

2020

DISTRICT OF COLUMBIA
DOMESTIC VIOLENCE FATALITY REVIEW BOARD

Abbreviated
**ANNUAL
REPORT**

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Introduction & Overview

The District of Columbia's Domestic Violence Fatality Review Board (DVFRB) is honored to present the **2020 Abbreviated Annual Report**. This report summarizes the work undertaken by the DVFRB from July 2019 – September 2020. The Board is proud to be part of the District's collective efforts to address domestic violence and improve the safety and lives of all District residents.

Domestic violence and related homicides are serious public health concerns. Over **10 million** women and men in the United States experience physical violence by a current or former partner each year; approximately 1 in 4 women and nearly 1 in 7 men experience severe physical violence by a partner at some point in their lifetime.¹ An estimated **39 percent** of women in DC have been physically or sexually assaulted by an intimate partner.² And alarmingly, rates of intimate partner homicide are **increasing**.³

ABOUT THE DVFRB

The Domestic Violence Fatality Review Board works to prevent intimate partner and other domestic violence homicides by improving the response of individuals, the community, and government agencies to domestic violence.⁴ The Board is the formally established entity for:

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

This city-wide, collaborative effort was originally established by the Uniform Interstate Enforcement of Domestic Violence Protection Orders Act of 2002, **DC Law 14-296**. The Board comprises a cadre

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

4 D.C. Code §16-1052

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.

Annual DVFRB findings and recommendations are based on the Board’s expert analysis of police, court, medical and other public records.

DVFRB Makeup	DVFRB Board Members as of publication date	
<p>DVFRB legislation provides for 25 appointed members including:</p> <ul style="list-style-type: none"> 10 governmental entities appointed by the Mayor; 7 federal, judicial, and private agencies or entities with domestic violence expertise, either appointed by the Mayor or at the Mayor’s request; 8 community representatives (non-DC government employees) appointed by the Mayor, with the advice and consent of the Council. <p><small>* In September 2019, the enabling statute for the Board was changed from 23 to 25 members to include two new seats from key organizations working on enhancing responses to domestic violence in the District: the Office of Victim Services and Justice Grants and the DC Coalition Against Domestic Violence. See “Work to Date” on page 8 for more information.</small></p>	GOVERNMENTAL ENTITIES	
	Shermain Bowden	Department of Behavioral Health
	Cheryl Bozarth	Office of Victim Services and Justice Grants
	Sasha Breland	Office of the Chief Medical Examiner
	Sarah Brooks	Department of Corrections
	Angela Cousins	Metropolitan Police Department
	Kafui Doe	Department of Health
	Sarita Freeman	Child and Family Services Agency
	Cindy Kim	Office of the Attorney General
	Jennifer Porter	Mayor’s Office of Women’s Policy Initiatives
	Sherrod Thomas	Fire and Emergency Medical Services Department
	ENTITIES WITH DOMESTIC VIOLENCE EXPERTISE	
	Rachel Camp	University Legal Clinics
	Dawn Dalton	Coalition Against Domestic Violence
	Crystal Jacobs	Domestic Violence Housing Organizations
	Lenore Jarvis	District of Columbia Hospitals
	Nelly Montenegro (Co-Chair)	Superior Court of the District of Columbia
	Marcia Rinker	Office of the U.S. Attorney—District of Columbia
	Jennifer Wesberry	Domestic Violence Advocacy Organizations
	COMMUNITY REPRESENTATIVES (3-YEAR TERM)	
	Karen Barker Marcou	Ashley Joyner Chavous (Co-Chair)
	Amelia French	Laila Leigh
	Ian Harris	Shannon Sigamoni
	Beverly Jackson	Varina Winder

ABOUT THE 2020 REPORT

This report includes a brief recap of the DVFRB's work over this reporting period, how the board is adapting to the new realities of the COVID-19 public health crisis, and an update on agency improvements undertaken in response to previous DVFRB recommendations.

Typically, the DVFRB's annual report would contain a year's worth of case reviews, key findings, and trends related to domestic violence homicides in the District. Moving forward, however, key findings and trends will be covered in our companion report, "Domestic Violence Homicide: 5-Year Trends." These longer-term data sets provide necessary additional context for analyzing the scope of the problem and the impact of systems change.

Future annual reports will continue to include recommendations made to agencies during the reporting timeline and any relevant agency responses.

STANDARD CASE-SELECTION AND REVIEW PROCESS

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

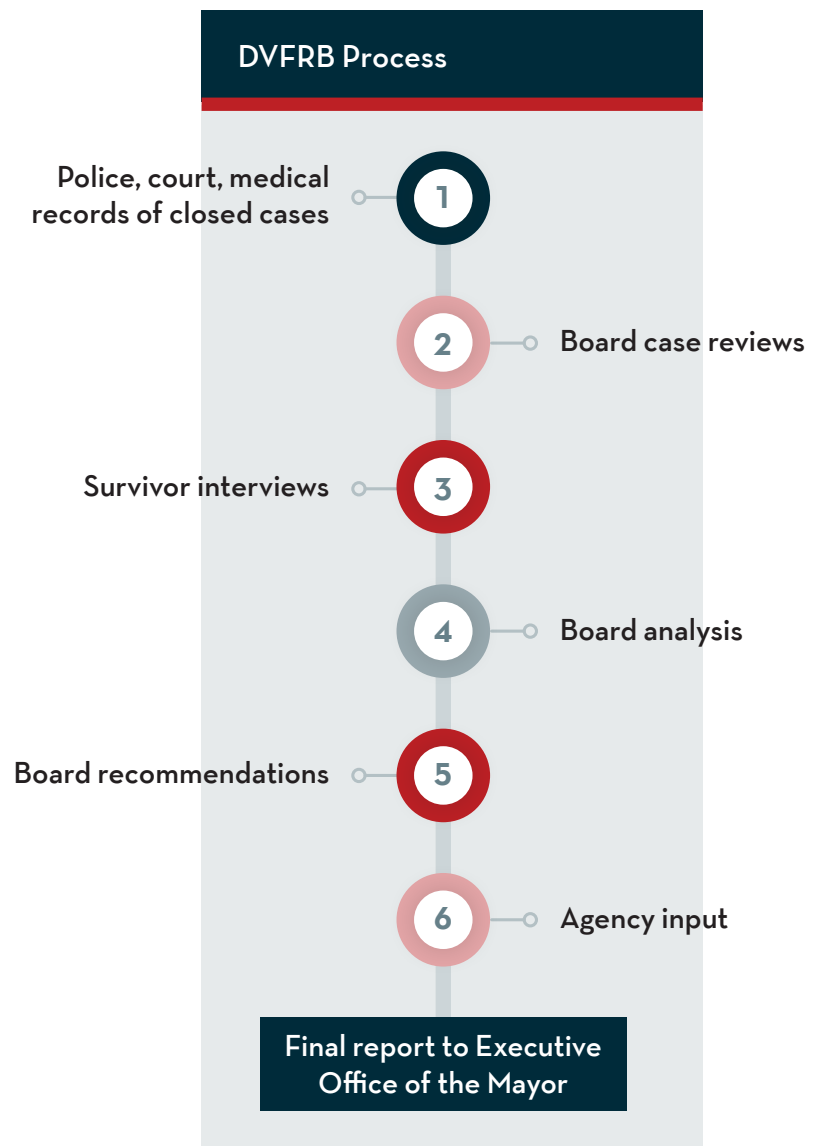
Ordinarily, the DVFRB meets in-person every other month and maintains contact throughout the year. Domestic violence homicide cases are selected for review based on agreed-upon criteria established by Board protocols, and cases are only reviewed after closure of the criminal case.

The DVFRB focuses its in-depth reviews and recommendation process only on intimate partner homicides, which tend to follow similar patterns and could therefore benefit from systemic prevention efforts. A well-developed body of scientific research surrounding intimate partner fatality risk factors and prevention strategies guides the Board's review of these cases. While the Board monitors and provides statistics of homicides committed by family members, relatives, roommates,

and “common partners” (defined by statute as people whose only connection to each other is a current or former intimate partner in common), annual recommendations stem from intimate partner homicide (IPH) cases.

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

A retrospective analysis of fully adjudicated fatalities allows the Board to objectively and without blame observe gaps in the service system. The Board seeks to honor victims by attempting to understand 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, [DC 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.

2020 and Its Challenges

Across the country (and indeed the globe), the 2020 COVID-19 public health crisis has slowed or halted the work of countless agencies, commissions, and boards. The DVFRB is no exception. Constrained by bylaws and confidentiality agreements that mandate in-person working sessions, the Board was not able to conduct its full complement of required bi-monthly meetings nor finish its standard case-selection and review process. Board activities were temporarily suspended in March.⁵

⁵ In March, as part of the District’s pandemic response, the DC Council and Mayor enacted the COVID-19 Response Emergency Amendment Act of 2020, which largely waived meeting requirements for DC agency boards and commissions.

CHANGES DUE TO COVID

Following the March suspension of activity, the Board coordinator—in consultation with Office of Victim Services and Justice Grants (OVSJG) leadership, Board co-chairs, the Mayor’s Office on Talents and Appointments (MOTA), and the National Domestic Violence Fatality Review Initiative (NDVFRI)—determined how to continue the DVFRB’s work under these new conditions. In May, the Board began meeting remotely each month and has worked to create a secure virtual structure that incorporates robust confidentiality measures. These measures include using a HIPAA-compliant, cloud-based file-share service that allows members to securely access, read, and upload records and files. And with assistance from MOTA along with the Office of the Chief Technology Officer, the Board has employed Webex to schedule and hold secure and confidential online meetings. Board members have also agreed to uphold confidentiality policies while working in their home office spaces. While these modifications are less than ideal, they have allowed the DVFRB to continue the important work of fatality case reviews.

WORK TO DATE

Prior to its hiatus, the DVFRB had met in-person July 2019, September 2019, and January 2020.⁶ During this period, the Board engaged in the following critical work:

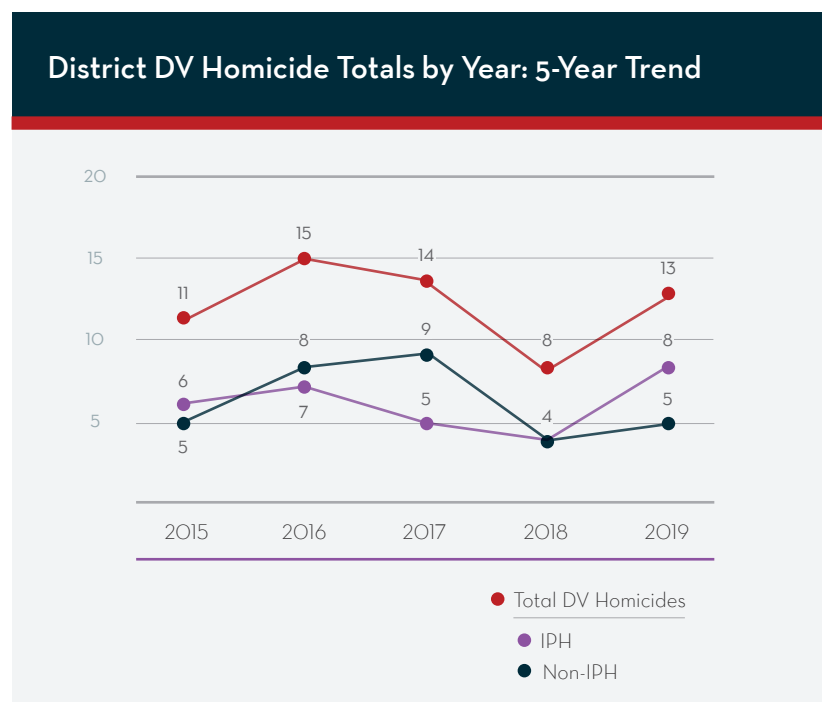
- **Expanded Board membership seats:** In September 2019, the enabling statute for the Board was changed to include two new seats from key organizations working on enhancing responses to domestic violence in the District: the Office of Victim Services and Justice Grants (OVSJG) and the DC Coalition Against Domestic Violence (DCCADV). The mission of OVSJG is to develop, fund, and coordinate programs that improve public safety, enhance the administration of justice, and create systems of care for crime victims, youth, and their families in the District. OVSJG is the administrator of the DVFRB but previously did not hold a voting seat on the Board. DCCADV is the federally-recognized state coalition of domestic violence programs, organizations, and individuals who work toward eliminating domestic violence in the District of Columbia.

⁶ A scheduled November 2019 meeting was canceled due to Board member conflicts and illness.

- **Welcomed several new members:** In addition to the new members from the above mentioned agencies, the DVFRB welcomed several new agency and community members during this report period. At the time of publication, the DVFRB has no vacancies. (A list of members is included in the preceding section of this report.)
- **Elected a Board co-chair:** In December 2019, the DVFRB unanimously voted in Ashley Joyner Chavous as co-chair to serve alongside Nelly Montenegro. The co-chairs share responsibility for calling meetings to order, ensuring board progress on goals and objectives, overseeing official board votes, and assisting the coordinator in the facilitation of case reviews. Ms. Chavous joined the board in late 2018 and is one of the eight community members represented on the board. Ms. Chavous is an Associate with Covington & Burling, LLP. Her practice focuses on white-collar criminal matters, internal corporate investigations, and compliance counseling.
- **Expanded Board policies and procedures to complete fewer but more in-depth reviews:** In the past year, the DVFRB has taken steps to enhance the depth of our case reviews. This deeper dive has allowed the Board to better understand case dynamics and relevant factors and thus enables us to make more robust and effective recommendations. In previous years, the DVFRB attempted to conduct a surface-level review of every DV homicide case. This time-consuming endeavor frustrated reviewers who wanted to explore more complex matters related to the victim's homicide. After consulting with national experts on potential gains and drawbacks, the Board adapted its policy to allow for closer reviews.
- **Developed protocol for interviewing survivors:** One step in conducting more in-depth reviews was to develop a protocol to include and engage surviving family members in the review process. When applicable and appropriate, the DVFRB seeks out interviews with surviving family members and close friends of the homicide victim. These interviews, which are open-ended, provide the Board with insights and perspectives from those close to the victim—information that cannot be gathered from public or agency records. The DVFRB asks survivors to share what they know about their loved one as it relates to their death, the steps the victim took to achieve safety, and their understanding of the victim's perceptions of available options within the community. Their answers give the Board a better understanding of the victim who was killed and fill in key gaps in information from agency records.
- **Attended the National Domestic Violence Fatality Review Initiative Clearinghouse Summit:** In June 2019, one of the DVFRB co-chairs along with the Board coordinator attended a national summit in Arizona held by the National Domestic Violence Fatality

Review Initiative (NDVFRI). This well-attended summit convened members from both national and international DV fatality review teams, providing an invaluable opportunity to compare, coordinate, and collaborate. Summit attendees discussed: challenges and successes regarding case review data collection; how to ensure team access to homicide data information while maintaining confidentiality; legal considerations of data collection and review; and ongoing trends and challenges to domestic violence homicide prevention. The co-chair and coordinator returned with many ideas and suggestions for improving the DVFRB's processes.

- **Drafted “Domestic Violence Homicide: 5-Year Trends, 2015-2019”:** This annual snapshot of domestic violence-related homicides in the District discusses key findings and trends over a five-year span. Over time, the DVFRB hopes that these annual trend reports will better illuminate who is most at risk of violence, from whom they are most at risk, and how best to intervene to prevent future domestic violence homicides.



STATUS OF 2020 RECOMMENDATIONS

The ultimate purpose for reviewing domestic violence fatalities is to reduce the incidence of such homicides. To that end, the Board uses its findings to craft recommendations for system improvements to strengthen the community response to domestic violence. In 2020, the DVFRB issued two new recommendations to District agencies, outlined below. The District agencies involved are currently reviewing these Board recommendations and will provide their responses in the coming months. Further Board recommendations are also in development. A full set of 2020 recommendations and agency responses will be included in next year's report.

Recommendation

The DVFRB recommends that:

The Metropolitan Police Department (MPD) work with relevant area entities, including the Superior Court of the District of Columbia, to:

- Ensure the timely inclusion of the existence and terms of criminal stay-away orders (whether issued pre-trial or post-conviction), within the Washington Area Law Enforcement System (WALES) and the Justice Information System (JUSTIS);
- Make the above systems containing this information directly available to all officers while officers are in the process of responding to active calls for service;
- Train all officers on how to most efficiently and thoroughly search WALES and JUSTIS to ascertain whether an individual is subject to a stay-away order or other release conditions that may be implicated during a call for service; and
- Train all officers on MPD protocol where MPD has determined that an individual involved in an active service call has violated a criminal stay-away order or other release conditions.

About the Recommendation

Through its analysis and review of intimate partner homicides in the District of Columbia, the DVFRB observed the need for improved officer access to and training on how to locate and verify active criminal stay-away orders when on-scene responding to requests for service from victims of domestic violence. The recommendation is intended to benefit survivors of domestic violence who are victims or complaining witnesses in criminal cases in which the defendant has been ordered to stay away from them or comply with other conditions of release through a judicial order.

Recommendation

The DVFRB recommends that:

The Office of Unified Communications (OUC) work with relevant area entities to:

- Train OUC dispatch personnel to request information in appropriate situations, where safe to do so, from 911 callers as to whether they are aware of civil protection orders, any existing criminal stay-away orders (whether issued pre-trial or post-conviction), or other judicially-ordered restrictions implicated by a call for service;
- Ensure that OUC dispatch personnel are able to quickly access criminal stay-away orders that have been uploaded to the WALES and JUSTIS databases; and
- Train OUC dispatch personnel on how to most efficiently and thoroughly search WALES and JUSTIS to verify whether an individual is subject to a stay-away order or other release conditions that may be implicated during a call for service.

About the Recommendation

Through its analysis and review of intimate partner homicides in the District of Columbia, the DVFRB observed the need for improved dispatch information regarding the existence of active criminal stay-away orders for officers responding to the scene of domestic violence calls for service. Dispatchers need to relay this information to officers by reviewing available databases containing the terms of active stay-away orders, such as WALES and JUSTIS. This recommendation is intended to benefit police officers called to assist with a domestic violence dispute as well as survivors of domestic violence who are complaining witnesses or victims in criminal cases in which the defendant has been ordered to stay away from them or comply with other conditions of release through a judicial order.

Progress on Previous Recommendations

In its [2019 Annual Report](#), the DVFRB set out a number of recommendations made to various District agencies. Several agencies responded in favor of adopting the recommendation and indicated their willingness to enact the proposed changes. What follows is a brief summary of progress to date on those recommendations, as provided by the relevant agencies.

2019 DVFRB RECOMMENDATIONS

Recommendation

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 recommended 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.

Update: Since the publication of the 2019 report, MPD developed and delivered a roll-call training on strangulation. In April 2020, as a response to this recommendation, OVSJG had intended to host an in-person training event with the Training Institute on Strangulation Prevention on “Identifying, Investigating, and Prosecuting Domestic Violence Strangulation Cases.” Due to the COVID-19 pandemic and necessary cancellation of in-person trainings, OVSJG hosted an online recorded version of this training in May 2020 and made the [training materials](#) available for download. Additionally, OVSJG worked to introduce the [Strangulation Prohibition Amendment Act of 2019](#) (B23-O593), which adds strangulation to the definition of violent crime, makes strangling another person a felony offense, and enhances sentencing under certain conditions.

Recommendation

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.⁷ 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, 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 recommended that:

- MPD collaborate with OVSJG and community organizations to develop and implement cultural competency training on domestic violence in LGBTQ+ relationships, and provide

⁷ 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>

ongoing professional development for law enforcement on how to best provide sensitive and effective services to LGBTQ+ survivors of intimate partner violence.

Update: Since the publication of the 2019 report, MPD developed and delivered a roll-call training on LGBTQ+ domestic violence.

Recommendation

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. A screening process within the Domestic Relations Branch to identify potential victims and assist them with safety plans and resources throughout the litigation process is needed.

The DVFRB recommended 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.

Update: Since receiving this recommendation from the DVFRB, the Family Court has modified 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? This additional information helps inform staff members in the Central Intake Center and Self-Help Center, who then provide literature and referral information to the self-identified domestic violence victims.

Recommendation

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.⁸ 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 recommended that:

- DC Health & the Humane Rescue Alliance collaborate, 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.

Update: DC Health has not engaged in outreach efforts to the general community, and is unlikely to do so in the foreseeable future due to the COVID-19 pandemic. Reports of animal abuse are directed to the Humane Rescue Alliance, which follows up through the Humane Law Enforcement.

Recommendation

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.⁹ 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

8 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

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

caregivers of those individuals.¹⁰ 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.¹¹ 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 recommended that:

- 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.

Update: DC Health continues to investigate allegations of abuse, neglect, and exploitation by health facilities and agencies. If the provider is found not in compliance with regulatory requirements, enforcement action is taken and the provider is referred to Adult Protective Services, MPD, or the Office of the Attorney General Special Victims Unit, if indicated. Information of inspections or investigations is maintained in the ASPEN/ACTS federal database. In addition, DC Health has ongoing weekly meetings with the Ombudsman for Long Term Care to discuss any care issues pertaining to licensed healthcare providers, e.g., home care agencies, home support agencies, nursing homes, assisted living residences, or intermediate care facilities for individuals with intellectual disabilities.

¹⁰ 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.

¹¹ Kohn, R., & Verhoek-Oftedahl, W. (2011). "Caregiving and Elder Abuse." *Medicine and Health, Rhode Island*, 94(2), 47-49.

A Word about COVID-19 and Domestic Violence

We do not yet know the extent to which the widespread pandemic-related stay-at-home orders across the country will affect victims and survivors of domestic violence. However, recent data suggests that injuries and incidents of domestic violence have increased in severity. One review of clinical records from March – May 2020 found many more, and more severe, injuries during that window compared to similar periods in the three years prior, despite a drop in reported intimate partner violence. Victims, like many in medical need during the pandemic, may be holding off on seeking help until the abuse has escalated.¹²

We do know that DC-area domestic violence service providers are reporting an increase in calls for help and DV-related services. And at the time of this report, the District has already experienced 11 domestic-violence related homicides in 2020, with more than half perpetrated by intimate partners. The work of the DVFRB to analyze these trends and collaborate across the community on effective homicide prevention efforts is more important than ever. The DVFRB will continue to honor its obligations to serve the District and its residents in this capacity.

¹² Gosang, B., & Park, H., et al. "Exacerbation of Physical Intimate Partner Violence during COVID-19 Lockdown." (2020). *Radiology* <https://pubs.rsna.org/doi/10.1148/radiol.2020202866>

