MURIEL BOWSER
MAYOR

October 14, 2026

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 hereby transmit to the Council of the District of Columbia the *District of Columbia Domestic Violence Fatality Review Board 2026 Annual Report*, which was prepared by the Office of Victim Services and Justice Grants ("OVSJG") pursuant to section 2(c) of the Uniform Interstate Enforcement of Domestic Violence Protection Orders Act of 2002, effective April 11, 2003 (D.C. Law 14-296; D.C. Official Code § 16-1052(d)).

This report summarizes the work of the District of Columbia Violence Fatality Review Board ("DVFRB") from January 2025 through December 2025. It describes homicides that are domestic in nature, changes in legislation, and updates to protections for survivors of domestic violence in the District. This report also provides an update on District agency improvements undertaken in response to previous DVFRB recommendations.

If you have any questions regarding this report, please contact Jennifer Porter, Director, OVSJG, at (202) 724-7216, or by email at jennifer.porter@dc.gov.

Sincerely,

Muriel Bowser
Mayor

District of Columbia Domestic Violence Fatality Review Board

2026 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" or "the Board"), coordinated through the Office of Victim Services and Justice Grants (OVSJG), is honored to present its **2026 Annual Report** highlighting work undertaken from January through December 2025. Operating alongside special task forces, public safety initiatives, public health operations, and targeted legislative tools, DVFRB represents one portion of the District's multifaceted efforts to address domestic violence and improve the safety and lives of residents.

About DVFRB

DVFRB is operated and coordinated through OVSJG and is composed of 26-members from District agencies, domestic violence-related bodies, and the community. 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.[1] 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.[2] 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 DVFRB is the purposeful inclusion of this diverse set of system, agency, and community representatives.

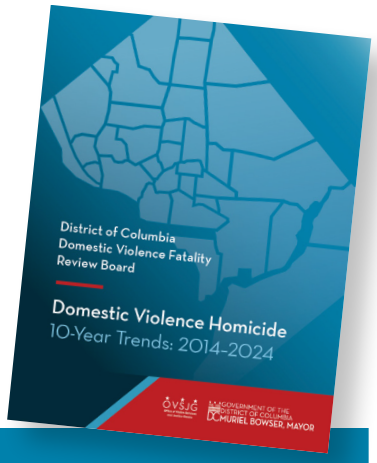
The annual findings and recommendations presented in this report are based on the Board's expert analysis of police, court, medical, and other public media records.[3]

About the 2026 Report

The 2026 Annual Report highlights important activities, policies, recommendations, and data related to domestic violence fatalities in the District from the 2025 calendar year, including:

- A report on notable DVFRB 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 suicides; and
- Information regarding current District domestic violence protections and programs.

This is also the second year DVFRB is including information on suicides connected to domestic violence, where domestic violence occurred in the two years prior to a suicide. The Board is not implying causation; however, domestic violence is a known stressor and may have been a factor contributing to the fatality. Statistical trends and demographic findings specific to the District are covered in our companion report, "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 MEMBERS

Brian Hallahan	Metropolitan Police Department (MPD)
Kunil Raval	Office of the Chief Medical Examiner
Nahimarys C. Hernandez	Office of the Chief Medical Examiner
Sarah Connell	D.C. Office of the Attorney General
Michelle Wilson	Department of Corrections
Susie Dunn	Fire and Emergency Medical Services
Shermain Bowden	Department of Behavioral Health
Erica Barnes	Department of Behavioral Health
Gloria Mensah	Department of Health
Jaida Carter	Department of Health
Shayna Marlowe	Child and Family Services Agency
Laquenceyer Johnson	Office of Unified Communications
Kelley Dillon	Office of Victim Services and Justice Grants
Nicole Beck	D.C. Superior Court of the District of Columbia
Kathleen Houck	Office of the United States Attorney DC
Vacant	*District of Columbia Hospitals*
Rachel Camp	University Legal Clinics
Camesha Harris	Domestic Violence Housing Organizations
Dawn Dalton	Coalition Against Domestic Violence
Jennifer Wesberry	Domestic Violence Advocacy Organizations
Ashley Joyner Chavous	Community Representative
Varina Winder	Community Representative
Laila Leigh	Community Representative (Co-Chair)
Lisa Geller	Community Representative
Nkiru Nnawulezi	Community Representative
Toshira Monroe	Community Representative (Co-Chair)
Shannarese Sims	Community Representative
Vacant	*Community Representative*

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. It can also have lasting, even generational, effects on physical and mental health, financial security, relational health and attachment, and general ability to thrive. Perhaps most tragically, domestic violence 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 to determine lifetime rates for and prevalence of physical violence, sexual violence, and stalking among women and men. The 2022 report on intimate partner violence reveals that nearly **one in two women** and more than **two in five 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] 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.[6] Observing this violence are vulnerable witnesses: in 2016–2017, more than six million children under the age of 18 had witnessed physical violence toward their parent by a former or current intimate partner during their childhood and over nine million children had witnessed verbal insults, humiliation, and threats of harm.[7]

Domestic violence has profound effects on victims' wellbeing. It can result in serious injury and correlates with negative mental and physical health outcomes. Victims may experience chronic issues related to heart and gut health, immune response, reproductive and nervous systems, and damage to their muscles 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 the source of huge financial strain. The estimated costs to victims over the course of a lifetime 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 lifetime 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 limit options for escape, immediate and long-term medical treatment, mental health care, educational and professional opportunities, and overall advancement in quality of life—for both herself and any dependents.[12]

Lethality Risk Factors

Research into intimate partner homicide has revealed a number of factors associated with greater risk of death for women ("femicide"). High-risk indicators include the 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.[13] A perpetrator's lack of employment or illicit drug use also increases risk. Living separately and the perpetrator having been arrested previously for domestic violence are associated with a lower risk of homicide.[14] Risk factors identified from these studies have been used to create danger assessments—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.")

Intimate Partner Violence (IPV) and Firearm Access

Over the last decade, intimate partner homicide by firearm increased 58% nationwide.[15] Nationally, firearms are used in half of intimate partner homicides (IPH) deaths.[16] This finding also applies to the District: in 2025, 46% of IPH fatalities were by firearm. 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.[17] 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

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

shot at.[18] These numbers don't account for implied coercion from knowing an abuser has access to a firearm. DVFRB does not track near fatal injuries, and the scope of that impact in the District is currently unknown to the Board.

IPV and Suicide

Nationally, intimate partner violence contributes to an estimated 6–7% of suicides overall.[19] Data on suicidality and intimate partner violence is difficult to track: the main national fatality dataset, the National Violent Death Reporting System, does not code instances of IPV with suicide entries, as it does for homicide. Instead, information must be gleaned from other coding combinations (including "intimate partner problem") and the narrative text. DVFRB has worked to establish a dataset for domestic violence-related suicides in the District. The dataset includes homicides that are followed by suicides and suicides where domestic violence was present in the life of the decedent up to two years before the suicide. In 2025, 15.3% of suicides that occurred in the District, where the deceased was a District resident, involved domestic violence in the lead-up to the fatality. From 2018–2025, approximately 16.6% of all suicides committed in the District by District residents experienced domestic violence within two years of the fatality—either as a domestic violence victim, perpetrator, or both.

Of suicides linked to IPV, the majority (82.8%) are isolated suicide events and not murder-suicides.[20] District findings align with that national figure: of the suicides that were linked to domestic violence from 2018–2025, 89% were isolated suicide events. Decedents included both intimate partner violence victims as well as perpetrators. Decedents of IPV-related suicide were more commonly reported to have 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.[21] Other studies in global populations have reported a higher number of suicide attempts among women who are victims of IPV, as well as increased incidence of depression in both female and male IPV victims.[22] 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.[23]

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 released in 2026, an estimated 1,052 murder-suicide fatalities occurred in 2025.[24] Of the murder-suicide fatalities reviewed, 76% of the homicide victims were women and 20% men; 4% were not identified by sex.[25] Of those who died by suicide after committing a homicide, 5% were women and 92% men.[26] In all, 65% of murder-suicides were perpetrated by an intimate partner, and among those incidents, 99% of the victims were women, and 88% involved a firearm.[27] Children under 18 made up 16% of homicide deaths, and another 27 children

witnessed some aspects of a murder-suicide over the six-month period studied.[28] On the other end of the spectrum, murder-suicide perpetrators were generally older than the average homicide offender: 25% of offenders who committed murder-suicide were 55 or older, versus 7% of general homicide offenders.[29]

Amongst the older population that committed murder-suicide, 82% of the incidents involved the homicide of an intimate partner.[30]

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.

DOMESTIC VIOLENCE
FATALITIES IN THE DISTRICT

Homicide in the District

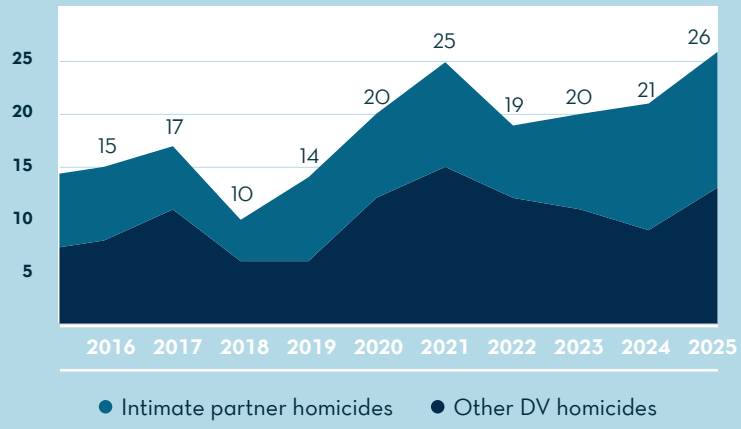
In the District, a homicide is considered a "domestic violence fatality" when the perpetrator and victim had been romantically linked, were related, or resided together, or if the perpetrator had previously stalked the victim. Homicide victims are also included if they were killed due to their relation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

In the District, homicides experienced a 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.[31] From 2014–2023, 9.7% of District homicides were domestic violence fatalities. In 2024, domestic violence-related homicides accounted for almost 12% of all homicides in the District, which was an outlier. Unfortunately, that increase has continued. In 2025, 26 of the 127 total fatalities (20.4%) were deemed to be domestic in nature, far exceeding previous proportions. These figures do not include children: over the last two years, 11 children under age five were victims of domestic violence homicide. In total in 2025, 31 people in the District were killed in domestic violence-related homicides, including five children under age five and 26 victims whose age falls within DVFRB's scope of review.

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.

Recognizing the impact of domestic violence homicide on individuals, families, and

Total Domestic Violence Homicides by Year*



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

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 (ERPOs)

Relatively new to the District is an 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 the Superior Court of the District of Columbia 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 up to one year at a time. According to the Superior Court, only 45 ERPO cases were disposed in 2025, down from 63 disposed in 2024.

Lethality Assessment Program (LAP)

Lethality assessments are used to determine if a victim is at high risk for re-assault resulting in a major injury or homicide. LAPs are used in jurisdictions throughout the country and are often a partnership among victim service providers, police departments, the court system, and healthcare and other relevant agencies. DC SAFE administers the LAP in the District. DC SAFE has screened 86,742 survivors and identified 40,937 as being at high risk for serious repeat assault or homicide since LAP was implemented in 2009. High-risk survivors can then receive expedited, coordinated, low-barrier access to services. In 2025, 3,655 screenings were conducted, with 2,279 survivors identified as high lethality risk. DC SAFE also sent 347 LAP alerts, which make specific requests to different agencies on behalf of the survivor. Over the life of the program, eight high-risk survivors have been killed in a domestic violence homicide.

Address Confidentiality Program

The District's Address Confidentiality Program (ACP), administered by OVSJG, provides a legal substitute address for eligible DC residents to maintain the confidentiality of their physical 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 (D.C. Law 22-118; D.C. Official Code § 4-555.01 *et seq.*).

Civil Protective and Anti-Stalking Orders

On April 27, 2021, the Intrafamily Offenses and Anti-Stalking Orders Amendment Act of 2020 went into effect (the Amendment). In part, this Amendment amended previous civil protection order (CPO) provisions and created the District'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 (D.C. Official Code § 16-1004).

In 2025, there were 4,370 new filings for CPOs under intrafamily cases within the Domestic Violence Division of the Superior Court. When someone files for a CPO, they may need a temporary order to keep them safe between the filing and the hearing, which is typically scheduled two weeks after the filing.

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 D.C. Official Code § 22-3133. 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 anti-stalking order (TASO) without notice to the respondent—either in 14-day increments or up to 28 days with good cause under D.C. Official Code § 16-1063. According to the **District of Columbia Court's statistical summary**, there were 1,327 new filings in 2025, up from 1,204 new filings in 2024.

The Amendment also includes offenses against animals owned by the petitioner, a family member, or a household member as an intrafamily offense. It also 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 MPD 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

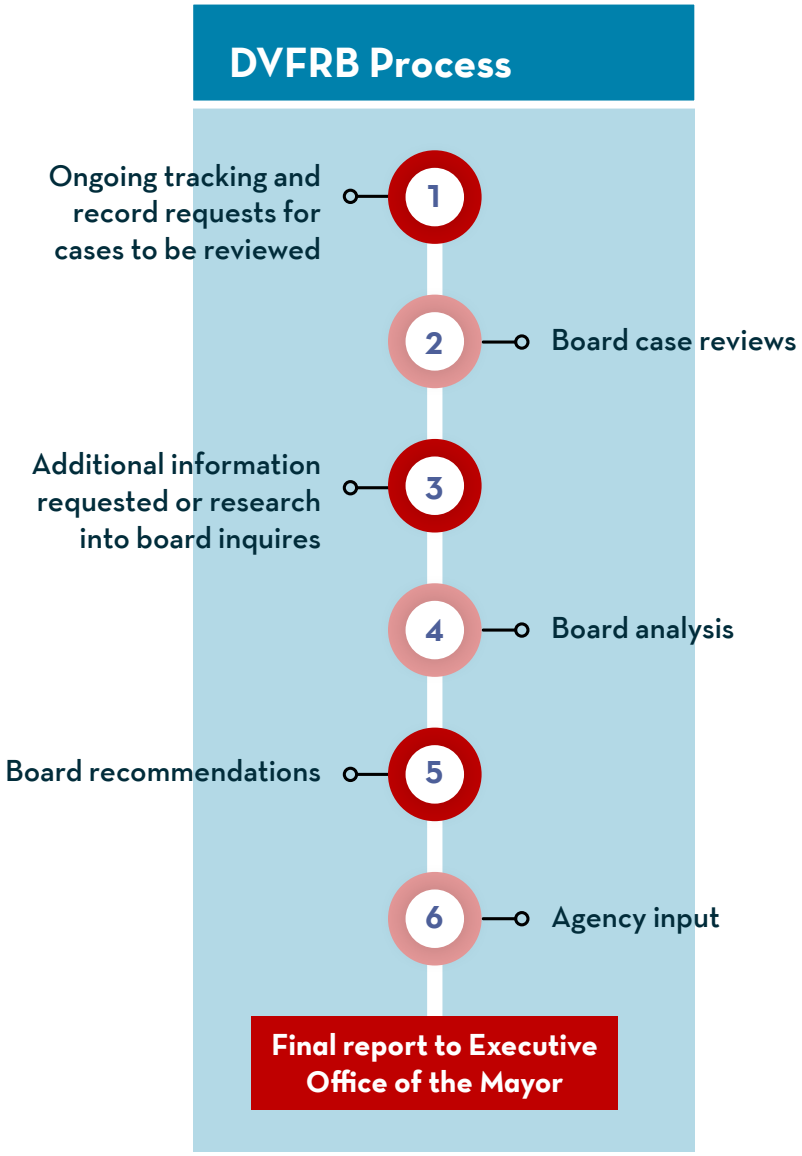
11, 2019 (D.C. Law 22-281; D.C. Official Code § 2-1401.01 *et seq.*), employers, employment agencies, and labor organizations ("employers") in the District of Columbia may not discriminate against an employee or an applicant ("employee") based on their status as a victim or family member of a victim 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 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 domestic violence homicide, DVFRB is charged with tracking those deaths and exploring missed opportunities for intervention.

Case Selection and Review

DVFRB achieves its work through a multidisciplinary analysis of victims' experiences, perpetrator behaviors, and the general circumstances surrounding domestic violence-related 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.



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. 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.

While the Board monitors and provides statistics of homicides committed by family members, relatives, roommates, and "common partners," 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 use that knowledge to shape recommendations related to policy, practice, training, and public awareness. DVFRB meetings are confidential pursuant to D.C. Official Code § 16-1056, and, thus, are exempt from the Open Meetings Act, pursuant to D.C. Official Code § 2-575(b)(1); additionally, 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.

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, DVFRB hopes to inspire improvements within agencies, 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

2025 DVFRB SUMMARY FINDINGS

While much of 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 2025 calendar year.

2025 DVFRB Activities

DVFRB is composed of public service professionals across a range of disciplines. From January through December 2025, 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 Annual Board retreat**: The DVFRB coordinator planned the Annual Board retreat, which kicked off with a welcome by OVSJG Director Jennifer Porter, followed by a presentation by Dr. Paul Nestadt and Dr. Holly Wilcox from Johns Hopkins on suicide fatality reviews and the intersection of domestic violence and suicide. Additionally, the board had a presentation from Shannarese Simms of Volare on vicarious trauma as well as roundtable discussions on the board's next year.
- **Appointed new Board members**: During 2025, new Board representatives were appointed for MPD, OCME, DBH, OAG, MOWPI, and the Domestic Violence Housing Organization seat.
- **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 four complex intimate partner homicide cases.
- **Continually assessed status of the field:** The Board stayed abreast of ever-changing procedures, policies, and ways of providing services across the city, 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 "DVFRB 2025 Annual Report"**:
  This annual report included a recap of DVFRB's work over the 2024 calendar year, information regarding related District protections, and new recommendations based on a review of recently closed domestic violence-related homicides.

2025 BY THE NUMBERS

According to MPD records, 26 people ages 17 and older were killed by 18 known perpetrators in domestic violence fatalities in the District of Columbia in 2025. Three cases were considered justifiable homicides by MPD; for these, DVFRB reporting includes victim information but omits perpetrator demographics. Perpetrators in five unsolved cases are currently considered "unknown." Additionally, there were five children under the age of five who were victims of domestic violence-related homicide. The breakdown between intimate partner homicide (IPH), non-IPH, and related suicides is as follows:

IPH Victims

- **Gender**: 8 women; 5 men.
- **Race**: 12 were Black; 1 was Hispanic.
- **Age range**: 17 to 63; average age was 38.
- **Wards**: Five homicides occurred in Ward 7; three homicides occurred in Ward 8; two homicides occurred in Wards 4 and 5; and one homicide occurred in Ward 6.
- **Manner of homicide**: Six victims were shot; four were stabbed; two died of blunt force trauma (with strangulation also factoring into one victim's death); and one is unknown.

IPH Perpetrators

- **Gender**: 4 women; 8 men.
- **Race**: 10 were Black; 1 was White; 1 was Hispanic.
- **Age range**: 18 to 51; average age was 34.5.
- **Relationship to victim**: Ten were current intimate partners; one was a former intimate partner; and one had a sexual relationship.

Non-IPH Victims

- **Gender**: 2 women; 11 men.
- **Race**: 13 were Black.
- **Age range**: 20 to 83; average age was 38.
- **Wards**: Six homicides occurred in Ward 8; two homicides occurred in Wards 5 and 7; one homicide each occurred in Wards 3, 4, and 6.
- **Manner of homicide**: Ten victims were shot and three were stabbed.

Non-IPH Perpetrators

- **Gender**: 11 men.
- **Race**: 11 were Black.
- **Age range**: 16 to 47; average age was 34.
- **Relationship to victim**: Two perpetrators were a child of the victim; one was a grandchild; three were siblings; four involved new/other partners; three were related in another way.

2025 Fatal Suicides

- **Total number** of individuals who died by suicide in the District: 53
- Number of **DC residents** who died by suicide in the District: 39

Overall, the District has the lowest suicide rate in the United States at 6.1 compared to the national rate of 12.6 per 100,000.[32] With the suicide rate being lower in the District, one might assume the percentage of suicides where domestic violence is present would be consistent with the 6-7% estimated for IPV-related suicides,[33] although DVFRB did not narrow down to only IPV suicides but by domestic violence as a whole. Through preliminary searches, it appears that in 2025, 15.3% of the suicides of District residents that took place in the District had recent domestic violence as a stressor leading up to the fatal suicide. From 2018-2025, approximately 16.6% of all suicides committed in the District, by District residents, had domestic violence within two years of their suicides, either as a victim, perpetrator, or both.

2025 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 2025, DVFRB issued 12 recommendations to six District agencies and one state agency. The agencies involved have since reviewed the Board's recommendations, and available responses are included below.

Recommendation 1

Strengthen the ability of DC Court orders to protect domestic violence survivors by allowing the effective application and enforcement of 18 U.S.C. § 922(g)(8).

In the course of its analysis and review of intimate partner homicides in the District of Columbia, DVFRB has observed that the language used in DC Superior Court Temporary Protective Orders (TPOs) and Civil Protective Orders (CPOs) does not satisfy the criteria of 18 U.S.C. § 922(g)(8)(C).* That statute prohibits firearm possession by an individual subject to a protective order that restrains their conduct toward an "intimate partner," as that term is defined in 18 U.S.C. § 921(a)(32).† The protective order at issue must meet specific criteria identified in 18 U.S.C. § 922(g)(8)(C) for the firearm prohibition to apply. However, as of July 2024, the **Superior Court of the District of Columbia** (DC Superior Court) appears to have updated the language in the Court's CPO forms to address only one of the two criteria laid out in 18 U.S.C. § 922(g)(8)(C). Specifically, 18 U.S.C. § 922(g)(8)(C) applies to a court order that:‡

i. **"includes a finding that such person represents a credible threat to the physical safety of such intimate partner or child"; or**

* See Addenda for newly revised copies of both protective order forms.

† Under 18 U.S.C. § 921(a)(32), "'Intimate partner' means, with respect to a person, the spouse of the person, a former spouse of the person, an individual who is a parent of a child of the person, and an individual who cohabitates or has cohabited with the person."

‡ 18 U.S.C. § 922(g)(8)(C)(i)-(ii).

ii. "by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against such intimate partner or child that would reasonably be expected to cause bodily injury."

18 U.S.C. § 922(g)(8)(C)(i) – Credible Threat Finding

The Supreme Court recently held that 18 U.S.C. § 922(g)(8)(C)(i) (concerning orders with a credible threat of physical safety finding) does not violate the Second Amendment.[§] However, DC Superior Court's CPO forms contain no specific space or option for the judge to make and record an express finding that the respondent represents a credible threat to the physical safety of such intimate partner or child. Thus, this basis for a prosecution under 18 U.S.C. § 922(g)(8)(C)(i) arguably is foreclosed with respect to DC CPOs.

DC Superior Court's TPO forms do contain an option for the Court to find that the Petitioner or their animal's safety or welfare is "endangered by" the Respondent. A Court could arguably conclude that this constitutes a finding of a credible threat, but the language in the Court's TPO forms is broader than the language in 18 U.S.C. § 922(g)(8)(C)(i) and can be satisfied by a threat to an animal. Thus, the language would benefit from a revision that provides for a finding that specifically aligns with the statutory language in 18 U.S.C. § 922(g)(8)(C)(i).

18 U.S.C. § 922(g)(8)(C)(ii) – Explicit Prohibition on Use of Force

The statute requires an explicit prohibition on the use, attempted use, or threatened use of physical force against such intimate partner or child that would reasonably be expected to cause bodily injury. Courts vary somewhat in how they interpret whether the language of protective orders similar to DC's satisfies this requirement.

DC Superior Court's TPO forms contain only a prohibition on committing crimes against the petitioner. Until recently, this language was used in the CPO forms as well. Courts have declined to interpret such general prohibitions on committing crimes as sufficient to satisfy the requirements of 18 U.S.C. § 922(g)(8)(C)(i)-(ii). See, e.g., *United States v. Sanchez*, 639 F.3d 1201, 1205 (9th Cir. 2011) ("[A] no-contact order that lacks explicit prohibitions on the use, attempted use, or threatened use of physical force against an intimate partner or child that would reasonably be expected to cause bodily injury cannot satisfy (8)(C)(ii).").

Importantly, in July 2024, DC Superior Court added the following language to the CPO form: "Respondent shall not commit or threaten to commit crimes against Petitioner, their child(ren), or their animal(s) and Respondent shall not assault, harass, stalk, or threaten any person or animal(s) named in this order." However, this change does not appear to have been made to the TPO form.

§ *United States v. Rahimi*, 144 S. Ct. 1889 (2024).

The sufficiency of this language has not been addressed by DC Courts. This new language takes steps to satisfy the requirements of 18 U.S.C. § 922(g)(8)(C)(ii) and is consistent with what has been accepted in some circuits. See, e.g., *United States v. Sholley-Gonzalez*, 996 F.3d 887, 890 (8th Cir. 2021) (order prohibiting respondent from "committing any acts of abuse or threats of abuse" satisfied 18 U.S.C. § 922(g)(8)(C)(ii)); *United States v. Reese*, 627 F.3d 792, 795 (10th Cir. 2010), abrogated by *New York State Rifle & Pistol Ass'n, Inc. v. Bruen*, 597 U.S. 1 (2022) (order specifically prohibiting "threatening or abusing" petitioner satisfied 18 U.S.C. § 922(g)(8)(C)(ii)); *United States v. DuBose*, 598 F.3d 726, 731 (11th Cir. 2010) (prohibition on "hurting" petitioner or her children satisfied 18 U.S.C. § 922(g)(8)(C)(ii)); *United States v. Bostic*, 168 F.3d 718, 722 (4th Cir. 1999) (order to "refrain from abusing" satisfied 18 U.S.C. § 922(g)(8)(C)(ii)). Notably, however, neither the DC Circuit nor the U.S. Supreme Court has ruled on what language is needed to satisfy 18 U.S.C. § 922(g)(8)(C)(ii), so some uncertainty remains.

18 U.S.C. § 921(a)(32) – Intimate Partner Relationship

Both the DC and federal definitions of *intimate partner* include either "a former spouse" or an individual to whom "the offender . . . was married." However, DC Superior Court's current CPO forms do not include "former spouse" or "previous marriage" as a possible "Relationship to Respondent." Adding this option could clarify the Court's findings as to the relationship between parties who are former spouses.

Therefore, DVFRB recommends that:

A. To ensure that DC protective orders may comply with 18 U.S.C. § 922(g)(8)(C)(i), the **Superior Court of the District of Columbia** incorporate the following change to the language of the template forms for both Temporary Protective Orders and Civil Protective Orders:

   - Include as an optional finding on both Temporary and Civil Protection Orders a finding that "Respondent represents a credible threat to the physical safety of the petitioner and/or the petitioner's child." Specifically, the option could employ a checkbox similar to those already included for other Court findings.

B. To ensure the orders' compliance with 18 U.S.C. § 922(g)(8)(C)(ii), the **Superior Court of the District of Columbia** consider the following changes to the language of the template forms for Temporary Protective Orders and Civil Protective Orders, respectively:

   - Add to the language in the current TPO forms: "Respondent shall not assault, harass, stalk, or threaten—including the use, attempted use, or threatened use of physical force that would reasonably be expected to cause bodily injury—the petitioner or any person or animal named in this order."
   - Amend the language in the current CPO forms from "Respondent shall not assault, harass,

stalk, or threaten any person or animal(s) named in this order" to read "Respondent shall not assault, harass, stalk, or threaten—including the use, attempted use, or threatened use of physical force that would reasonably be expected to cause bodily injury—the petitioner or any person or animal named in this order."

C. To ensure clarity in the Court's findings with respect to Civil Protective Orders, the **Superior Court of the District of Columbia** include "previous marriage" or similar language as a potential "Relationship to Respondent" on the CPO form.

Agency Response

Superior Court of the District of Columbia

The District of Columbia Superior Court intends to update both its Temporary Protection Order (TPO) and Civil Protection Order (CPO) forms to include the language regarding the use/attempted use of force. The Court also intends to update its CPO form to include the requested finding regarding the Respondent posing a credible threat. It is the Court's position that the finding that the safety or welfare of Petitioner and/or an animal the Petitioner owns, possesses, or controls is endangered by Respondent within the meaning of D.C. Code §16-1004(d) (2021) constitutes a credible threat finding, and that it is preferable to use the language tracking the D.C. statute as that finding is required to issue the TPO. Please see the attached anticipated revised forms.[¶]

¶ See Addenda for revised forms.

Recommendation 2.1

Reduce incidence of gun violence in the home by increasing awareness about risks and encouraging safe storage of firearms.

The **Child and Family Services Agency** (CFSA) is the primary agency tasked with responding to concerns about the safety or welfare of children in the District. It is also one of the few providers with legal authority to enter a home, including in cases of domestic violence. Because a central agency task is to identify risks in the home and work with families and guardians to reduce those risks, it is important that CFSA employees have clarity on what constitutes risk of harm to children. One of those risks is the presence of firearms in the home: From 2014-2023, roughly half of all 170 domestic violence-related homicides in the District were due to gun violence. For intimate partner homicides, 45.3 percent occurred with a firearm. However, CFSA has no consistent screening process for the presence of a firearm in the home and, therefore, no widespread opportunity to counsel families on the associated risks nor on safe storage measures.

Therefore, DVFRB recommends that:

A. **CFSA** include questions about access to firearms and storage of guns in the home in its initial screening, regardless of the outcome of the referral, as well as during home visits and investigations. Including this question upfront provides an opening for CFSA to follow up with the family on the risks of having a gun in the home and with education regarding safe storage.

B. **CFSA** include firearm safety and awareness resources in their employee resource bank to share with families as needed. Suggested resources include but are not limited to:

   - Project Child Safe
     - "Explaining Gun Safety to Kids: Discussing Mental Health," https://projectchildsafe.org/discussing-mental-health
     - "Educational Materials," https://projectchildsafe.org/educational-materials
   - End Family Fire, https://www.endfamilyfire.org

C. **CFSA** provide families with information on how to obtain gun locks and safes, as needed.

Agency Response

Child and Family Services Agency

CFSA recommends a partnership with the Metropolitan Police Department and the agencies under the Health and Human Services Cluster (i.e. DBH, DCH, DHS), to enhance public safety discussions and campaigns related to gun safety in the home. Providing education regarding gun safety and safe storage is beyond the scope of the District's child and family well-being agency.

Recommendation 2.2

Reduce incidence of gun violence in the home by increasing awareness about risks and encouraging safe storage of firearms.

Both legal and illegal gun ownership can lead to intentional and unintentional firearm-related violence, including homicide. Of the 170 domestic violence-related homicides that took place in the District of Columbia from 2014-2023, roughly half were committed with a firearm. Despite local laws regulating the purchase and registration of firearms, firearms in the District are commonly acquired illegally, not registered, and stored unsafely. Necessary efforts to increase safety and reduce firearm-related harm require a community-based approach that accounts for illegal possession and unsafe practices.

Therefore, DVFRB recommends that:

A. The **Metropolitan Police Department** (MPD) partner with community and faith-based organizations to provide District residents with gun locks and gun safes for their homes, without any inquiry into the legality of those guns. In particular, DVFRB recommends that MPD work with programs such as Project Childsafe to provide free safety kits to offset some of the costs associated with safety locks.

B. **MPD** explore whether turn-in, buy-back, or gun-lock programs could be viable avenues to reduce firearms in homes.

C. **MPD** increase community outreach about gun safety.

Agency Response

Metropolitan Police Department

MPD shares DVFRB's concerns about gun violence. Indeed, it has been the top priority for MPD for years. While the Department is open to exploring new and effective ways to combat gun violence, with tight budgets now and the fewest sworn members in more than 50 years, new initiatives must be effective and efficient. These gun safety recommendations do not meet this critical requirement.

In DC, gun violence is driven almost entirely by illegal guns rather than legal guns, so that is where MPD must focus. MPD cannot reasonably or responsibly provide safety equipment for illegal guns any more than we would install a child car seat in a stolen car. Police are not the best drivers of gun safety tools—or information—for people possessing illegal guns. This is one of the reasons why treating gun violence as a public health issue is vitally important. Individuals with illegal guns are not likely to come to MPD for free gun safety kits or to listen to MPD as a messenger. In other jurisdictions, non-law enforcement entities, such as hospitals, libraries, and health and human services agencies, provide gun locks and safety kits. They are also able to make them available for people with illegal guns without undermining a core mission to take illegal guns off the street. Messaging is similarly best delivered by other entities. In DC, many agencies are working on gun violence prevention and provide information to their constituencies, including DC Health and the Office of Neighborhood Safety and Engagement. The Deputy Mayor for Public Safety and Justice plays a key role in both coordinating efforts and as a messenger for the Administration. MPD would be amenable to giving away gun locks to individuals registering firearms if locks were donated to the Department. However, some models of gun locks cost less than $10 per lock, so they do not necessarily pose a financial hurdle to individuals paying hundreds of dollars to own a gun.

Lastly, public safety in the District is best served when MPD can focus its limited resources on actions that other agencies cannot take, such as enforcement and investigation, and on programs that are proven to be effective. And research indicates that gun buybacks are not effective. Buybacks often collect guns that are inoperable, do not fit the characteristics of typical crime guns, or are from people who are unlikely to be at risk of firearm violence. Studies have found that people who participate in buybacks tend to be older and less likely to be involved in gun violence. Moreover, many people who turn over one gun still keep other guns at home. This reinforces MPD's experience conducting gun buybacks in the early 2000s. In addition, buybacks require valuable time from officers and detectives. This is not the best use of MPD resources. Instead, MPD should continue its many initiatives that result in two to three thousand guns being taken off the street each year.

Recommendation 2.3

Reduce incidence of gun violence in the home by increasing awareness about risks and encouraging safe storage of firearms.

Every year, District residents harm themselves and others in domestic violence-related and other firearm incidents. While the Metropolitan Police Department can address gun safety and removal with residents who possess a registered firearm, DVFRB rarely reviews intimate partner homicides involving registered, legally obtained firearms. Public good requires that all agencies and community partners with a focus on public safety and well-being help address the dangers of firearms in the home and unsafe storage practices. As the District's primary health and safety agency, **DC Health** is well positioned to respond to this call. DC Health's two-fold mission is to promote the health and protect the safety of District residents. It is charged with identifying health risks, educating the public, controlling diseases, and promoting effective community collaborations. However, beyond the Rape Prevention Education Program, it is unclear what programs or efforts DC Health conducts to address violence prevention.

Therefore, DVFRB recommends that:

A. **DC Health** promote the health and safety of DC residents by expanding its violence prevention resources. Specifically, DC Health should partner with District agencies and nonprofits to raise awareness about domestic violence, self-harm and risk of harm to others, and firearm safety, at a minimum.

B. **DC Health** provide gun locks to community organizations and faith-based community groups to distribute to DC residents.

Agency Response

DC Health

A. DC Health fully supports the recommendation to promote violence prevention interventions. DC Health engages in violence prevention through 1) using data to inform public health programming and policy, 2) family strengthening, youth, and early childhood development, and 3) violence prevention education and victim and survivor support services.

1) Using Data to Inform Public Health Programming and Policy

Through multiple efforts under the State Maternal Health Innovation grant and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs funded by the Health Resource and Services Administration (HRSA), DC Health is positioned to collect, analyze, and address domestic violence prevention. The collection and sharing of this data informs, supports, and guides continuous quality improvement and answers key policy questions about supportive programming for the families affected by domestic violence.

2) Family Strengthening,

Youth, and Early Childhood Development Programs across DC Health support families and residents at high risk for domestic violence to use LinkU, an online screening and referral platform for health-related social needs such as housing, food, and medical care. DC Health's preterm birth program supports federally qualified health centers and hospitals to improve use of screening protocols for IPV as a standard of care for pregnant women. DC Health's home visiting programs address interpersonal violence, parent-child interactions, home safety, child injury and maltreatment to improve parenting skills and create a safe and nurturing home environment. DC Health's Help Me Grow (HMG) program serves as a centralized access point to assist families and professionals in connecting children to the network of community resources in the District that helps them thrive.

3) Violence Prevention Education and Victim Support Services

DC Health funds and supports the DC Coalition Against Domestic Violence (DCCADV) to provide tailored education, training and technical assistance to DC Health staff and partners on awareness of domestic violence and ability to detect and refer cases. DC Health also supports and funds Men Can Stop Rape (MCSR) to implement evidenced-based programs focused on positive youth development and raising awareness of sexual assault and domestic violence.

DC Health has been enhancing our efforts to coordinate with sister agencies to promote violence prevention. We are collaborating with Department of Health Care Finance to pilot a new pilot initiative to understand system failures or gaps contributing to maternal deaths

which may reveal information related to domestic violence. We are also partnering with Child and Family Services Agency and Department of Health Care Finance to increase coordination and alignment across strategies to strengthen families and early childhood development. DC Health is expanding our home visiting models and increasing the number and diversity of grantees providing services to families.

B. National level data indicates that exposure to a firearm within the home increases the likelihood of household members experiencing gun violence. Therefore, DC Health recognizes the importance of promoting safe firearm storage as a public health priority. However, law enforcement agencies, as opposed to DC Health, would be best suited to implement a gun lock distribution effort. DC Health stands ready to support and promote community outreach efforts in partnership with these agencies to ensure that residents are aware of the evidence base and risks of exposure and have access to safe firearm storage resources. We look forward to contributing to a coordinated, community-centered approach that advances safety and protection of all residents across the District.

Recommendation 3

Reduce incidence of gun violence in the home by increasing awareness about ERPOs as a legal mechanism to help prevent firearm purchase and possession.

DC's **Children and Family Services Agency** (CFSA) works to improve the safety, permanency, and well-being of abused and neglected children in the District of Columbia and to strengthen DC's families. As such, CFSA staff can expect to interact with some families experiencing domestic violence. Domestic violence, which can culminate in homicide, often involves the use of firearms to control victims through psychological and physical harm. Therefore, it is critical that CFSA staff understand the tools at their disposal for identifying and reducing the risk of gun violence in the home. One important tool for keeping families safe is an Extreme Risk Protection Order (ERPO).

An ERPO is a civil protective order that allows local courts to remove firearms from and prevent the sale of firearms to an individual displaying signs that they may harm themselves or others. ERPOs can be in effect for a period of up to one year. Mental health professionals, including licensed social workers and professional family and child counselors, are eligible to file petitions for ERPOs in DC Superior Court. Qualifying family members, partners (current or former), or cohabitants are also eligible to file petitions for an ERPO. Yet ERPOs are widely underused.

Therefore, DVFRB recommends that:

A. **CFSA** coordinate with expert agencies to provide annual training on all aspects of ERPOs to all CFSA staff who directly or indirectly serve clients. The training should cover what ERPOs are, what remedies they offer, who qualifies to receive one, and how to file for one. The training should also include guidance on how ERPOs are similar to and different from civil protective orders.

   - The District has two main conduits for training and distribution of information and materials regarding ERPOs: the Office of the Attorney General and the National ERPO Resource Center. Additionally, according to DC law (§7-2510.13), there is an Extreme Risk Protection Order Implementation Working Group tasked with facilitating the education of behavioral and mental health professionals about ERPOs. DVFRB recommends that CFSA reach out to these ERPO experts to coordinate annual training for CFSA staff.

B. **CFSA** provide ERPO information and resources to families as deemed appropriate.

Agency Response

Child and Family Services Agency

A. CFSA has received confirmation from the Office of the Attorney General that this training will be provided to CFSA staff. The Child Welfare Training Academy will partner with the OAG to support the advertisement and registration of these training sessions to ensure they are offered in sufficient number and times to allow all CFSA staff to attend.

B. Following the OAG training, information and resources regarding ERPOs will be shared with CFSA staff to disseminate when DV is suspected or identified.

Recommendation 4

Increase awareness about domestic violence, its impact on child safety, and interagency reporting policies.

Metropolitan Police Department (MPD) policies currently require that officers report to the **Child and Family Services Agency** (CFSA) when there are concerns regarding child abuse and neglect of DC residents.** According to MPD's General Orders, domestic violence falls under child neglect, while destructive or physically violent behavior falls under child physical abuse, and General Order OPS-304.11 describes policies related to the handling of intrafamily offenses. That order states that, in accordance with the MPD Child Abuse and Neglect General Order, when the officer believes a child is in danger, they shall contact CFSA. However, CFSA is not automatically contacted in all domestic violence concerns involving children, diminishing families' access to resources and support services. DVFRB believes that increasing education and awareness about domestic violence and its impact on children and families across CFSA and MPD will help ensure that domestic violence is responded to appropriately and in accordance with local laws while prioritizing victim/survivor safety.

Therefore, DVFRB recommends that:

A. **CFSA** create additional training for MPD on when to report domestic violence to CFSA. The training should go beyond didactic online modules, and topics should include: CFSA's role in responding to domestic violence, how domestic violence impacts children's safety, how MPD can assist CFSA in their role, and when MPD should notify CFSA in domestic violence situations. After development, CFSA should offer the training to MPD officers and cadets in a timely manner.

B. **MPD** schedule the training created by CFSA for its officers in a timely manner. Officers should particularly note: how to appropriately report details, document injuries, and notify CFSA in domestic violence situations involving children; how to respond when children intervene in domestic violence, such as by trying to separate the victim and the individual inflicting harm; and how to identify when children are involved in the response, including behaviors such as locking doors, hiding weapons, and calling the police.

    - DVFRB also requests that MPD annually track and report the number of officers trained on the new CFSA material.

** GO SPT-309.06 Child Abuse and Neglect.

Agency Responses

Child and Family Services Agency

CFSA will partner with the DVFRB, CFSA's DV Specialist, and MPD to revitalize training specific to MPD report DV allegations to CFSA. This training will be provided as an addition to the current mandated reporter training to support and expansion of knowledge related to the specific role of MPD.

To support the development and planning for this training, a representative from the DVFRB is requested to complete this form: https://octo.quickbase.com/nav/app/bt7q7ws9u/action/showpage/785 32425-543b-4807-89d3-6040252c3fdb?pageIdV2=quickbase.com-DashboardGroup-b8270aea-53f8-4aa2-8188-5d14a3705b64

Metropolitan Police Department

MPD would be pleased to work with CFSA on additional training for our members. We would implement this in our annual Professional Development Training (PDT), which is delivered to all members in a single year, and then a version for recruit officers, which is delivered to each new recruit class.

The value of an online training module is that all members receive a consistent training experience. However, if CFSA and MPD determine an in-person training would be better, there are two primary options: CFSA can (1) train MPD employees to deliver the training, or (2) provide dedicated resources for a full year to train all MPD members and ongoing support to provide monthly training for each new recruit class. In our experience, the second option is often very difficult for both an outside entity and MPD. For example, if no one is able to provide the training for a week, hundreds of members will miss that training and it will be difficult and inefficient for MPD to reschedule officers just to receive that block of training. Moreover, some years MPD has had to drastically restructure PDT because of significant outside demands that require full department activations. For these reasons, MPD recommends option one.

Recommendation 5

Clarify and improve processes and procedures regarding the hiring and compliance of Special Police Officers.

Communication and transparency between the **Metropolitan Police Department's** Security Officers Management Branch (SOMB) and the **Department of Licensing and Consumer Protection** (DLCP) for Special Police Officers (SPOs) is essential for ensuring SPOs meet the legal licensing requirements for a gun-carrying position. Once a license is issued, periodic checks and audits are necessary to ensure continued compliance with positional requirements, including verification that there are no changes to the SPO's qualifications that would prohibit the possession of a firearm (e.g., a civil protective order). Currently, it appears there is confusion between MPD and DCLP around who is responsible for screening and auditing SPOs. Proper oversight of SPOs requires clearly delineated responsibilities and timelines regarding screening and background checks.

Therefore, DVFRB recommends that:

A. **MPD** and **DLCP** review and clarify the roles, responsibilities, timelines, and communications around how SPOs are vetted, and provide an expected date for when these practices will be enacted.

B. **MPD** and **DLCP** disclose and discuss the SOMB process and procedures for review and revocation of SPO positions. DVFRB requests to be informed of any existing process, or if one does not exist, asks that one be created. The process should include: system testing to ensure any violations warranting a suspension or revocation of the SPO license effectively trigger notifications, points of contact for those violation notifications, parties responsible for sharing that information and to whom, and a timeline from infraction to revocation.

Agency Responses

Metropolitan Police Department

From MPD's and DLCP's perspective, we believe the roles are clear. MPD conducts criminal background checks on individuals applying for or renewing a commission as an SPO, and advises DLCP whether the individual does or does not meet the standards. Similarly, if MPD becomes aware that an individual's commission needs to be revoked, MPD will convey that to both DLCP and the security company employing the SPO.

MPD does not currently have authority to set an automatic trigger for arrests of SPOs. We are, however, seeking authority to do this. The first step is legislative authority, which we are seeking through a provision in the Fiscal Year 2026 Budget Support Act of 2025 (BSA). The BSA is pending the final vote by the Council. Once it is passed, MPD will need to apply to the FBI for authority. Finally, if the Department is granted the authority, the FBI requires a process for both notifying individuals of their enrollment in this process and for expunging people from the system who are no longer subject to the checks. This final process is not yet determined, but once it is complete and approved by the FBI, we will share it with the DVFRB.

DC Department of Licensing and Consumer Protection

The Department of Licensing and Consumer Protection (DLCP) remains steadfast in its commitment to protecting the health, safety, and welfare of all residents and visitors in the District. As part of this commitment, ensuring thorough and robust criminal background checks for security-sensitive positions—particularly those involving the possession of firearms, such as Special Police Officers (SPOs)—is a top priority.

Prior to DVFRB conducting its assessment, MPD and DLCP had been working together to refine its process for conducting criminal background checks and issuing SPO licenses. Most of those changes align with the board's recommendations. Thus, to that end, DLCP agrees with DVFRB's recommendations because they are procedures that we have already put into place.

As part of the application process, all SPO candidates must undergo fingerprinting conducted by MPD's Fingerprint Division. These fingerprints are used to perform comprehensive criminal background investigations.

Applications for SPO licensure are submitted to DLCP's Office of Professional Licensing (OPL) Security Program, which is responsible for the administrative processing of all new, renewal, and transfer applications. Concurrently, MPD's Security Officers Management Branch (SOMB) conducts a criminal history review for each applicant—regardless of whether the license sought is for an armed or unarmed SPO position.

Based on the results of this review, SOMB determines whether an applicant meets the eligibility criteria. If no disqualifying factors are identified, DLCP proceeds with issuing the SPO license. (Please note: DLCP is responsible for issuing licenses, while MPD is responsible for commissioning SPOs.) In cases where disqualifying factors are found, the application is denied, and the applicant is issued a formal denial letter outlining the reasons and providing instructions on how to appeal the decision.

SPO licenses must be renewed annually. Officers are required to submit updated documentation to maintain their certification. The same application and review process applies to officers

seeking to transfer to a different security agency. For all application types—new, renewal, or transfer—MPD conducts the necessary criminal history background checks.

Additionally, the DC Council passed the FBI Rap Back Program, in the FY 2026 Budget Support Act, as proposed by the mayor. This program will enhance MPD's ability to monitor and track licenses whose fingerprints are in the FBI's Rap Back Program.

Recommendation 6.1

Increase the District's number of domestic violence trauma-informed therapy providers.

Victims and perpetrators of domestic violence homicide may have several contacts with the health system prior to the homicide, including for co-occurring conditions. Each interaction with the health system is an opportunity for both the victim and perpetrator to receive therapeutic services that could address underlying mental health concerns and potentially prevent the homicide from occurring. As a result, it is imperative that, when providers notice concerning behaviors in patients or their companions, including warning signs of domestic violence, the patient is connected with a domestic violence therapist who is able to respond to domestic violence-specific concerns and engage with trauma-informed therapy. In particular, it is well established that there is a co-occurrence of domestic violence and substance abuse, yet services seem siloed in nature.

Therefore, DVFRB recommends that:

- The **DC Department of Behavioral Health** provide specific domestic violence trauma-informed therapy to survivors. This task could be accomplished through outsourcing therapy to an approved core agency provider specifically to serve clients with domestic violence needs or through a requirement to have several therapists trained specifically in the nuance of providing trauma-informed therapy tailored to the needs of domestic violence survivors and perpetrators.

Agency Response

Department of Behavioral Health

DBH has a robust Training Institute which offers synchronous and asynchronous courses. DBH also offers continuing education credits for approved courses. DBH will enhance and/or develop trauma informed training for clinicians. This training will enhance access to appropriate services for survivors of domestic violence. All training opportunities are subject to funding availability.

Recommendation 6.2

Increase the District's number of domestic violence trauma-informed therapy providers.

Victims and perpetrators of domestic violence homicide may have several contacts with the health system prior to the homicide, including for co-occurring conditions. Each interaction with the health system is an opportunity for both the victim and perpetrator to receive therapeutic services that could address underlying mental health concerns and potentially prevent the homicide from occurring. As a result, it is imperative that, when providers notice concerning behaviors in patients or their companions, including warning signs of domestic violence, the patient is connected with a domestic violence therapist who is able to respond to domestic violence-specific concerns and engage with trauma-informed therapy. In particular, it is well established that there is a co-occurrence of domestic violence and substance abuse, yet services seem siloed in nature.

Therefore, DVFRB recommends that:

- **Substance abuse providers** be trained extensively in the risk factors of domestic violence, the co-occurrence of substance abuse and domestic violence, and safety planning for domestic violence while engaging in harm reduction. DVFRB is aware that the goals of substance-abuse treatment are reduction of substance use and abuse, harm reduction, and eventual sobriety, but without dealing with the violence in residents' lives and teaching skills to resolve conflicts without violence or drugs, DVFRB fears future homicides will occur.

Agency Response

Department of Behavioral Health

DBH has a robust Training Institute which offers synchronous and asynchronous courses. DBH also offers continuing education credits for approved courses. DBH will enhance and/or develop training for clinicians on assessing risk factors for domestic violence, co-occuring domestic violence and substance use disorder and safety planning. This training will enhance access to prevention services for those at risk and treatment services for survivors of domestic violence. All training opportunities are subject to funding availability.

Recommendation 7

Ensure effective and legally sound cross-jurisdictional communication between Maryland and the District regarding parolee arrests.

According to the Maryland Parole Commission, when an individual is released from incarceration and placed on mandatory supervision, any alleged violation of release conditions may result in a revocation hearing, initiated by the supervising agent. In a recently reviewed domestic violence homicide, DVFRB noted that the perpetrator was on parole and under supervision by the **Maryland Department of Public Safety and Correctional Services (DPSCS)-Division of Parole and Probation** for a history of severe and repeated domestic violence-related crimes. During its case review, DVFRB found that this individual violated parole in numerous ways, including a failure to check in with his agent for six months and multiple arrests during his 20 months of release. During this time, he was moved from supervision with an agent who monitors domestically violent offenders to general supervision, without any reason recorded that pertained to his risk of re-offending. At the time of the homicide, he was not under supervision by an agent who handles domestic violence-charged parolees.

DVFRB's understanding is that when a person is arrested and fingerprinted, an automatic notification is sent to all jurisdictions including the Maryland Division of Parole and Probation, Division of Violations. However, in this instance, no action was taken by Maryland Division of Parole and Probation prior to the homicide.

Therefore, DVFRB recommends that:

A. **DPSCS-Division of Parole and Probation** conduct an audit of its system to ensure arrest notifications are received, regardless of jurisdiction, and that subsequent, appropriate action is taken.

B. **DPSCS-Division of Parole and Probation** audit parolee files and the process used to ensure that agents are filing violations for failure to report to supervision and for new arrests.

C. **DPSCS-Division of Parole and Probation** ensure that people who engage in domestic violence are monitored by domestic violence-trained parole agents.

D. **DPSCS-Division of Parole and Probation** accompany decisions to remove a parolee from domestic violence supervision with an explanation.

E. All **DPSCS** parole officers be trained on how to work with perpetrators of violence and, specifically, on the behaviors and concerns present with domestic violence perpetrators.

Agency Response

Maryland Department of Public Safety and Correctional Services

Agency stated they would review the recommendation and provide a response. No response has yet been provided.

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.

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

CITATIONS

1 D.C. Official Code § 16-1052. Establishment and purpose.

2 Uniform Interstate Enforcement of Domestic Violence Protection Orders Act of 2002, effective April 11, 2003 (D.C. Law 14-296; D.C. Official Code § 16-1051 *et seq.*).

3 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.

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 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.

7 Leemis, *The National Intimate Partner and Sexual Violence Survey*, 15, https://stacks.cdc.gov/view/cdc/124646.

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 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.

14 Ibid.

15 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.

16 April Zeoli, Rebecca Malinski, and Brandon Turchan, "Risks and Targeted Interventions: Firearms in Intimate Partner Violence," *Epidemiologic Review* 38, no. 1 (2016): 125-139, https://academic.oup.com/epirev/article/38/1/125/2754863.

17 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.

18 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): 431-442, https://journals.sagepub.com/doi/abs/10.1177/1524838016668589.

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

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

21 Ibid.

22 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.

23 Ibid.

24 *American Roulette: Murder-Suicide in the United States*, (Victim Policy Center, 2026), 1, https://vpc.org/the-impact-of-gun-violence/categories-of-gun-violence/murder-suicide.

25 Ibid.

26 Ibid.

27 Ibid., 2.

28 Ibid.

29 Ibid., 7.

30 Ibid.

31 *Calculations based on* Metropolitan Police Department, "District Crime Data at a Glance," June 2, 2025, https://mpdc.dc.gov/page/district-crime-data-glance.

32 Provisional Mortality statistics, 2018-2023, and from provisional data for years 2024 and later. Centers for Disease Control and Prevention. Accessed June 2, 2025, http://wonder.cdc.gov/mcd-icd10-provisional.html

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

ADDENDA

Superior Court of the District of Columbia attachments:

- Revised Temporary Protection Order
- Revised Civil Protection Order

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
DOMESTIC VIOLENCE DIVISION
500 INDIANA AVENUE, NW, WASHINGTON, D.C. 20001, (202) 879-0157

_____ Petitioner ☐ Minor Case No: _____

vs.

_____ Respondent ☐ Minor

TEMPORARY PROTECTION ORDER

Upon consideration of the petition filed in this case, the Court finds that the safety or welfare of Petitioner and/or an animal the Petitioner owns, possesses, or controls is endangered by Respondent within the meaning of D.C. Code §16-1004(d) (2021). Therefore, **IT IS HEREBY ORDERED** that Respondent shall observe the following conditions:

Respondent shall not commit or threaten to commit crimes against Petitioner, their child(ren), or their animal(s).

☐ Respondent shall not assault, harass, stalk, or threaten - including the use, attempted use, or threatened used of physical force that would reasonably be expected to cause bodily injury - any person or animal named in this order.

☐ Respondent shall stay at least 100 yards away from Petitioner's ☐ person ☐ home ☐ workplace ☐ vehicle ☐ children's school/day care ☐ animal _____ ☐ Other _____

☐ Respondent shall not contact Petitioner in any manner, including but not limited to: ☐ by telephone ☐ in writing ☐ electronic or social media ☐ any other manner, either directly or through a third party,

☐ Temporary custody of the following minor children is awarded to: ☐ Petitioner ☐ Respondent until further order of this Court or the expiration of this order

_____

(Names and Dates of Birth)

☐ Respondent shall vacate the residence at: _____ on or before _____ *(date)* and turn over all keys to the residence to Petitioner.

☐ The Police Authorities shall stand by to: ☐ prevent violence while the Respondent / Petitioner vacates the residence; ☐ retrieve Petitioner's keys from Respondent; ☐ assist with service of process upon the Respondent and complete the Return of Service forms.

☐ Respondent shall refrain from possessing, controlling, harming, threatening to harm, or otherwise dispose of Petitioner's animal.

☐ Other: _____

Respondent shall relinquish possession of any firearms or ammunition and is prohibited from possessing or controlling of, purchasing or receiving any firearm or ammunition while this order is in effect.

FAILURE TO COMPLY WITH THIS ORDER IS A CRIMINAL OFFENSE AND, FOR ADULTS, CARRIES A PENALTY OF UP TO 180 DAYS IN JAIL AND/OR A FINE OF $1,000.00, AND FOR MINORS, CARRIES A PENALTY OF COMMITMENT TO THE DEPARTMENT OF YOUTH REHABILITATION SERVICES UP TO TWENTY-ONE YEARS OF AGE. IF A RESPONDENT SERVED WITH THIS ORDER FAILS TO APPEAR AT THE HEARING ON THE CIVIL PROTECTION ORDER AND A DEFAULT CIVIL PROTECTION ORDER IS ENTERED, THIS ORDER SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL THE CIVIL PROTECTION ORDER IS SERVED. IF THE COURT IS CLOSED ON THE DAY THAT THIS ORDER IS TO EXPIRE, THIS ORDER SHALL CONTINUE IN EFFECT UNTIL THE NEXT REGULAR COURT BUSINESS DAY. THIS ORDER EXPIRES ON:

_____ _____ _____
EXPIRATION DATE Magistrate Judge Date

THIS ORDER HAS BEEN **EXTENDED** UNTIL:

_____ _____ _____
EXPIRATION DATE Judge/Magistrate Judge Date

DVTPO.doc Rev. Nov. 17, 2023

Superior Court of the District of Columbia
Domestic Violence Division
500 Indiana Ave NW, Room 4510, Washington DC 20001
202-879-0157 | www.dccourts.gov

CIVIL PROTECTION ORDER

☐ Adjudicated Hearing ☐ Consent w/o Admissions **Case Number:** _____
☐ Consent w/ Admissions ☐ Default Order

PETITIONER ☐ Minor

_____
First Name Middle Last Name

V.

RESPONDENT ☐ Minor

_____
First Name Middle Last Name

PETITIONER IDENTIFIERS:

_____
Petitioner's Date of Birth

_____
Other protected person/DOB

RESPONDENT'S IDENTIFIERS:

Sex	Race	DOB	Height	Weight
Eyes	**Hair**	**PDID#:**		
Driver's License #			**State**	

Relationship to Respondent: ☐ Blood; ☐ Adoption/Legal Custody; ☐ Current/Previous Marriage; ☐ Have a child in common; ☐ Being the Child of an Intimate Partner; ☐ Domestic Partnership; ☐ Sharing residence within this past year and maintaining close relationship; ☐ Trafficking in labor or commercial sex acts; ☐ Sexual Assault; ☐ Sex trafficking of children; ☐ Current/former/seeking romantic/dating/sexual relationship; ☐ Other (specify):

Respondent's Address: _____

THE COURT HEREBY FINDS:

☐ That it has jurisdiction over the parties and subject matter, and the Respondent has been provided reasonable notice and opportunity to be heard. That there is good cause to believe that the Respondent committed or threatened a criminal offense. Specifically, the Court finds that the Respondent committed the following:

_____

☐ That the Respondent has knowingly and voluntarily waived their right to a hearing and admits to:

_____

☐ Respondent represents a credible threat to the physical safety of the Petitioner and/or the Petitioner's child.

☐ That it has jurisdiction, and that the Respondent has agreed, without admitting to the allegations in the Petition to the entry of this Order.

THE COURT HEREBY ORDERS that from _____ until _____ *(a period not to exceed two years)*

☐ Respondent shall not commit or threaten to commit crimes against Petitioner, their child(ren), or their animal(s) and Respondent shall not assault, harass, stalk, or threaten – including the use, attempted use, or threatened used of physical force that would reasonably be expected to cause bodily injury- any person or animal named in this order.

☐ Respondent shall stay at least 100 yards away from Petitioner's:

☐ person ☐ home ☐ workplace ☐ vehicle ☐ children's school/daycare ☐ animal(s)

☐ Other: _____

Additional terms of this order follow on the next pages.

WARNING TO RESPONDENT:

This order shall be enforced by the courts of any state, the District of Columbia, and U.S. Territory, and may be enforced by Tribal Lands (18 U.S.C. § 2265). Crossing state, territorial, or tribal boundaries to violate this order may result in federal imprisonment (18 U.S.C. § 2262). Federal law provides penalties for possessing, transporting, shipping, or receiving any firearm or ammunition. (18 U.S.C. § 922(g)(8)).

OVSJG
Office of Victim Services and Justice Grants

WE ARE WASHINGTON DC
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR