

District of Columbia  
Domestic Violence Fatality Review Board

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# 2019 Report on Domestic Violence Fatalities in 2015



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# Introduction

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The DC Domestic Violence Fatality Review Board (DVFRB or the Board) is honored to present this **2019 Report on Domestic Violence Fatalities in 2015**. This report summarizes data, key findings, and recommendations regarding domestic violence homicides that occurred in the District in 2015 and were reviewed by the Board between 2016–2018. The Board is proud to be part of the city’s collective efforts to address domestic violence and improve the safety and lives of all District residents.

Domestic violence and the homicides that result from this form of violence are serious public health problems. 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> An estimated **39 percent** of women in DC have been physically or sexually assaulted by an **intimate partner**.<sup>2</sup> Most alarmingly, a recent study showed rates of intimate partner homicide are **increasing**.<sup>3</sup>

While domestic violence affects people of every race, class, sexual orientation, gender identity, and age, a recognition of the disproportionate impacts it has on specific communities is critical to improving and strengthening our responses. **Black women** suffer disproportionately from domestic violence and homicide victimization. Second only to Native women, black women face higher rates of domestic violence than do women of all other races.<sup>4</sup> Black women are two-and-a-half times more likely to be killed by an intimate partner than white women.<sup>5</sup> Domestic violence also disproportionately affects members of the **LGBTQ+** and **non-English-speaking** communities, who often experience less access to system safety nets, such as shelters, or who may be reticent to turn to public services, such as law enforcement or the courts.

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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 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)
  - 4 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>
  - 5 DuMonthier, A., Childers, C., PhD, & Milli, J., PhD. (2017, June). The Status of Black Women in the United States. Retrieved from <https://iwpr.org/publications/status-black-women-united-states-report>
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While the reasons for these inequities are complex and related to historic, structural injustices, the Board remains committed to addressing them. It has incorporated these important factors into its case reviews and is proud to be part of this diverse city's efforts to overcome disparities. It is essential that the DVFRB builds and expands upon the efforts of the many community, local government, and federal partnerships working to end domestic violence and homicide. The Board recognizes the responsibility it has and strives for excellence as a critical component of the District's multifaceted response to domestic violence.

Therefore, the DVFRB is proud to share **highlights of the steps taken** to further improve its functioning. These include:

- The election of a new co-chair whose energy, commitment, and passion for the work is an inspiration for the whole Board;
- Welcoming new members whose expertise in national domestic violence technical assistance, law, and public health education has greatly enriched the Board's work and case review;
- In-person and web trainings on fatality-review best practices provided by the National Domestic Violence Fatality Review Initiative's (NDVfri) technical assistance providers;
- The development of a Board protocol and process for interviewing surviving family and friends;
- Recruitment efforts to ensure the Board continues to have members with diverse areas of expertise and perspectives;
- Outreach and collaboration with member agencies and other District organizations to enhance our work;
- Ongoing analyses and improvement of our case review processes.

Going forward, the Board will work to further enhance its review process to more closely align with national best practices. The DVFRB anticipates devoting more time on fewer cases to better understand the contributing factors to a victim's death—**yielding the most effective and specific recommendations to prevent future homicides.**

# Executive Summary

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The purpose of the Domestic Violence Fatality Review Board (DVFRB or the Board) is to **prevent domestic violence fatalities by improving the response of individuals, the community, and government agencies to domestic violence**.<sup>6</sup> The Board is a formally established mechanism for tracking domestic violence-related fatalities, assessing the circumstances surrounding the deaths and associated risk indicators, and making recommendations to improve the systemic response to victims of domestic violence.

Findings and recommendations in this report are based on an analysis of **police, court, and medical records** received by the DVFRB for deaths that occurred in calendar year 2015. This report highlights the summary data of all the District's 2015 domestic homicides but also includes a deeper synopsis of the data, trends, and recommendations from the six intimate-partner homicide (IPH) cases identified and reviewed by the Board in this reporting period.

In the District, **communities of color are significantly and disproportionately affected by domestic violence homicide**. In 2015:

- 100% of domestic violence homicide victims (including non-intimate partner victims) were people of color;
- 82% of perpetrators of domestic violence homicides were men;
- Ward 5 had the highest number of domestic violence homicides.

The case reviews of the 2015 intimate partner homicides (IPH) revealed that **only a small number of victims had contact with domestic violence advocates** or victim services. In 83 percent of cases, the homicide perpetrators had a known criminal history that included prior domestic violence incidents, as well as histories of substance abuse and mental health concerns. In one case, the offender killed himself after killing the victim. In another case, the investigation found that the homicide perpetrator was a woman who had been abused by the decedent, and the courts declined to prosecute her. The majority of IPH victims were under 40 years of age.

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<sup>6</sup> D.C. Code §16-1052

The DVFRB uses a multidisciplinary, systemic approach to case review and assesses past events from numerous angles, exploring possible missed opportunities for prevention and intervention. Through an examination of these cases with a lens of preventive accountability, the Board has developed **nine recommendations** designed to strengthen a coordinated community response for victims of intimate partner violence **that can prevent future deaths.**

These recommendations highlight the critical need for all agencies responding to domestic violence to coordinate their efforts and pay special attention to the specific, unique, and diverse needs of marginalized populations, including those from LGBTQ+, non-English-speaking, and elder communities. Furthermore, greater domestic violence screening efforts are needed through public agencies such as the courts. The District should also enhance general awareness and availability of services for domestic violence survivors, while increasing efforts to recognize and address the connections between domestic and other forms of violence, such as strangulation and animal abuse. Finally, the District should explore evidence-based options for offender treatment and to address offender recidivism to help prevent future homicides.

# About the DVFRB

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## PURPOSE

The Domestic Violence Fatality Review Board (DVFRB) is a statutorily created multi-agency, multidisciplinary commission, tasked with examining domestic violence-related fatalities in the District. The purpose of the Board is to prevent domestic violence fatalities by improving the response of individuals, the community, and government agencies to domestic violence.

The DVFRB endeavors to:

- Identify and characterize the **scope and nature** of domestic violence fatalities in the District of Columbia;
- Describe and record any **trends, data, or patterns** that are observed surrounding domestic violence fatalities;
- Examine **past events** and circumstances surrounding domestic violence fatalities by **reviewing records** and other pertinent documents of public and private agencies responsible for investigating deaths or treating victims;
- Develop and revise, as necessary, **operating rules and procedures** for review of domestic violence fatalities, including identification of cases to be reviewed, coordination among the agencies and professionals involved, and improvement of the identification, data collection, and record-keeping of the causes of domestic violence fatalities;
- Recommend **systemic improvements** to promote improved and integrated public and private systems serving victims of domestic violence;
- Recommend components for **prevention and education** programs;
- Recommend **training** to improve the identification and investigation of domestic violence fatalities.

## COMPOSITION

The DVFRB is a city-wide collaborative effort that was originally established by the Uniformed 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 areas of 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.

DVFRB legislation provides for **twenty-three (23)** appointed members including:

- **Nine (9)** governmental entities appointed by the Mayor:

1. Metropolitan Police Department
2. Office of the Chief Medical Examiner
3. Office of the Attorney General
4. Department of Corrections
5. Fire and Emergency Medical Services Department
6. Department of Behavioral Health
7. Department of Health
8. Child and Family Services Agency
9. Mayor's Commission on Violence Against Women.

- **Six (6)** federal, judicial, and private agencies or entities with domestic violence expertise either appointed by the Mayor or at the Mayor's request:

1. Superior Court of the District of Columbia
2. Office of the United States Attorney for the District of Columbia
3. District of Columbia hospitals
4. University legal clinics
5. Domestic violence shelters
6. Domestic violence advocacy organizations.

- **Eight (8)** community representatives (non-DC government employees) appointed by the Mayor, with the advice and consent of the Council.

#### ACKNOWLEDGEMENTS

The DVFRB would like to extend a special thanks to the following former members and partners for their many years of service. The Board is incredibly grateful for their efforts and dedication to improving the District's response to domestic violence. Those include:

- Community Representative Erin Larkin (chair)
- Fire and EMS Representative Deputy Fire Chief Rafael Sa'adah (retired; co-chair)
- Community Representative Heather Powers
- Community Representative Dianne Hampton
- District Hospitals Representative Erin Pollitt
- Federal partner Valerie Collins

For a list of DVFRB members at the time of this publication, please see [Appendix A](#).

## 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.

The DVFRB meets in-person every other month and maintains contact via email and phone calls throughout the year. Domestic violence homicide cases are selected for review based on agreed-upon criteria established by Board protocols, 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 in 2015 accounted for a little more than half of the District's homicides that qualify as domestic violence-related). The DVFRB prioritizes the review of IPH cases because its main goal is to prevent future domestic violence deaths by identifying previous gaps in services and issuing recommendations for improvement. Unlike other domestic violence homicides, intimate partner homicides are largely predictable and preventable. 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 an annual statistical report of those homicides committed by family members, relatives, roommates, and "common partners" (defined by statute as people whose only connection to each other is a current or former intimate partner in common), the recommendations suggested here stem from the IPH cases.

It is the Board's view that any homicide is too many. Each life cut short is of equal value. The DVFRB hopes its recommendations from the review of IPH cases will be a catalyst for systems change that will one day prevent all domestic violence homicides.

All DVFRB meetings are confidential, not subject to open meeting rules, and 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 considers recommendations and 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 and without blame observe gaps in the service system. The Board seeks to honor victims by learning from their experience and using that knowledge to shape recommendations related to policy, practice, training, and public awareness. 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.

#### DOMESTIC VIOLENCE FATALITIES DEFINED

According to the DC law that created the DVFRB, D.C. Code § 16-1051, a “domestic violence fatality” includes a homicide 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.

# 2015 Cases Reviewed by the DVFRB

According to available Metropolitan Police Department records, six adults were killed in intimate partner homicides (IPH) and five adults were killed in non-intimate partner domestic violence-related homicides in 2015. Of the 162 total homicides recorded that year, domestic violence homicides accounted for 7 percent.

The DVFRB reviewed a total of six cases that occurred in 2015. In all of these cases, the victim was killed by a current or former intimate partner. The Board reviewed 100 percent of the 2015 intimate partner homicide cases eligible for review.

## CASE REVIEW TIMELINE

The DVFRB deems a case eligible for review when the case is closed, meaning the perpetrator has been criminally convicted of the homicide, and most or all of the criminal appeals have expired (which may take years), or the perpetrator is deceased. When a reasonable amount of time has passed since a domestic violence homicide (usually three years), the Board may also review those cases that are classified as unsolved by law enforcement or when an alleged perpetrator was never criminally charged for the death. Therefore, this report focuses only on cases from 2015.

## LETHALITY RISK FACTORS

The work of the DVFRB includes examining cases for recognized indicators of lethality. There are several nationally recognized indicators of the potential for lethal violence in an intimate partner relationship.<sup>7,8,9</sup> The perpetrators in the six IPH cases reviewed by the Board exhibited many of these risk factors, including: prior criminal history of domestic violence, acute mental health and depression disorders, jealousy, stalking, threats, and strangulation. The more risk indicators present in a case, the greater the risk of escalating violence and death. The table below shows the lethality risk factors and the percentage of reviewed cases in which the factor was present. Note there may have been more actual risk factors present in each case; the information presented here is what the Board could verify through its collective review of available records.

7 Koziol-McLain, J., Webster, D., Mcfarlane, J., Block, C.R., Ulrich, Y., Glass, N., & Campbell, J.C. (2006). Risk Factors for Femicide-Suicide in Abusive Relationships: Results from a Multisite Case Control Study. *Violence and Victims*, 21(1), 3-21. doi:10.1891/vivi.21.1.3

8 Roehl, J., O'Sullivan, C., Webster, D., & Campbell, J. (2005). Intimate Partner Violence Risk Assessment Validation Study: The RAVE Study Practitioner Summary and Recommendations: Validation of Tools for Assessing Risk from Violent Intimate Partners. *PsycEXTRA Dataset*. doi:10.1037/e515672006-001

9 Sabri, B., Stockman, J.K., Campbell, J.C., O'Brien, S., Campbell, D., Callwood, G.B., Hart-Hyndman, G. (2014). Factors Associated with Increased Risk for Lethal Violence in Intimate Partner Relationships among Ethnically Diverse Black Women. *Violence and Victims*, 29(5), 719-741. doi:10.1891/0886-6708.vv-d-13-00018

## IPH Lethality Risk Factors

Abuser has <b>access</b> to victim	100%
Abuser has a history of acute <b>mental health</b> problems (including depression)	100%
Abuser has a history of <b>physical assault</b>	83%
<b>Police</b> have received prior calls about abuser	67%
Abuser <b>threatens homicide</b> or suicide	67%
Abuser expresses extreme <b>jealousy</b> and possessiveness	67%
Abuser controls victim's <b>daily activities</b> /contact with others	67%
Abuser is <b>unemployed</b>	67%
Abuser consumes <b>drugs/alcohol</b>	67%
Abuser demonstrates lack of respect for the <b>law</b>	50%
Abuser destroys <b>property</b>	50%
Abuser <b>obsesses</b> over partner or threatens/intimidates family	50%
Abuser feels sense of <b>ownership</b> over victim	50%
Abuser has a history of <b>sexual violence</b>	50%
Abuser has <b>strangled</b> victim during previous assaults	50%
Abuser has access to <b>firearms</b>	33%
Abuser is <b>publicly violent</b> toward victim	33%
Abuser/victim are <b>separated/estranged</b>	33%
Abuser has a history of <b>stalking</b>	33%
Victim has <b>children</b> who are not the abuser's	33%
Abuser <b>witnessed</b> intimate partner violence as a child	17%
Abuser has abused <b>pets</b>	17%
Abuser/victim had a <b>short courtship</b>	1%

One of the most significant lethality risk factors is previous violence. In the 2015 incidents of intimate partner homicide



reviewed by the Board, all but one perpetrator had a criminal history that included domestic violence perpetration. The majority of perpetrators issued threats of homicide and violence against their victims. Acute mental health issues, including depression, were also a factor in all of the cases reviewed.

Two perpetrators of the 2015 IPH cases were women. Although accurate statistics are difficult to ascertain, it is widely known that women are far less likely than men to kill their intimate partners. Most women who kill their partners cite self-defense as a motive.<sup>10</sup> In one case from this time period, the court supported the defendant's self-defense claim and declined to prosecute the case.

<sup>10</sup> Swan, S.C., Gambone, L.J., Caldwell, J.E., Sullivan, T.P., & Snow, D.L. (2008). A Review of Research on Women's Use of Violence with Male Intimate Partners. *Violence and Victims*, 23(3), 301-314. doi:10.1891/0886-6708.23.3.301

## Key Findings

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The following pages include three categories of findings regarding the domestic violence homicides from 2015. The first category details findings from all 2015 domestic violence (DV) homicides, the second details findings specifically from intimate partner homicides (IPH), and the third details findings from non-intimate partner, domestic violence homicides.

**For all domestic violence homicides:** In 2015, according to available Metropolitan Police Department records, 11 adults and one child were killed in domestic violence fatalities in the District of Columbia.<sup>11</sup> Below is a summary of what we know about those domestic violence homicides overall:

- **Victims:** Four women and seven men were killed; 10 victims were Black, and one was Hispanic.<sup>12</sup>
- **Age:** The average age of victims was 41; the youngest victim was 24 years old at the time of their homicide and the oldest was 64.
- **Wards:** Ward 5 had the highest number of domestic violence homicides (four); Wards 6, 7, and 8 had two each, and Ward 2 had one domestic violence homicide.
- **Perpetrators:** Nine men and two women committed the 11 domestic violence homicides; 10 of the perpetrators were Black and one was Hispanic.
- **Perpetrators** were most likely to be current or former intimate partners (six), extended family (three), immediate family (one), or were otherwise related (one).
- **Manner of homicide:** Five victims were killed by gunshot, five were killed by stabbing, and one victim was killed by strangulation by hand.

**For all intimate partner homicides (IPH):** In 2015, six people were killed by a current or former intimate partner.

- **Victims:** Three women and three men were killed. Five victims were Black, and one was Hispanic.
- **Age:** The average age of victims was 41; the two youngest victims were 28 years

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<sup>11</sup> The DVFRB includes all domestic violence-related fatalities regardless of age in its statistics but only takes the lead on reviewing domestic violence fatalities of victims 19 years or older. The Child Fatality Review Committee leads reviews of victims under the age of 19. For more information about child fatalities in 2015, please see <https://ocme.dc.gov/page/ocme-annual-reports>.

<sup>12</sup> The DVFRB uses the designation "Hispanic" in accordance with the Metropolitan Police Department data collection categories.

old at the time of their homicide, and the oldest was 64.

- **Wards:** Two incidents of IPH occurred in Ward 8; Wards 2, 5, 6, and 7 each had one incident of IPH.
- **Perpetrators:**
  - Four men and two women committed the six incidents of IPH. Five of the perpetrators were Black, and one was Hispanic.
  - One female IPH perpetrator was a victim of intimate partner violence perpetrated by the decedent and was not charged on grounds of self-defense.
- One perpetrator of IPH killed himself after killing his victim.
- Perpetrators were most likely to be current, unmarried intimate partners (four), followed by current spouses (one) or former spouses (one).
- Five of the perpetrators had a criminal history that included domestic violence assaults; only one had no prior criminal history.
- **Manner of homicide:** Three victims were killed by stabbing, two were killed by gunshot, and one was killed by strangulation by hand.

**For all non-intimate partner, domestic violence homicides:** Below is summary data regarding the five non-intimate partner DV homicides that occurred in 2015.

- **Victims:** One woman and four men were killed. All five victims were Black.
- **Age:** The average age of victims was 42; the youngest victim was 24 years old at the time of their homicide and the oldest was 63.
- **Wards:** Three incidents of non-IPH DV homicides occurred in Ward 5; one incident each occurred in Wards 6 and 7.
- **Perpetrators:**
  - Five men committed the five incidents of non-IPH DV homicide. All five of the perpetrators were Black.
  - Two of the perpetrators were cousins to the victim, one was a brother, one was a stepfather, and one resided in the same household as the victim.<sup>13</sup>
- **Manner of homicide:** Three victims were killed by gunshot and two were killed by stabbing.

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<sup>13</sup> By DC statute (D.C. Code 16-1051), an injured third party is also considered a victim of domestic violence if he or she “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.”

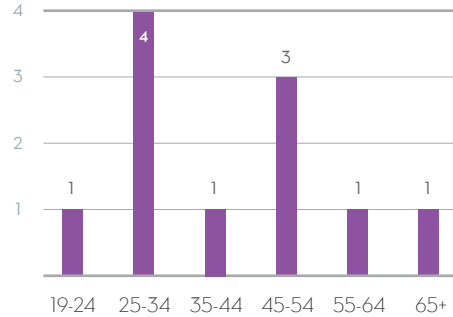
# TOTAL DOMESTIC VIOLENCE FINDINGS

The District of Columbia had **11 TOTAL CASES** of domestic violence homicide and 1 perpetrator suicide in 2015

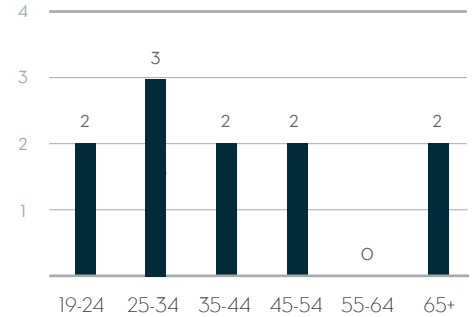
Victims and perpetrators of domestic violence homicide ranged broadly in age from their 20s through 70s.

The average age was **41** for victims and **40** for perpetrators.

DV Victims by Age at time of death



DV Perpetrators by Age at time of victim death



Both men and women were victims of domestic violence homicide. Men made up the majority of perpetrators.

Most victims and perpetrators were Black.

\*Term based on MPD data collection category.

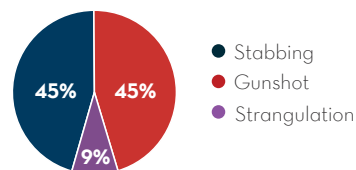
DV Victims by Gender & Race



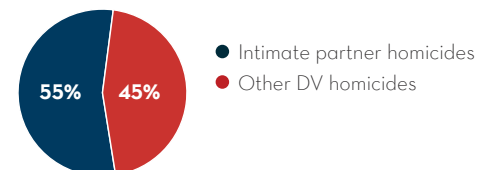
DV Perpetrators by Gender & Race



Manner of DV Homicide



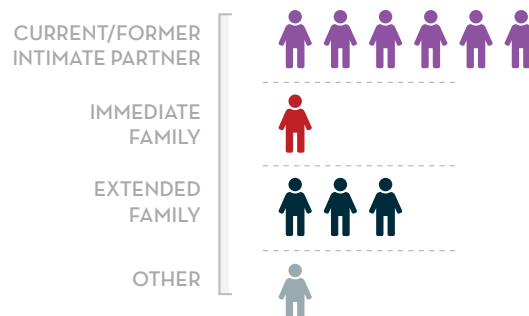
Type of DV Homicide



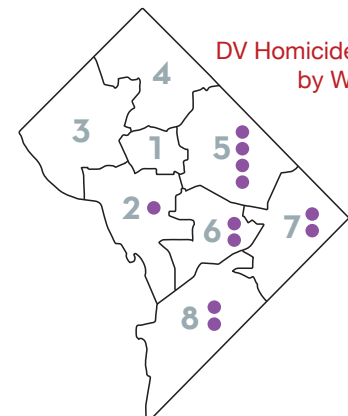
Domestic violence homicides were perpetrated roughly evenly between intimate partners and other family members.

Homicides occurred in Wards 2, 5, 6, 7, & 8.

DV Victims' Relationship to Perpetrator



DV Homicide Locations by Ward



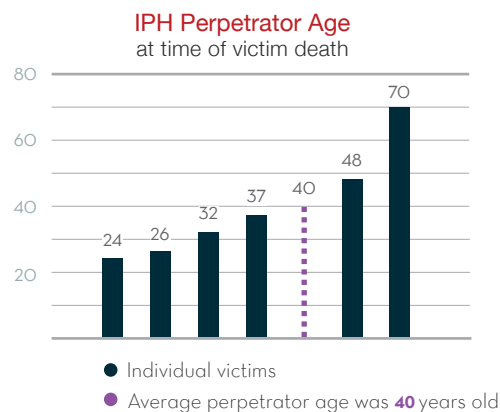
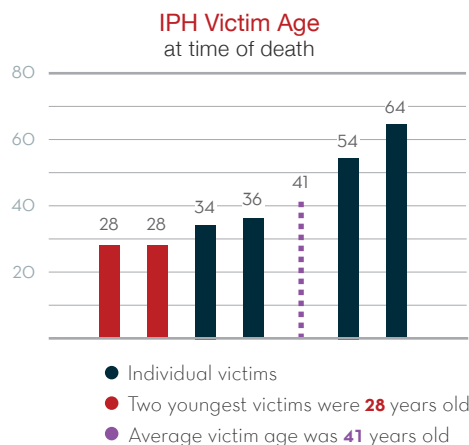


# INTIMATE PARTNER HOMICIDE FINDINGS

The District of Columbia had **6 CASES** of intimate partner homicide (IPH) and 1 perpetrator suicide in 2015

Victims and perpetrators of IPH ranged broadly in age from their 20s through 70s.

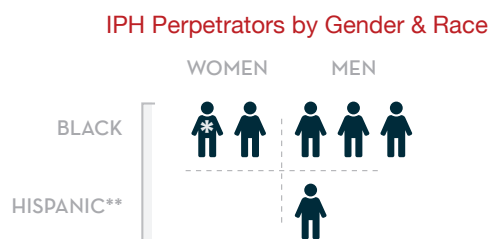
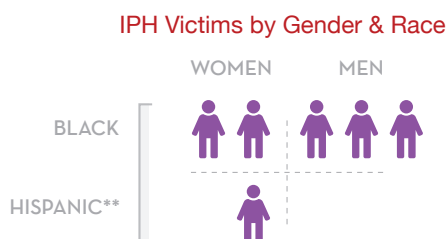
The median age for both was **35**.



IPH victims were as likely to be men as women and were majority Black.

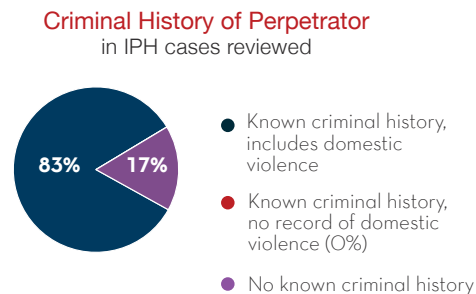
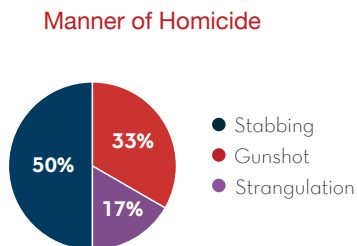
\*Prosecutors declined to bring charges against one woman on grounds of self-defense.

\*\*Term based on MPD data collection category.



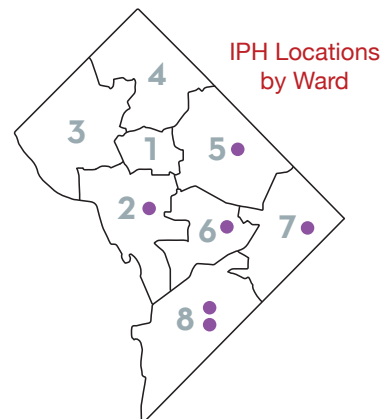
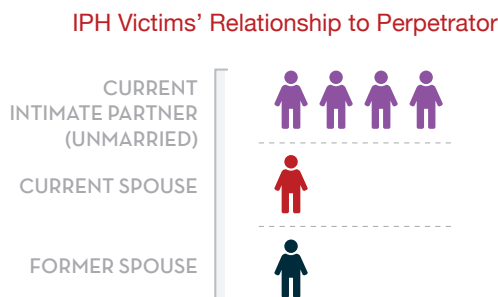
Victims of IPH were stabbed, shot, or strangled.

IPH perpetrators with a known criminal history had a record of domestic violence.



2/3 of IPH victims were never married to or in a legal domestic partnership with the perpetrator.

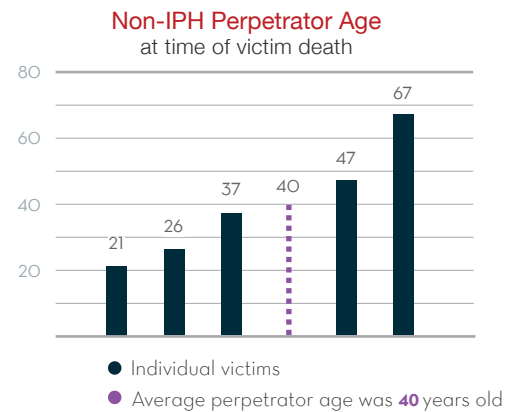
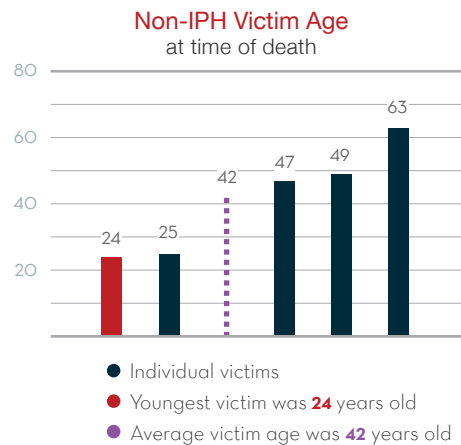
IPH deaths occurred in Wards 2, 5, 6, 7, & 8.



# NON-IPH DOMESTIC VIOLENCE FINDINGS

The District of Columbia had **5 CASES** of domestic violence homicide not involving intimate partners in 2015

Non-IPH domestic violence homicide victims and perpetrators ranged in age from their 20s through 60s, similar to the intimate partner homicide (IPH) cases.

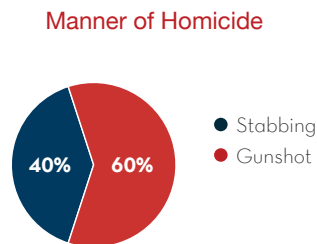


The majority of non-IPH domestic violence homicide victims and perpetrators were Black men.

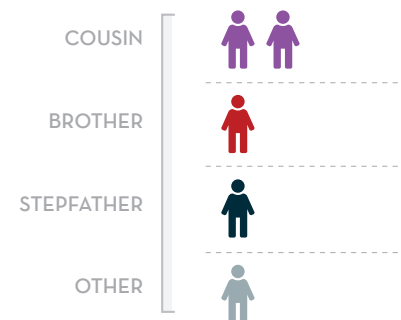


Non-IPH domestic violence homicide victims were killed by a male relative through gunshot or stabbing.

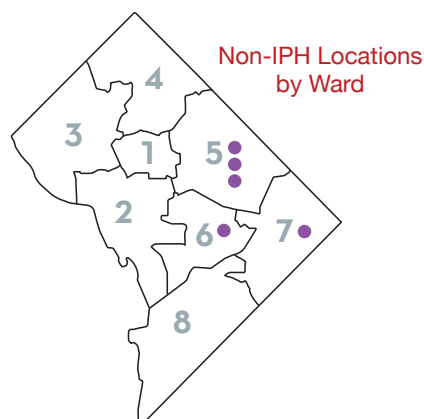
“Other” denotes an unwelcome roommate.



**Non-IPH Victims' Relationship to Perpetrator**



Non-IPH domestic violence homicides occurred in Wards 5, 6, & 7.



# Recommendations

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The ultimate purpose for reviewing domestic violence fatalities is to reduce the incidence of such homicides. The following nine recommendations stem from the Board's review of the 2015 intimate partner homicide cases. These recommendations, directed to District agencies and organizations, are suggestions for improvement, not indication of blame or fault.

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## RECOMMENDATION 1

### Increased 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, particularly those attuned to low-income and Limited-English-Proficient participants. 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 some participants.<sup>14,15</sup> The DVFRB recommends that:

- The Office of Victim Services and Justice Grants (OVSJG) review current research on Batterer Intervention Programs (BIPs), determine appropriate standards, and provide funding for a pilot batterer's intervention program with evaluative measures to determine success and possibility for replication. (This alternative offender intervention and treatment program would not be related to the court-ordered CSOSA DVIP program.) Furthermore, the DVFRB recommends that implementation of any such program rely on evidence-based practices for working with offenders and promising practices for counseling such individuals.<sup>16</sup>

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<sup>14</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

<sup>15</sup> Miller, M., Drake, E., & Nafziger, M. (2013). What Works to Reduce Recidivism by Domestic Violence Offenders? (Document No. 13-01-1201). Olympia: Washington State Institute for Public Policy. <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=264947>

<sup>16</sup> Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., . . . Solano, I. (2016). Domestic Violence Perpetrator Programs: A Proposal for Evidence-Based Standards in the United States. *Partner Abuse*, 7(4), 355-460. <http://dx.doi.org/10.1891/1946-6560.7.4.355>

## RECOMMENDATIONS 2 & 3

### Improved Identification and Response to Cases Involving Strangulation

Strangulation (often referred to by victims as “choking”) is one of the most lethal forms of domestic violence but can be difficult to detect, charge, and prosecute. A victim’s injuries may not be readily or immediately visible (particularly on darker skin), and symptoms of brain damage can take days or weeks to develop. Strangulation is also a predictor of future lethality. The DVFRB recommends that:

- OVSJG collaborate with domestic violence service providers to enhance the knowledge and understanding of professionals working with domestic violence or sexual assault survivors who have experienced strangulation or attempted strangulation. Furthermore, the office should propose legislation to City Council and the Mayor’s Office that strangulation (and attempted strangulation) be specifically recognized as a distinct crime or advocate for enhanced penalties for assaults that involve strangulation.
- The Metropolitan Police Department (MPD) collaborate with OVSJG (as well as the U.S. Attorney’s Office for the District of Columbia, DC Forensic Nurse Examiners, the DC Coalition Against Domestic Violence, the Strangulation Institute, or other local domestic violence service providers) to develop and implement a model program to identify, document, investigate, and charge strangulation cases to reduce domestic violence fatalities.

## RECOMMENDATIONS 4 & 5

### Improved Responses for Lesbian, Gay, Bisexual, Transgender, and Queer Victims of Domestic Violence

Research shows that domestic violence within lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) relationships is as common as in heterosexual and cisgender relationships, if not more prevalent.<sup>17</sup> The abuse of power and control by one partner against another is common in all domestic violence situations. However, LGBTQ+ victims of intimate partner violence face additional barriers in accessing services and help for the abuse. Those barriers can include stigma, discrimination, the dangers of “outing” oneself when seeking help, the lack of LGBTQ+ specific services, potential homophobia or transphobia from service providers, and uncertainty about the availability or effectiveness of services for LGBTQ+ victims of domestic violence. Furthermore,

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<sup>17</sup> Brown, T., & Herman, J. (2015). *Intimate Partner Violence and Sexual Abuse among LGBT People* (Rep.). Los Angeles, CA: Williamson Institute UCLA School of Law. doi:<https://williamsinstitute.law.ucla.edu/wp-content/uploads/Intimate-Partner-Violence-and-Sexual-Abuse-among-LGBT-People.pdf>

LGBTQ+ individuals experiencing homelessness and domestic violence face specific challenges, including finding shelters that and case managers who have resources and understand their unique needs. The DVFRB recommends that:

- The DC Department of Human Services (DHS) collaborate with community organizations to develop policies for homeless shelters that reflect best practices in working with domestic violence survivors in LGBTQ+ relationships. DHS should ensure that all agencies and shelters serving people experiencing homelessness have such a policy, which should include ongoing professional development for staff on the prevalence of domestic violence within LGBTQ+ relationships, barriers to service, and best practices for working with survivors.
- MPD collaborate with OVSJG and community organizations to develop and implement cultural competency training on domestic violence in LGBTQ+ relationships, and provide ongoing professional development for law enforcement on how to best provide sensitive and effective services to LGBTQ+ survivors of intimate partner violence.

## RECOMMENDATION 6

### Improved Court Domestic Violence Screening Processes

Through a review of intimate partner homicide cases, the DVFRB determined that there may be individuals who are experiencing court domestic-relations matters who also have overlapping domestic-violence lethality risks. However, some of these individuals may not necessarily have active civil protection orders (CPOs) or related criminal stay-away orders to help protect the domestic violence victims in those cases. A screening process within the Domestic Relations Branch to identify those individuals and assist them with safety plans and resources throughout the litigation process is needed. The DVFRB recommends that:

- The Superior Court of the District of Columbia's Domestic Relations Branch develop and implement appropriate screening and safety protocols for domestic relations cases involving a history of domestic violence or intimate partner abuse as indicated by court records or either party. Included in this protocol and process should be information, referrals, and resources for potential domestic violence victims so they may better access safety.

## RECOMMENDATION 7

### Greater Understanding about the Connections between Animal Abuse and Domestic Violence

A 2017 study found that 89 percent of victims of domestic violence who had pets during an abusive relationship reported that their animals were threatened, harmed, or killed by their abusive partner.<sup>18</sup> Better awareness, coordination, and cross-training between animal welfare organizations and victim service organizations could provide for quicker interventions and more avenues for reporting. The DVFRB recommends that:

- The DC Health & the Humane Rescue Alliance collaborate together, along with possibly the District's veterinarian clinics, kennels, and boarding facilities, to provide awareness campaigns on the connections between animal abuse and domestic violence and include information on where and how to report suspected abuse. Research has increasingly demonstrated evidence that animal abuse often occurs in households where people are also enduring domestic and intimate partner violence.

## RECOMMENDATION 8

### Expansion of Services Addressing Elder Abuse

Elder abuse is a series of intentional actions that cause pain and create serious harms for a vulnerable senior.<sup>19</sup> One in 10 elders is at risk for abuse, mistreatment, neglect, or harm. Almost 90 percent of abuse against elder adults is committed by family members, who are often caregivers of those individuals.<sup>20</sup> A number of studies examining the risk factors associated with perpetration of abuse against elders show that having a caregiver is, in and of itself, a risk factor.<sup>21</sup> Researchers posit that the stress, strain, and isolation often associated with elder caregiving put many elders at risk of harm. Interventions that focus on caregiver well-being, as well as more awareness about elder harm, are needed. The DVFRB recommends that:

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18 Collins, E.A., Cody, A.M., McDonald, S.E., Nicotera, N., Ascione, F.R., & Williams, J.H. (2017). A Template Analysis of Intimate Partner Violence Survivors' Experiences of Animal Maltreatment: Implications for Safety Planning and Intervention. *Violence against Women*, 24(4), 452-476. doi:10.1177/1077801217697266

19 Elder Abuse. (n.d.). Retrieved from <https://ncea.acl.gov>

20 Acierno, R., Hernandez-Tejada, M., Muzzy, W., & Steve, K. "National Elder Mistreatment Study," Final report to the National Institute of Justice, grant number 2007-WG-BX-0009, March 2008, NCJ 226456.

21 Kohn, R., & Verhoek-Oftedahl, W. (2011). Caregiving and Elder Abuse. *Medicine and Health, Rhode Island*, 94(2), 47-49.

- DHS & DC Health expand linguistically accessible caregiver support programs, particularly focused on elderly caregivers to ensure access to resources and support. We recommend the agencies collaborate with home-healthcare providers and others to recognize when caregivers need support. The agencies should expand awareness programs and campaigns focused on elder abuse, including the development of tools for screening for abusive behavior. Moreover, District agencies providing services and information to individuals with dependent, disabled elders are encouraged to explore creative ways to provide resources, options, and access to domestic violence-related services for individuals with disabilities who are unable to leave their home due to their disability.

## RECOMMENDATION 9

### All District Agencies Enhance Domestic Violence Awareness-Raising Efforts

Although numerous victim-serving agencies and resources exist to assist victims of domestic violence, the DVFRB's review of IPH cases suggests that some District residents are still unaware of these resources or are unsure where to turn when experiencing abuse and violence from their intimate partner. Furthermore, some victims and their loved ones may not know the common signs of domestic violence, escalation factors, and where to go for help. Across the country, many private and public entities collaborate to raise awareness about domestic violence and provide local information for potential victims and their loved ones. More awareness education is critical. The DVFRB recommends that:

- All District agencies review their current messaging about domestic violence and identify ways in which their agencies can help promote the availability of services. Moreover, agencies should continually look for opportunities to enhance existing collaborations with businesses and community non-profits to more specifically raise awareness about domestic violence and provide information about the signs of domestic violence, escalation factors, and where victims can go for help.

Recommendations 1–8 have been distributed to relevant agencies and organizations for review and comment. Responses already received can be found in [Appendix B](#); additional responses to the recommendations will be published in next year’s report.

The Domestic Violence Fatality Review Board is extremely grateful to participating agencies for their commitment to improving the District of Columbia’s response to domestic violence. The DVFRB welcomes agency input and would be honored to assist in any awareness-raising efforts to help prevent domestic violence homicides and save future lives.



# Appendix A

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## DISTRICT OF COLUMBIA Domestic Violence Fatality Review Board Members

### Governmental Entities

Lt. Angela Cousins  
*Metropolitan Police Department*

Dr. Sasha Breland  
*Office of the Chief Medical Examiner*

Janese Bechtol  
*Office of the Attorney General*

Maria Amato  
*Department of Corrections*

Deputy Fire Chief Sherrod Thomas  
*Fire and Emergency Medical Services  
Department*

Shermain Bowden, LICSW  
*Department of Behavioral Health*

Dr. Kafui Doe  
*Department of Health*

Sarita Spinks  
*Child and Family Services Agency*

VACANT  
*Mayor's Commission on Violence Against Women*

### Community Representatives

Ashley Joyner Chavous  
Sharlene Kranz  
Varina Winder  
Laila Leigh  
Ian Harris

### Domestic Violence Entities

Nelly Montenegro (CHAIR)  
*Superior Court of the District of Columbia*

Marcia Rinker  
*Office of the United States Attorney District of  
Columbia*

VACANT  
*District of Columbia hospitals*

Laurie Kohn  
*University legal clinics*

VACANT  
*Domestic violence shelters*

Jennifer Wesberry  
*Domestic violence advocacy organizations*

### Invited Partners/Consultants (non-voting)

Elisabeth Olds  
*High-Risk Domestic Violence Initiative, DC-SAFE*

Rebecca Dreke  
*DVFRB Coordinator, OVSJG*

# Appendix B

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## DVFRB AGENCY RESPONSE FORMS

### Recommendation 1

Increased Availability of Non-Court-Mandated Batterer Intervention Programs

- [Office of Victim Services and Justice Grants](#)

### Recommendations 2 & 3

Improved Identification and Response to Cases involving Strangulation

- [Office of Victim Services and Justice Grants](#)
- [Metropolitan Police Department and Office of Victim Services and Justice Grants](#)

### Recommendations 4 & 5

Improved Responses for LGBTQ+ Victims of Domestic Violence

- [Metropolitan Police Department and Office of Victim Services and Justice Grants](#)

### Recommendation 6

Improved Court Domestic Violence Screening Processes

- [Superior Court of the District of Columbia](#)

### Recommendation 7

Greater Understanding about the Connections between Animal Abuse and Domestic Violence

- [DC Health](#)

### Recommendation 8

Expansion of Services Addressing Elder Abuse

- [DC Department of Human Services and DC Health](#)

**District of Columbia  
Domestic Violence Fatality Review Board**



**RECOMMENDATION RESPONSE FORM**

<b>Statement of Need</b>	The District experiences a lack of alternative, non-court mandated, domestic violence intervention and treatment programs and services, including for low-income and Limited-English-Proficient speakers. Sometimes referred to as Batterer Intervention Programs (or BIPs), these counseling programs are designed for people arrested for domestic violence (and/or for those would be arrested if their actions were public). The goals of BIPs are to prevent future violence from occurring. Though the research on the effectiveness is mixed, several studies have shown significant reductions of violence for some participants.
<b>Beneficiary Population</b>	Survivors of domestic and intimate partner violence.
<b>Recommendation</b>	The DVFRB recommends that OVSJG review current research on Batterer Intervention Programs (BIPs), determine appropriate standards, and provide funding for a pilot batterer's intervention program with evaluative measures to determine success and possibility for replication. (This alternative offender intervention and treatment programs would not be related to the court ordered CSOSA DVIP program.) Furthermore, the DVFRB recommends that implementation of any such program relies on evidence-based practices for working with offenders and promising-practices for counseling such individuals.
<b>Implication of Recommendation</b>	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Practice <input type="checkbox"/> Legal <input type="checkbox"/> Budget <input type="checkbox"/> Other:
<b>Agencies Involved</b>	<input checked="" type="checkbox"/> Single Agency: OVSJG <input type="checkbox"/> Multiple Agencies:
<b>1st Recommendation Date</b>	May 1, 2019

<p><b><i>Does Agency Accept Recommendation?</i></b></p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> Yes, with modifications:  <input checked="" type="checkbox"/> No, with explanation and alternative recommendation:          The research on the efficacy of Batterer Intervention Programs (BIP) is contradictory, with many studies concluding that there is no evidence that BIPs work and others reflecting the benefit of programs to participants, victims, and their families. The research should be considered within the broader context of community informed responses to intimate partner violence, particularly the criminal justice system response. Research shows that the link to the criminal justice system is an important element of effective BIPs. Oversight of BIP participants through monitoring and community supervision along with “quick and certain” sanctions for non-compliance have been shown to enhance positive outcomes relative to recidivism and program completion.       </p> <p>         Currently, there are two agencies in the District that offer BIPs: 1) the Court Services and Offender Supervision Agency (CSOSA), and 2) the Child and Family Services Agency (CFSA). CSOSA is a Federal Government agency that supervises men and women on probation, parole or supervised release in Washington, DC. CSOSA’s Domestic Violence Unit provides supervision and treatment services for male and female offenders who have committed domestic violence related offenses/convictions. The Unit consists of three dedicated supervision teams that provide case management services and two treatment teams that provide psycho-educational and direct treatment services for male and female batterers with special Court-ordered conditions.       </p> <p>         CFSA, in partnership with My Sister’s Place (MSP), provides a BIP for fathers whose families have been identified by CFSA as being at risk. MSP staff work with fathers who are batterers to provide a safe community place to learn about healthy relationships, become accountable for their own violent and abusive behavior, and learn how to replace violence and abuse with positive and healthy behaviors using the Men Stopping Violence curriculum that integrates an ecological perspective by acknowledging systems of oppression and then empowering men to build communities that support men in achieving healthy relationships. The goal of the BIP group is to provide participants with greater self-awareness to help them identify themselves as abusers, and to develop appropriate strategies to properly address aggressive behaviors.       </p>
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	<p>Given that there are existing providers of BIPs, OVSJG proposes that the DVFRB direct this recommendation to those agencies to explore the possibility of expanding their services.</p> <p>Additionally, there is already a mechanism to provide additional BIPs outside of those organizations for non-court involved individuals. If a service provider is interested in providing BIPs, they can apply for grant funding through the established OVSJG funding process.</p>
<b>Describe Best Practices</b>	
<b>Describe specific actions planned towards implementation (include steps and timetable)</b>	
<b>Describe specific actions taken to date towards implementation</b>	
<b>Describe expected outcomes</b>	
<b>Describe measurable indicators/milestones related to implementation that can be reported on regular basis, including time period/date to achieve outcomes</b>	
<b>Date Response Due:</b>	May 30, 2019
<b>Date Response Submitted:</b>	May 30, 2019
<b>Agency representative name and contact information for follow-up questions</b>	<p>Michelle Garcia  Director  <a href="mailto:michelle.garcia@dc.gov">michelle.garcia@dc.gov</a></p>

**District of Columbia  
Domestic Violence Fatality Review Board**



**RECOMMENDATION RESPONSE FORM**

<b>Statement of Need</b>	Strangulation (often referred to by victims as “choking”) is one of the most lethal forms of domestic violence, but can be difficult to detect, charge, and prosecute. A victim’s injuries may not be readily or immediately visible (particularly on darker skin), and symptoms of brain damage can take days or weeks to develop. Strangulation is a predictor of future lethality.
<b>Beneficiary Population</b>	Survivors of domestic and intimate partner violence.
<b>Recommendation</b>	The DVFRB recommends that OVSJG collaborate with domestic violence service providers to enhance the knowledge and understanding of professionals working with domestic violence and sexual assault survivors who have experienced strangulation or attempted strangulation. Furthermore, the office should propose legislation to City Council and the Mayor’s Office that strangulation (and attempted strangulation) be specifically recognized as a distinct crime and/or advocate for enhanced penalties for assaults that involve strangulation.
<b>Implication of Recommendation</b>	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Practice <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Budget <input type="checkbox"/> Other:
<b>Agencies Involved</b>	<input checked="" type="checkbox"/> Single Agency: OVSJG <input type="checkbox"/> Multiple Agencies:
<b>1st Recommendation Date</b>	May 1, 2019

<b>Does Agency Accept Recommendation?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes, with modifications:  <p>Specific to legislation, OVSJG provides policy making expertise, advice, and counsel to the Executive on the role of victims and offenders in the criminal justice system, and evidence-based practices to respond to, intervene in, and prevent violence. As an agency within the Executive Office of the Mayor, OVSJG may recommend legislation to the Mayor, who determines which legislation should be submitted to the Council for consideration, and which good policy ideas can be accomplished without needing separate legislative authorization.</p> <p>OVSJG notes that in 2015 a bill was introduced by Councilmember Bonds to designate strangulation as a distinct criminal offense and establish: 1) a penalty upon conviction of imprisonment for not less than one year and not more than ten years, and 2) enhanced penalties based on certain circumstances. No action was taken on the legislation prior to the end of the Council session.</p> <p>Specific to enhanced penalties, we suggest that OVSJG should not be the only target for this recommendation. Prosecutors make sentencing recommendations and judges impose sentences. That said, as we work with the U.S. Attorney's Office we will certainly make prosecutors aware of the particularly ominous nature of strangulation assaults and advocate for appropriate responses.</p> <input type="checkbox"/> No, with explanation and alternative recommendation:
<b>Describe Best Practices</b>	<p>According to the Training Institute on Strangulation Prevention, "strangulation is one of the most lethal forms of domestic violence...unconsciousness may occur within seconds and death within minutes." It is also a predictor for subsequent homicide with one study showing that "the odds of becoming an attempted homicide increased by about seven-fold for women who had been strangled by their partner" (Journal of Emergency Medicine, 2008). Victims may have no visible injuries whatsoever, yet because of underlying brain damage due to the lack of oxygen during the strangulation assault, they may have serious internal injuries or die days, even weeks later. Training for multidisciplinary professionals on strangulation can enhance system responses and save lives.</p>
<b>Describe specific actions planned towards implementation</b>	<p>OVSJG will work with the Training Institute on Strangulation Prevention to enhance the knowledge and understanding of professionals working with domestic violence and sexual assault</p>

<b><i>(include steps and timetable)</i></b>	<p>survivors who have experienced strangulation or attempted strangulation.</p> <p>The Institute, launched with support from the United States Department of Justice, Office on Violence Against Women, provides consulting, training, resources, and support services to professionals working in the fields of domestic violence and sexual assault. The Institute offers online and in-person trainings and is recognized throughout the country as the premier source for information related to strangulation.</p> <p>OVSJG will disseminate and promote information on online training opportunities to professionals via multiple methods including the Victims Assistance Network (VAN) listserv, social media, our website, and direct emails to leadership at other District agencies, including MPD and DHS. This will commence immediately.</p> <p>Additionally, OVSJG will pursue hosting an in-person training for professionals in the District to occur in either FY19 or FY20, dependent on the availability of trainers from the Institute. The goal is to design a training for multidisciplinary professionals including service providers, law enforcement, prosecutors, court personnel, health care providers, and other stake holders.</p>
<b><i>Describe specific actions taken to date towards implementation</i></b>	OVSJG has already begun disseminating information on online training opportunities and has contacted the Training Institute on Strangulation Prevention to explore providing in-person training on strangulation prevention for professionals working with victims/survivors.
<b><i>Describe expected outcomes</i></b>	Enhanced ability of professionals to identify the signs and symptoms of non-fatal strangulation cases; understand and recognize the anatomy and medical aspects of surviving and non-surviving victims; investigate and document cases for prosecution; prosecute cases, including using experts in court; and increase victim safety.
<b><i>Describe measurable indicators/milestones related to implementation that can be reported on regular basis, including time period/date to achieve outcomes</i></b>	<ul style="list-style-type: none"> <li>• Disseminate information on online training opportunities – ongoing</li> <li>• Host an in-person training on strangulation prevention – TBD</li> </ul>
<b><i>Date Response Due:</i></b>	May 30, 2019
<b><i>Date Response Submitted:</i></b>	May 30, 2019



<b>Agency representative name and contact information for follow-up questions</b>	Michelle Garcia Director <a href="mailto:michelle.garcia@dc.gov">michelle.garcia@dc.gov</a>
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**District of Columbia  
Domestic Violence Fatality Review Board**



**RECOMMENDATION RESPONSE FORM**

<b>Statement of Need</b>	Strangulation (often referred to by victims as “choking”) is one of the most lethal forms of domestic violence, but can be difficult to detect, charge, and prosecute. A victim’s injuries may not be readily or immediately visible (particularly on darker skin), and symptoms of brain damage can take days or weeks to develop. Strangulation is a predictor of future lethality.
<b>Beneficiary Population</b>	Survivors of domestic and intimate partner violence.
<b>Recommendation</b>	The DVFRB recommends the Metropolitan Police Department (MPD) collaborate with OVSJG (as well as the US Attorney’s Office for the District of Columbia, DC Forensic Nurse Examiners, the DC Coalition Against Domestic Violence, the Training Institute on Strangulation Prevention, and/or other local domestic violence service providers) to develop and implement a model program to identify, document, investigate, and charge strangulation cases to reduce domestic violence fatalities.
<b>Implication of Recommendation</b>	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Practice <input type="checkbox"/> Legal <input type="checkbox"/> Budget <input type="checkbox"/> Other:
<b>Agencies Involved</b>	<input type="checkbox"/> Single Agency: <input checked="" type="checkbox"/> Multiple Agencies: MPD and OVSJG
<b>1st Recommendation Date</b>	May 1, 2019

<b>Does Agency Accept Recommendation?</b>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> Yes, with modifications: <input type="checkbox"/> No, with explanation and alternative recommendation:
<b>Describe Best Practices</b>	<p>The Metropolitan Police Department (MPD) views domestic violence offenses as a priority and investigates <u>all</u> cases with the purpose of protecting victims, preventing further acts of violence, and ensuring that perpetrators are held accountable for their crimes. Victim Services Branch (VSB) Victim Specialists (VS) will address the needs of victims in the aftermath of a crime. Services include the following and can be provided to secondary victims (partners, families and friends):</p> <ul style="list-style-type: none"> <li>• Provide victims' rights information both orally and in writing when appropriate</li> <li>• Provide information about the criminal justice system and specific information about the investigative process- but not information about the investigation itself. Inquiries about investigations will be handled by the assigned detective or his/her supervisor.</li> <li>• Explain forensic medical exams and procedures</li> <li>• Provide resource information, which should include information about the Crime Victims Compensation Program, available counseling programs, housing and legal information, and other financial assistance that might be available</li> <li>• Help with safety plans, when needed</li> <li>• Offer crisis intervention</li> <li>• Offer case management services regarding victim needs</li> <li>• Accompany the survivor/victim at the police stations and/or headquarters for follow-up interviews with detectives or investigators when requested</li> <li>• Help victims obtain copies of the police report</li> </ul> <p>The Domestic Violence Unit (DVU) and VSB will conduct ongoing community outreach regarding strangulation education.</p> <p>District Detective Unit Domestic Violence Investigators and Domestic Violence Intake Center (DVIC) Detectives and Officers will ask strangulation specific questions while interviewing the complainant. The questions/responses will assist the detectives with identifying and establishing a repeated history of strangulation incidents and the specific intent of the suspect's actions</p> <p>MPD Detectives and DVIC Officers document strangulation specific cases by ensuring photographs are taken of the victim's injuries</p>

	MPD Detectives will conduct interviews with neighbors, family & friends of both the victim and the suspect to identify past events of domestic violence and specific patterns of strangulation.
<b><i>Describe specific actions planned towards implementation (include steps and timetable)</i></b>	<ul style="list-style-type: none"> <li>• VSB will coordinate with DC SAFE to conduct follow-ups on IPV cases involving strangulation to ensure the victims are supported through the prosecution process. (To be started immediately and done as needed for strangulation cases)</li> <li>• Coordinate with OVSJG, the US Attorney's Office for the District of Columbia, DC Forensic Nurse Examiners, the DC Coalition Against Domestic Violence, the Training Institute on Strangulation Prevention, and/or other local domestic violence service providers to identify training related to strangulation and domestic violence cases that would be beneficial to Domestic Violence Detectives. Training will be worked into the new investigator 2020 curriculum and provided to all new DV Detectives. (Beginning 2020)</li> <li>• The Metropolitan Training Academy will develop training for first responding officers on identifying and initial response to strangulation cases. Several decisions that have not yet been decided will determine the timetable. This training may be presented together with the LGBTQ+ training, or as stand-alone training. It may be delivered as online training, or as in-person training during the 2020 Professional Develop Training (PDT) cycle. The longest timeline would be including the training in the 2020 PDT, which will be developed in 2019, launched in the beginning of 2020, and concluded in December 2020.</li> <li>• The DVU and VSB will conduct in-person training for the MPD School Resource Officers on identifying and reporting strangulation incidents involving juveniles. (By December 2020)</li> <li>• MPD District Patrol Officers/Officials shall ensure that domestic violence offense reports involving Intimate Partner Violence are referred to DC SAFE. Strangulation cases shall be flagged as a LAP case. (Daily / As Needed)</li> <li>• VSB will follow-up with Non-IPV strangulation cases. (As Needed)</li> <li>• Youth and Family Services Division (YFSD) will coordinate with DC Child and Family Services Agency to conduct a review and follow-up on cases with allegations of strangulation against a juvenile. (As Needed)</li> <li>• YFSD will coordinate with CFSA to conduct safety planning for families with juveniles that are identified as having a high volume of calls for services where strangulation was reported. (Monthly)</li> <li>• MPD Patrol Officers and Officials will ensure the proper fields are entered into Cobalt to indicate a strangulation case for tracking purposes. (A reminder to be issued in June or July 2019)</li> </ul>
<b><i>Describe specific actions taken to date</i></b>	<ul style="list-style-type: none"> <li>• VSB is currently providing support to all victims of domestic violence including victims of strangulation.</li> </ul>

<b>towards implementation</b>	<ul style="list-style-type: none"> <li>• VSB is currently performing targeted outreach to residences with high volume calls for service as it pertains to domestic violence. VSB will also include strangulation cases in their efforts.</li> <li>• VSB continues to partner with SAFE as well as other community organizations as it pertains to domestic violence.</li> <li>• MPD has examined the data pertaining to strangulation cases. There has been one intra-family (roommates) homicide by strangulation since 2017.</li> </ul>
<b>Describe expected outcomes</b>	<ul style="list-style-type: none"> <li>• More informed public as it relates to strangulation and domestic violence.</li> <li>• On-going collaboration between MPD, OVSJG, the US Attorney's Office for the District of Columbia, DC Forensic Nurse Examiners, the DC Coalition Against Domestic Violence, the Training Institute on Strangulation Prevention, and/or other local domestic violence service providers.</li> <li>• MPD members will have a better understanding of and ability to identify and support victims of strangulation.</li> </ul>
<b>Describe measurable indicators/milestones related to implementation that can be reported on regular basis, including time period/date to achieve outcomes</b>	The measurable outcomes are the number of members trained. The timetable will be determined based on the training decisions outlined above.
<b>Date Response Due:</b>	May 30, 2019
<b>Date Response Submitted:</b>	May 30, 2019
<b>Agency representative name and contact information for follow-up questions</b>	<ul style="list-style-type: none"> <li>• Assistant Chief Robert Contee, Investigative Services Bureau, MPD, <a href="mailto:Robert.contee@dc.gov">Robert.contee@dc.gov</a></li> <li>• Michelle Garcia, Director, OVSJG <a href="mailto:michelle.garcia@dc.gov">michelle.garcia@dc.gov</a></li> </ul>

**District of Columbia  
Domestic Violence Fatality Review Board**



**RECOMMENDATION RESPONSE FORM**

<b>Statement of Need</b>	Research shows that domestic violence within lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) relationships is as common, if not more prevalent, as in heterosexual and cisgender relationships. The abuse of power and control by one partner against another is common in all domestic violence situations. However, LGBTQ+ victims of intimate partner violence face additional barriers in accessing services and help for the abuse. Those barriers can include the dangers of “outing” oneself when seeking help, the lack of LGBTQ+ specific services, potential homophobia and/or transphobia from service providers and uncertainty about the availability and/or effectiveness of services available for LGBTQ+ victims of domestic violence*.
<b>Beneficiary Population</b>	Washington DC’s LGBTQ+ population.
<b>Recommendation</b>	The DVFRB recommends DC Metropolitan Police Department (MPD) collaborate with the DC Office of Victim Services and Justice Grants (OVSJG) and community organizations to develop and implement cultural competency training on domestic violence in LGBTQ+ relationships, and provide ongoing professional development for law enforcement on how to best provide sensitive and effective services to LGBTQ+ survivors of intimate partner violence.
<b>Implication of Recommendation</b>	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Practice <input type="checkbox"/> Legal <input type="checkbox"/> Budget <input type="checkbox"/> Other:
<b>Agencies Involved</b>	<input type="checkbox"/> Single Agency: <input checked="" type="checkbox"/> Multiple Agencies: MPD and OVSJG
<b>1st Recommendation Date</b>	May 1, 2019

\* Brown, T., & Herman, J. (2015). Intimate partner violence and sexual abuse among LGBT people. *Los Angeles, CA: The Williams Institute.*

<b>Does Agency Accept Recommendation?</b>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> Yes, with modifications: <input type="checkbox"/> No, with explanation and alternative recommendation:
<b>Describe Best Practices</b>	<p>The Metropolitan Police Department (MPD) has long been a leader in supporting and developing relationships with the LGBTQ+ community. In a recent report from the National Center for Transgender Equality, MPD scored the highest among 25 US jurisdictions. The Department has already laid comprehensive groundwork in the area of LGBTQ+ cultural competency, including training on intimate partner violence in the LGBTQ+ community. In 2015, MPD held comprehensive training for all members on issues of importance to the LGBTQ community. MPD developed the training with partners in the community, including leaders and members from DC Trans Coalition, Casa Ruby, GLOV, HIPS, Rainbow Response, and SMYAL. The major topics of the course included: Cultural Competency; Handling Interactions with Transgender Individuals; Domestic Violence in LGBTQ+ Relationships; and Bias-Motivated Crimes. The training included four hours of online instruction and four hours of classroom training led by experienced members of MPD's LGBT Liaison Unit (LGBTLU).</p>
<b>Describe specific actions planned towards implementation (include steps and timetable)</b>	<p>MPD's Metropolitan Training Academy will work with OVSJG and the LGBTLU to review and update the existing training internally and with our community partners to ensure this is up to date. Several decisions that have not yet been decided will determine the timetable. This training may be presented together the training on strangulation, or as stand-alone training. It may be delivered as online training, or as in-person training during the 2020 Professional Develop Training (PDT) cycle. The longest timeline would be including the training in the 2020 PDT, which will be developed in 2019, launched in the beginning of 2020, and concluded in December 2020.</p>
<b>Describe specific actions taken to date towards implementation</b>	NA
<b>Describe expected outcomes</b>	<p>All members of appropriate ranks will receive training on identifying and responding appropriately to domestic violence in LGBTQ+ relationships.</p>
<b>Describe measurable indicators/milestones related to implementation that can be reported on</b>	<p>The measurable outcomes are the number of members trained. The timetable will be determined based on the decisions outlined above.</p>

<b><i>regular basis, including time period/date to achieve outcomes</i></b>	
<b><i>Date Response Due:</i></b>	May 30, 2019
<b><i>Date Response Submitted:</i></b>	May 30, 2019
<b><i>Agency representative name and contact information for follow-up questions</i></b>	<ul style="list-style-type: none"> <li>• Marvin (Ben) Haiman, Executive Director, Professional Development Bureau, MPD, <a href="mailto:marvin.haiman@dc.gov">marvin.haiman@dc.gov</a></li> <li>• Michelle Garcia, Director, OVSJG <a href="mailto:michelle.garcia@dc.gov">michelle.garcia@dc.gov</a></li> </ul>





**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**  
**Family Court Operations Division**  
**500 Indiana Avenue, NW, Room JM 100**  
**Washington, D.C. 20001**

**ZABRINA W. DEMPSON**  
 Acting Clerk of Court

**AVROM D. SICKEL, ESQ.**  
 Director

**TONI F. GORE**  
 Deputy Director

## AGENCY RESPONSE

<b>Does agency accept recommendation</b>	Yes, with modifications.
<b>Describe best practice</b>	<p>Currently, the Family Court Central Intake Center (CIC) and the Family Court Self-Help Center (SHC) refer persons that express fear or safety concerns to the Domestic Violence Intake Center and the Domestic Violence Division. Although the DVFRB recommends implementing certain changes in the Domestic Relations Branch (DRB), it is our belief that those changes would be best implemented in the CIC and the SHC.</p> <p>The CIC is the single location for filing all pleadings in the Family Court; this includes cases of divorce, legal separation, annulment, child custody, adoption, paternity, child support and others. The CIC is the first point of contact for filers and the primary location for the dissemination of information to the public and the various governmental entities involved in Family Court cases. The office is located in room JM 540 and is adjacent to the SHC.</p> <p>The SHC is a free walk-in service that provides unrepresented people with general legal information in a variety of family law matters (such as divorce, custody, visitation and child support). The office is located in room JM-570.</p>
<b>Describe specific action planned towards implementation (include steps and time table)</b>	<p><b><u>Current Processes:</u></b></p> <p>When parties file new cases in the CIC, they are required to complete a Cross Reference Form. The form has a section for the filers to list <b>all</b> of their cases before the court, both past and present. Names, addresses, dates of birth, social security numbers and driver license numbers are collected for all the parties in the case. Once the new case has been entered in CourtView, a Family Court ID (FID) number is created. The FID is used to associate parties that have related cases. Additionally, each party in the case receives a cross-reference (X-Ref) number. The purpose of the X-Ref is to identify the party; it is unique only to that party. So when the party is queried in CourtView, all of his or her cases will populate on the screen.</p> <p>The case coordinator in the CIC reviews each new filing and performs a search for all cases associated with these parties, including open and closed domestic violence cases. These cases are included in the Notification of Intake/Cross Reference Findings Form. The form is scanned into CourtView and is available to the assigned DRB judicial officer. In that way, the judicial officer</p>

	<p>is aware of any possible domestic violence cases.</p> <p><b>Future Processes:</b>  Family Court will modify the Cross Reference Form to include the following questions: (1) Are you afraid of the party that you are filing against? (2) Do you fear for your safety? (3) If you have children, do you fear for their safety? (4) Have you or your children been hurt or harmed or threatened to be hurt or harmed by the other party?</p> <p>This additional information will help to inform staff members in the CIC and SHC and those staff members will provide literature and referral information to the self-identified domestic violence victims.</p> <p>The Domestic Violence Division will provide the CIC and SHC with said literature and referral information.  <b>Implementation Date: August 1, 2019</b></p>
<b>Describe specific actions taken to date towards implementation</b>	<p>The Family Court director and deputy director met with the acting Domestic Violence director and one of its attorney negotiators to discuss the DVFRB recommendations.</p> <p>The Family Court asked the Domestic Violence Division for domestic violence literature, referrals and information. Once received, those documents will be displayed in the CIC and the SHC.</p> <p>The Cross Reference Form has been reviewed and screening questions have been drafted.</p> <p>Family Court designated the CIC and the SHC as the screening hubs for persons that report fear for their and/or their children's safety via the Cross Reference Form.</p>
<b>Describe expected outcomes</b>	<p>Parties filing domestic relations cases, who are in fear for their own safety or the safety of their children, will have access to domestic violence literature and referrals. Staff will be more informed of resources for victims of domestic violence and will share those resources as appropriate.</p>
<b>Describe measureable indicators/milestones related to implementation that can be reported on regular basis, including time period/date to achieve outcomes</b>	<p>Domestic violence literature and referral information will be displayed in CIC and SHC. <b>Implementation Date: August 1, 2019</b></p> <p>CIC and SHC staff will be trained to notice when a customer self-identifies as a victim of Domestic Violence, either verbally or on the cross-reference form. When staff become aware of this, staff will be trained to provide the litigant with domestic violence literature and referral information. <b>Implementation Date: August 1, 2019</b></p>
<b>Date response due</b>	May 30, 2019
<b>Date response submitted</b>	May 28, 2019

**District of Columbia  
Domestic Violence Fatality Review Board**



**RECOMMENDATION**

<b>Statement of Need</b>	Research has increasingly demonstrated evidence that animal abuse often occurs in households where people are also enduring domestic and intimate partner violence. <sup>1</sup> A 2017 study found that 89% of victims of domestic violence who had pets during an abusive relationship reported that their animals were threatened, harmed, or killed by their abusive partner. <sup>2</sup> Better awareness, coordination and cross-training between animal welfare organizations and victim service organizations could provide for quicker interventions and more avenues for reporting.
<b>Beneficiary Population</b>	Potential victims at risk of domestic and intimate partner violence, as well as their family members and other loved ones.
<b>Recommendation</b>	The DVFRB recommends that DC Health & the Humane Rescue Alliance collaborate together, along with possibly the District's veterinarian clinics, kennels, and boarding facilities, to provide awareness campaigns on the connections between animal abuse and domestic violence and include information on where and how to report suspected abuse.
<b>Implication of Recommendation</b>	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Practice <input type="checkbox"/> Legal <input type="checkbox"/> Budget <input type="checkbox"/> Other:
<b>Agencies Involved</b>	<input type="checkbox"/> Single Agency: <input checked="" type="checkbox"/> Multiple Agencies: DC Health, Humane Rescue Alliance
<b>1st Recommendation Date</b>	April 30, 2019

<sup>1</sup> Flynn, C.P. Crime Law Soc Change (2011) 55: 453. <https://doi.org/10.1007/s10611-011-9297-2>

<sup>2</sup> Collins, E. A., Cody, A. M., McDonald, S. E., Nicotera, N., Ascione, F. R., & Williams, J. H. (2017). A Template Analysis of Intimate Partner Violence Survivors' Experiences of Animal Maltreatment: Implications for Safety Planning and Intervention. *Violence against women*, 24(4), 452–476. doi:10.1177/1077801217697266

<b>Does Agency Accept Recommendation?</b>	<input type="checkbox"/> Yes X <input checked="" type="checkbox"/> Yes, with modifications: <input type="checkbox"/> No, with explanation and alternative recommendation:
<b>Describe Best Practices</b>	<p>Report severe animal related crimes in the District of Columbia by contacting the local humane organization, 202-576-6664.</p> <p>Report severe animal related crimes which involve people in the District of Columbia by dialing 911.</p> <p>Report minor animal related incidences in the District of Columbia by dialing 311 (i.e.; suspected animal abuse, concerns for proper care of animals, nuisance).</p> <p>Humane Law Enforcement Division is responsible for investigating and enforcing the animal cruelty codes in the District of Columbia.</p>
<b>Describe specific actions planned towards implementation (include steps and timetable)</b>	<ol style="list-style-type: none"> <li>1. DC Health can provide any written information (brochure, pamphlets) that is currently available, to all veterinary clinics and animal boarding facilities in both electronic format and hard copy format to have available to their clients as part of standard information dissemination. By providing the domestic violence information in this manner, it will assist in the awareness campaign that is currently underway. Timeframe: Immediately</li> <li>2. For additional community/neighborhood dissemination of information, written communications (brochure, pamphlets) can be placed at community centers, recreation centers and public libraries.</li> <li>3. DC Health receives a voluntary monthly report from veterinary clinics which identifies specific animal diseases and the number of occurrences that they may have encountered during each month. This report provides an initial layer of surveillance to DC Health for infectious animal diseases. An additional line item can be added to this report to include suspected animal violence as part of the monthly surveillance. The caveat, however is that the monthly reporting is voluntary by each veterinary clinic and is not a mandatory requirement. Timeframe: Immediately</li> </ol>

	<p>4. DC has as its contractor for animal related activity in the District, the Humane Rescue Alliance (HRA). All animal cruelty reports, activity or suspicion is currently provided to HRA as standard protocol. HRA does have within its organization a division, Human Law Enforcement (HLE), which investigates all animal cruelty issues. HLE proceeds with all legal action as deemed necessary from facts gained through the investigative process. Timeframe: Immediately</p> <p>5. DC Health can report to the DVFRB any information gained with respect to animal violence obtained through the various channels stated. Timeframe: Immediately</p>
<b><i>Describe specific actions taken to date towards implementation</i></b>	DC Health has in place, as standard protocol, a reporting mechanism to provide any animal cruelty reports, activity or suspicion to the Humane Rescue Alliance to then be addressed by the Humane Law Enforcement Division.
<b><i>Describe expected outcomes</i></b>	DC Health will provide all confirmed reports of animal cruelty, violence or abuse to the Domestic Violence Fatality Review Board.
<b><i>Describe measurable indicators/milestones related to implementation that can be reported on regular basis, including time period/date to achieve outcomes</i></b>	<p>DC Health can report to the Domestic Violence Fatality Review Board at its next scheduled meeting implementation of the reporting communications and collaboration with the Humane Rescue Alliance for investigation into animal cruelty, violence and abuse. Report updates can be provided to the DVFRB from DC Health during the bi-monthly meetings.</p> <p>Time critical incidents can be reported directly to the Chairperson of the Board on an as needed urgency basis. Timeframe: Immediately</p>
<b><i>Date Response Due:</i></b>	May 30, 2019
<b><i>Date Response</i></b>	May 30, 2019

<b><i>Submitted:</i></b>	
<b><i>Agency representative name and contact information for follow-up questions</i></b>	Vito R. DelVento, DVM, MS Program Manager – Animal Services Program O: 202-724-8813 M: 202-420-9250 F: 202-535-1359  899 N Capitol Street, NE, 2 <sup>nd</sup> Floor, Washington DC 20002

**District of Columbia  
Domestic Violence Fatality Review Board**



**RECOMMENDATION**

<b>Statement of Need</b>	Elder abuse is a series of intentional actions that cause pain and create serious harm for a vulnerable senior. <sup>1</sup> One in ten elders is at risk for abuse, mistreatment, neglect, and harm. <sup>2</sup> Almost 90% of abuse against elder adults is committed by family members, who are often caregivers of those individuals. <sup>3</sup> A number of studies, examining the risk factors associated with perpetration of abuse against elders, show that having a caregiver is in and of itself a risk factor. Researchers posit that the stress, strain, and isolation often associated with elder caregiving put many elders at risk of harm. Interventions that focus on caregiver well-being, as well as more awareness about elder harm, are needed.
<b>Beneficiary Population</b>	Older adult victims (and potential victims) at risk of domestic and intimate partner violence, as well as their family members and other loved ones.
<b>Recommendation</b>	The DVFRB recommends the Department of Human Services & DC Health expand linguistically accessible caregiver support programs, particularly focused on elderly caregivers to ensure access to resources and supports. We recommend the agencies collaborate with home-health care providers and others to recognize when caregiver needs support. The agencies should expand awareness programs and campaigns focused on elder abuse, including the development of tools for screening for abusive behavior. Moreover, the District agencies providing services and information to individuals with dependent, disabled elders are encouraged to explore creative ways to provide resources, options, and access to domestic violence related services for individuals with disabilities who are unable to leave their home due to their disability.
<b>Implication of Recommendation</b>	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Practice <input type="checkbox"/> Legal <input type="checkbox"/> Budget <input type="checkbox"/> Other:
<b>Agencies</b>	<input type="checkbox"/> Single Agency:

<sup>1</sup> The National Center on Elder Abuse <https://ncea.acl.gov/>

<sup>2</sup> Acierno, Ron, Melba Hernandez-Tejada, Wendy Muzzy and Kenneth Steve, "National Elder Mistreatment Study," Final report to the National Institute of Justice, grant number 2007-WG-BX-0009, March 2008, NCJ 226456.

<sup>3</sup> Kohn, R., & Verhoek-Oftedahl, W. (2011). Caregiving and elder abuse. Medicine and health, Rhode Island, 94(2), 47-49.

<b>Involved</b>	<input checked="" type="checkbox"/> Multiple Agencies: DC DHS and DC Health
<b>1st Recommendation Date</b>	May 1, 2019

**AGENCY RESPONSE**

<b>Does Agency Accept Recommendation?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>Yes, with modifications:</b> <input type="checkbox"/> <b>No, with explanation and alternative recommendation:</b>
<b>Describe Best Practices</b>	<p>1. DC Health has partnerships with the District of Columbia Home Health Association, DC Health Care Association, DC Coalition of Disability Provider Services, DC Hospital Association's Quality and Safety Group, DC Long Term Care Ombudsman, DC Department of Aging and Community Living and DC Coalition on Long Term Care. Through those partnerships DC Health has provided workshops, seminars, informational sessions, and in-service trainings to ensure direct care providers are delivering quality care, and detecting and reporting abuse, neglect and/or exploitation of patients.</p> <p>2. DC Health conducts annual licensure surveys and inspections, as well as periodic monitoring visits, and investigation of complaints and unusual incidents to determine the health and safety of vulnerable residents and patients.</p> <p>3. DC Health requires licensed health facilities and agencies to report any suspected abuse or neglect to DC Health, the Metropolitan Police Department (MPD), Adult Protective Services (APS) and DC Long Term Care Ombudsman.</p> <p>4. DC Health has partnered with the Office of the Attorney General's (OAG) Special Victims Unit and the APS to collaborate on all suspected abuse, neglect and/or exploitation of the elderly.</p> <p>5. When APS receives referrals that involve misconduct of an aide towards a client, APS makes a report to DC Health-Health Regulations and Licensing Administration (HRLA) who provides monitoring and oversight of home health agencies and assisted living facilities. Additionally, should the allegation involve a hospital, a separate division within HRLA has this responsibility. As it relates to LTC facilities, APS makes a referral to both HRLA and the LTC Ombudsman with regard to elder abuse, and where appropriate, APS will assist.</p>
<b>Describe specific actions planned towards</b>	<p>1. In FY20, DC Health will facilitate training and/or informational sessions on reporting abuse, neglect and/or exploitation of the patients and residents.</p>



<p><b>implementation (include steps and timetable)</b></p>	<p>2. In FY20, during all licensure surveys and investigations, DC Health will review unusual incident reports to determine allegations of abuse, neglect and/or exploitation. Also, during home care surveys, patient will be interviewed via telephone and home visits to determine quality of care and patient abuse, neglect and/or exploitation.</p> <p>3. In FY20, all facility reported incidents to include allegations of abuse, neglect and/or exploitation, will be triage and entered in DC Health's data base. The triage will determine when and if an onsite investigation is needed.</p> <p>4. As of April 2019, DC Health will forward all allegations of abuse, neglect and/or exploitation to the Attorney General's Special Victims Unit and APS for collaboration.</p> <p>5. DC Health, Department of Human Services and DC Department of Aging and Community Living will identify a screening tool for abusive behavior that can be used by health care providers and other agents that encounter vulnerable residents. In addition, DHS APS has developed a Screening and Response Priority tool for referral related to abuse, neglect, self-neglect and exploitation of vulnerable adults. The Screening and Response Priority tool is an evidence-based tool designed to determine how quickly investigations must be initiated for those referrals accepted for case investigation. As a research-based tool, validity and reliability testing have been executed. From a validity perspective the testing was completed to ensure that tool is accurately measuring what is intended to measure. Separately, the reliability testing was completed to determine the degree to which the tool produces stable and consistent results. The agencies will collaborate to determine the extent to which the tool can be a catalyst for the proposed tool. Timeframe: October 2019</p>
<p><b>Describe specific actions taken to date towards implementation</b></p>	<p>1. Ongoing technical assistance on the interpretation of federal and local regulations is provided to health facilities and agencies as it pertains to abuse, neglect and/or exploitation.</p> <p>2. DC Health has conducted licensure surveys, monitoring visits, and investigations. We verify if a health facility or agency has a system to assure prompt detection, reporting, investigation and resolution of allegations of suspected abuse, neglect and/or exploitation. DC Health reviews the health care provider's incident management system to include injury logs and incident reports for any evidence</p>

	<p>that suggests that patients are being abused or are vulnerable to abuse. Through these processes, we have identified cases of patient and resident abuse and/or neglect, and made referral to APS, Special Victim Unit and Metropolitan Police Department. We have also taken enforcement actions on identified agencies and facilities to include the restriction of new admissions and the levy of civil infraction fines.</p> <p>3. All allegations of abuse, neglect and/or exploitation are triaged and investigated by DC Health for those providers that the Agency licenses and or certifies.</p> <p>4. In April 2019 DC Health partnered with OAG's Special Victims Unit. To date, all suspected abuse, neglect and exploitation are reported to the unit and APS.</p>
<b><i>Describe expected outcomes</i></b>	Health Facilities and Agencies are detecting and reporting abuse, neglect and exploitation immediately to DC Health, APS and the MPD. Immediate means there will be no delay between staff awareness of the occurrence and reporting to the DC Health, APS, and MPD.
<b><i>Describe measurable indicators/milestones related to implementation that can be reported on regular basis, including time period/date to achieve outcomes</i></b>	<p>DC Health will collect and measure the following data on a quarterly basis:</p> <ul style="list-style-type: none"> <li>• Number of Health Facilities and Agencies that timely identify and report occurrences of abuse, neglect and/or exploitation.</li> <li>• Number of investigations conducted on suspected abuse, neglect and exploitation by Health Facilities and Agencies.</li> <li>• Number of investigations on suspected abuse, neglect and/or exploitation conducted by DC Health</li> <li>• Number of referrals to APS, MPD and the OAG Special Victim Unit</li> </ul>
<b><i>Date Response Due:</i></b>	May 30, 2019
<b><i>Date Response Submitted:</i></b>	May 30, 2019
<b><i>Agency representative name and contact information for follow-up questions</i></b>	<p>DC Health  Dr. Sharon Lewis  Senior Deputy Director  <a href="mailto:Sharon.lewis@dc.gov">Sharon.lewis@dc.gov</a>  (202)724-8927</p>

