of Columbia** should audit judicial training materials for new judges to ensure that they correctly and sufficiently cover current best practices on domestic violence, separation violence, and the District's Red Flag law. The

Chief Judge should oversee distribution of the training material to all judges who preside over any family court matters, protection order hearings, divorce proceedings, or similar cases.

## Recommendation

### Increase Awareness of Vicarious Trauma and Burnout among Attorneys

When couples separate, they are at increased risk of violence—even in cases where no known physical abuse has previously occurred. That risk elevates according to the number of lethality risk factors present. The attorneys who help these parties are also at increased risk for vicarious trauma and burnout, yet may not have access to the training, mental health care, and other supports needed to mitigate exposure to trauma.

#### Therefore, the DVFRB recommends that:

- The **DC Bar** develop and offer information, training, and support for attorneys practicing family law on (1) how to best support clients in light of the potential for separation violence—including outreach regarding DC’s Red Flag law—as well as (2) the dangers of attorney burnout and vicarious trauma and where to turn for help.

## Recommendation

### Increase Availability of Non-Court-Mandated Batterer Intervention Programs

The District experiences a lack of alternative, non-court-mandated, domestic violence intervention and treatment programs and services. Sometimes referred to as Batterer Intervention Programs (or BIPs), these counseling programs are designed for people arrested for domestic violence (or for those who would be arrested if their actions were public). The goal of BIPs is to prevent future violence. Though the research on the effectiveness is mixed, several studies have shown significant

reductions of violence for certain participants.<sup>9</sup> Similar, successful programs have been piloted in DC (My Sister’s Place), Atlanta (Men Stopping Violence), and Prince George’s County (which uses a “family violence interruption” model that provides both individual and group supports).

**Therefore, the DVFRB recommends that:**

- The District fund and pilot through the **Office of Victim Services and Justice Grants** a voluntary, peer-led batterer intervention program that is not court-mandated. The program should be grounded in a community wellness and public health perspective. Non-compliance with the program should not be tied to any kind of criminal penalty. The program should be offered on a rolling, ongoing basis for potential offenders to use as necessary (similar to Alcoholics Anonymous/Narcotics Anonymous). The time and flexibility necessary to develop a robust set of best practices around this nascent model should be built into the program funding, timeline, and evaluation.

## Recommendation

### Improve Response to Domestic Violence at the State Department

Domestic and intimate partner violence flourishes in isolation. By nature of their profession, State Department employees and their families—with frequent moves, inconsistent access to social support networks, and immersion in new cultures and environments—are at particular risk. The DVFRB review of domestic violence-related homicide case materials of individual(s) employed by the State Department led to the following recommendation.

**Therefore, the DVFRB recommends that:**

- The **U.S. Department of State** improve its prevention and response efforts for domestic violence among its employees, including its contractors, domestic civil servants, and foreign service officers. Ideas for improvement include:

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<sup>9</sup> Eckhardt, C.I., Murphy, C.M., Whitaker, D.J., Sprunger, J., Dykstra, R., & Woodard, K. (2013). The Effectiveness of Intervention Programs for Perpetrators and Victims of Intimate Partner Violence. *Partner Abuse*, 4(2), 1-26. doi:10.1891/1946-6560.4.2.e17; Miller, M., Drake, E., & Nafziger, M. (2013). What Works to Reduce Recidivism by Domestic Violence Offenders? (Document No. 13-OI-1201). Olympia: Washington State Institute for Public Policy. <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=264947>

- Make available trained counselors who can provide resources, options, and other services to individuals at risk of domestic violence. Counselors could be referred through the Bureau of Medical Services or the Community Liaison Office, as well as accessed on a self-referral basis by establishing a partnership with an external organization. These counselors should have resources and referrals for individuals in their local area, whether domestic or international. (Note: RAINN provides these services for other Federal agencies with overseas staff.)<sup>10</sup>
- Make available trained counselors during the bidding process for employees with families. Counselors should be able to provide referrals to available mental health and support services specific to domestic and intimate partner violence in addition to other services. They should also be able to advise on job-related logistics regarding divorce and separation. It is particularly important that these resources are made clearly available to employee spouses, who are often less connected to the Embassy or Department communities and may therefore have less knowledge of available supports.
- Ensure the counselors referenced above are external to the Department. Given the deeply interconnected and closely overlapping nature of the Department and its communities both at home and abroad, it is critical that vulnerable families have access to external support to help ensure confidentiality, accessibility, and appropriate survivor response.
- Create a “stressor” checklist for employees to consider during the bidding process or final medical evaluation to determine how potential stressors related to Foreign Service Officer life may contribute to negative family health outcomes (e.g., domestic and intimate partner violence or divorce), particularly post-COVID. Provide appropriate resources, including but not limited to counselors, referral networks, and family support.
- Improve mental health and well-being assessments to aid in suicide prevention.

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<sup>10</sup> The Department of Defense, Peace Corps, and USAID have all contracted with RAINN (the Rape, Abuse, and Incest National Network) to provide such services, demonstrating the feasibility of setting up a referral network even with a transient, global staff.

## COVID-19 and Domestic Violence

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Domestic violence organizations across the globe have reported substantial increases in call volume and severity of injury since the eruption of COVID-19. Victims are isolated from their support system, trapped with abusers in close confines, and experiencing unprecedented levels of financial, medical, and child-related stress. It's clear how necessary increased public awareness about domestic violence is. Combined with a more resilient response network and earlier and more robust interventions for survivors and offenders alike, these efforts can quite literally help save lives.

The work of the DVFRB to note, track, and analyze these trends—and then to collaborate across the community on effective homicide prevention efforts—is more important than ever. The DVFRB will continue to honor its obligations to serve the District and its residents in this capacity.



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