

**COVID-19 AND THE INCREASE OF DOMESTIC VIOLENCE AGAINST WOMEN**

**Call for Submissions: COVID-19 and Violence against Women**

**Submitted by The Advocates for Human Rights  
in regard to the District of Colombia, U.S.A.  
June 30, 2020**

The Advocates for Human Rights (The Advocates) is a volunteer-based non-governmental organization committed to the impartial promotion and protection of international human rights standards and the rule of law. Established in 1983, The Advocates conduct a range of programs to promote human rights in the United States and around the world, including monitoring and fact finding, direct legal representation, education and training, and publications. The Women’s Human Rights Program at The Advocates for Human Rights works to improve the lives of women by using international human rights standards to advocate for women’s rights in the United States and internationally through research, education and advocacy initiatives. The Advocates holds Special Consultative Status with ECOSOC.

**Scope of Submission**

This report addresses the impact of COVID-19 on victims/survivors of domestic violence in the District of Columbia (D.C.) in the United States. The District is unlike any other jurisdiction in the country because it is not a state but subsumed within the federal government. Residents of D.C. do elect their own local City Council that has the authority to establish laws, set and oversee budgets to a large extent. The 700,000 residents of D.C. do not elect Congressional members who can vote on federal matters. D.C. residents can vote for the President of the United State. There is a Congressional oversight committee that reviews decisions made by the D.C. City Council and Mayor. There continues to be an effort to make D.C. a state particularly given the facts that D.C. residents pay more taxes per capita than any other jurisdiction in the country and has a greater population than two states in the union. The negative impact of D.C.’s status is evident in its response to COVID-19. For instance, D.C. was funded at substantially reduced level in the Stimulus package to help states respond to COVID.

**D.C.’s Domestic Violence Law**

D.C. laws are also structured differently than those in states, however the intent and practice in relation to domestic violence law and policy is similar. In D.C., domestic violence is divided into three categories: intimate partner violence, intrafamily violence and interpersonal violence that are based on the relationship of the perpetrator and the victim survivor. Domestic violence exists within such a relationship when one of the individuals commits or threatens to commit any crime against the other.[[1]](#footnote-2) Criminal laws that would address a range of crimes are applicable to perpetrators. They include assault or threatened abuse, threats to do bodily harm, and stalking or aggravated assaults. In those instances where police respond, they may make an arrest and one can get a protection order through the criminal court. Unlike jurisdictions that are a part of a state structure, these cases are prosecuted by the U.S. Attorney’s Office rather than a local prosecutor, although the case is heard in a D.C. Court.[[2]](#footnote-3)

In D.C., like other jurisdictions, the primary recourse for victim/ survivors is to petition for a civil protection order, the hearing that is heard in the Domestic Violence Division of the D.C. Superior Court.[[3]](#footnote-4) Two types of civil protection orders are available. The first civil protection order available is a temporary order, which can be issued in an ex parte hearing and last initially for 14 days and then can be extended with the consent of both parties up to the time of a final court hearing. The order is issued where the judge believes that the petitioner or household members are in immediate danger from the abuser.[[4]](#footnote-5) The second civil protection order that can be issued is a full or final protection order. The Civil Protection Order can include a number of components like ordering the abuse or threats of abuse to stop, a stay away order, a no contact order or other relief.[[5]](#footnote-6) An extreme risk protection order can prohibit an individual from being in possession or control of or purchasing a firearm or obtaining a license to carry a concealed pistol.[[6]](#footnote-7) Victims of stalking, sexual assault or sexual abuse may also file for a civil protections order.[[7]](#footnote-8)

The District of Columbia is located in the “DMV,” i.e. D.C., Maryland, and Virginia area including several adjoining suburbs of Maryland and Virginia, otherwise known as the Greater Washington Area or metro D.C. Area. In many ways these suburban counties are quite different than other counties in the respective states. This report focuses on the laws and responses in the District of Columbia. This report is based on desk research and interviews, including with one victim services program that serves the Greater Washington Area as well as many in the District of Columbia.

**1. To what extent has there been an increase of violence against women, especially domestic violence, in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered during the COVID-19 crisis.**

Women are more at risk for domestic violence than men, and in stressful times, women living with their abusers are even more likely to be in danger. Yet, collecting data on this matter is difficult. First, the reporting period is relatively short, and the data results are fluid. Secondly, as will be discussed in greater detail later, victims/survivors in communities like the District of Columbia (DC) are under “stay-home” orders where all members of the household are only permitted to leave their homes for limited and specific purposes. At home, where victims have little privacy with their abusers often “stalking” their every move, the orders make it difficult, if not dangerous, to reach out for help. Victims/survivors may have their cell phones or electronic communication tracked; institutions that would make referrals, like schools, are closed as are other places where women may connect with others like churches, other houses of worship, gyms or hair salons. Access to courts is difficult or at times not available, and domestic violence programs are struggling to meet demands.

As one advocate whose organization provides help throughout the metro D.C. area and the adjoining suburbs in Maryland and Virginia – also known as the DMV – observed, “We don't really know [about the need for support]. “This [pandemic experience] is very likely to be akin to a hostage situation. Clients aren't calling for service until they know they can get out and get help. Women at risk have no privacy to reach out for help. We suspect that domestic violence is going up, and we suspect to be swamped when restrictions start to lift… The conditions caused by the pandemic, i.e. loss of jobs, loss of control, increased alcohol and substance use, are lethality factors that we are watching closely.”[[8]](#footnote-9)

As the pandemic continues, now into the fourth month in D.C., there is some suggestion that there has been an increase in calls to domestic violence hotlines in the jurisdiction of the District of Columbia. DC SAFE, the primary organization responsible for emergency response to victims of domestic violence in D.C. has seen a change from …in March 2019 to March 2020. At the same time, many of these callers are ones who have called earlier and not necessarily calling from their homes. Those victims who are living with their abusive partner are much less likely to have the ability to even make a phone call, never mind leave the house to meet with an advocate or counselor.[[9]](#footnote-10) Even where calls have not yet increased, the demands for counseling support has grown, with wait lists for individual and group support. One of the major programs for housing victims in D.C., the District Alliance for Safe Housing (DASH), reports four times as many requests for help since the pandemic began.

The increased demand for services is mirrored by the experience of the National Domestic Violence Hotline (NDVH). NDVH reported that its number of contacts was higher by 15% in April 2020 as compared to one year ago in April 2019. Ten percent (10%) of callers cited COVID as part of their reason for calling the hotline. There were a number of situations that might have prompted the call including lack of available shelter space, lack of legal protections, or instances where an abuser was using COVID-19 to further the abuse or control over the victim/survivor. Sixty-one percent (61%) of the callers reported physical abuse. Twenty-four percent (24%) reported economic or financial abuse. Ninety-nine percent (99%) of the callers were women, other, or unknown.[[10]](#footnote-11)

One type of service that has clearly seen a decrease in demand is in the number of petitions for Civil Protection Orders filed in the D.C. Courts. For instance, between April and May 2020, 569 new CPOs were filed as compared to 1001 in the same period in 2019.[[11]](#footnote-12) The complexity of filing for petitions will be described below.

**2. Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?**

Hotlines are available and are operating during the pandemic. Some hotlines provide 24/7 emergency response and services. Others are open during regular working hours. Depending on the jurisdiction, hotlines are available and run independently; others, particularly those operated through victim witness programs, may be run by a government agency. The majority of hotlines are operated as NGOs and may depend on both private and public funding. Even in instances where an organization, like the Jewish Coalition Against Domestic Violence (JCADA), initially experienced a decrease in hotline calls, their calls have increased as compared to the beginning of the COVID-19 restrictions. As we enter the fourth month of the pandemic, the National Hotline estimates a sustained increase in their calls during and in the aftermath of COVID-19. Please see Question 1 for further details.

**3. Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?**

In Maryland, the Governor explicitly exempted victims of domestic violence (male or female) from the stay-at-home order. One who has been evicted from his home under a protection order can still be compelled to leave the home or respect a stay-away order (restraining order). Initially, the courts in D.C. were inconsistent in how they responded to eviction requirements within protection orders, but a policy is now in place that both permits existing provisions to be enforced and also extends them to victims seeking temporary protection orders during this period.[[12]](#footnote-13) Police are also educated to provide women with resources that are available as well as strategies to escort women out of the house if the victim, without an order, wants to leave her home. As described below, it has become more difficult for police to enforce eviction or stay-away orders. Challenges may also arise in homeless shelters where a family or domestic partner is staying, and abuse occurs at the shelter. Under the D.C. “right to shelter” policies, the shelters sometimes find themselves in a bind. Rather than compel both parties to leave or allow both individuals to stay, social agencies have intervened to identify and facilitate moving the abused partner and her children to a safe place.[[13]](#footnote-14)

**4. Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?**

Yes. In both D.C. and the larger metropolitan area, shelters are open and available including those considered low-barrier shelters that do not provide overnight services. Low-barrier shelters have extended their daytime hours. Some jurisdictions also embrace a “scatter-site” housing model (rather than traditional shelter). “Scatter-site” housing comes with a lower public health risk because families are housed as a single unit in a single house or apartment. In addition, many hotels are offering rooms at reduced rates to shelters. JCADA has received two offers from area hotels/retreats. Some government and private funders are paying for hotel stays.

Most housing programs have implemented additional protocols, per guidelines provided by the D.C. Department of Human Services in conjunction with the Center for Disease Control and Prevention (CDC). Whether housing programs are shelter-based or through a “scatter-site” program, all programs have experienced a significant increase in costs due to the extra cleaning and cleaning supplies necessary to keep the shelter safe for its residents. Shelters and programs also incur additional costs relating to providing mask and other supplies to the residents, protective wear for its staff and volunteers and the cost involved in making available comprehensive health screening on a regular basis.

DASH’s services include emergency and transitional housing for up to 24 months, a second program specifically tailored to meet the needs of those women who have poor credit or renter’s history that can lead to permanent housing, as well as a third program in conjunction with other D.C. domestic violence programs. DASH has set aside at least one quarantined unit for a family who enters the program and is infected with COVID-19. DASH’s walk-in clinic is now a call-in clinic and it has had to suspend many of its other enrichment and group support programs.

Housing in publicly funded programs can be very complicated. For instance, shelters that are designated for the homeless can include victims or survivors. Competing regulations can dictate seemingly contradictory policies. For instance, the reporting requirements that are in place for homeless shelters contradict those reporting requirements for victims that require confidentiality when funding comes from federal sources through the U.S. Violence Against Women Act.[[14]](#footnote-15) During the pandemic, new contact-tracing policies can also compromise victims’ safety when information about their past or current interactions is either intentionally or accidentally made public.

**5. Are protection orders available and accessible in the context of the COVID-19 pandemic?**

Yes. In D.C., protection orders are available online, but are complicated to file. Also, serving notice on defendants is problematic. The D.C. Intake Center at the Superior Court and at a central hospital are closed during the pandemic. Victims can still file petitions for protection orders through D.C. Legal Services, law school domestic violence clinics and legal services in a number of larger social service programs. On [March 19, 2020](https://www.dccourts.gov/sites/default/files/Order-Attachment-PDFs/Order-3-19-20.pdf), the D.C. Superior Court issued an order clarifying the process for filing for Civil Protection Orders (CPO) and obtaining Temporary Protection Orders during the pandemic. The following, prepared by the D.C. Coalition against Domestic Violence (DCCADV), includes information on the court’s order and directions to the victim seeking relief through an online protocol:

* Any existing Temporary Protection Orders and Civil Protection Orders will remain in effect and will be extended to the next assigned court date (Generally Civil Protection Orders are enforceable for one year).
* Requests for a Temporary Protection Order (TPO) will follow the Emergency Temporary Protection Order (ETPO) process. It will be accessible 24 hours a day during this time of reduced court operations. When someone is in immediate danger, they are referred to the Metropolitan Police Department or the D.C. SAFE Critical Response Team to get immediate access to the ETPO process.
* Emergency Filings in Civil Protection Order cases can be made electronically through [www.probono.net/dccourts](http://www.probono.net/dccourts). Once petitioners complete and submit the form, they are asked to contact the Clerk’s Office to proceed with the filing by phone or by email.
* The Domestic Violence Division of the D.C. Courts also makes forms available on its website and offers another fallback if the form is not available, petitioners are encouraged to email the Division on a specific website address for further assistance.[[15]](#footnote-16)

Courts in adjoining Maryland jurisdictions also make some orders available, but at the time of this report, one advocate states that “the courts are the most chaotic part of the entire pandemic.  There is no uniformity to how the orders are available or accessible and protocols changes on a day-to-day/judge-to-judge basis. Typically, courts are only offering temporary orders that are extended. for months (rather than the typical week). Courts are very hesitant to use any type of phone or video platform to hold a final protective order hearing.”[[16]](#footnote-17)

**6. What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence?**

While there are some special challenges victims face in the justice system during COVID-19, those problems compound others that already exist in addressing victim/survivor safety and offender accountability. As one leading D.C. legal advocate and attorney reflected, “[t]here is an underlying tension at the root of the compatibility of the traditional legal system and what offers a fair hearing and adjudication in cases of interpersonal violence. By design the legal system was initially focused on stranger violence rather than interpersonal violence,” states Tracy Davis, an attorney at the D.C. Bread for the City Legal Clinic. She continues, “I think that encourages an aggressive style of communication that is rooted in toxic masculinity. Not everyone is able to communicate in this manner and often people shut down or are silenced by such a system. The legal system also assumes that people can come to court and tell their story in a linear, chronological way and remember details with precision. It doesn’t allow people to tell stories in a way that’s natural to them and still seen by the court to be credible. I don’t think our legal system is well set up for understanding how trauma and the adversarial system might impact the ability to tell a story and thereby impact the ability of a factfinder to gather information needed to make appropriate legal decisions. ”[[17]](#footnote-18)

The initial encounter with the justice system often begins with the police. During the pandemic, police response may not be as strong as it was previously. Police may be reluctant to intervene, and fewer law enforcement personnel are available to expedite any aspect of the response from 911 calls to an arrest. In instances where police respond to a call at home, their ability and choice to do so is more complicated. Heath and privacy concerns make it more difficult to assess and intervene. For instance, the six-feet social distancing rule, established for health reasons, makes it difficult to speak privately with the parties, police are reluctant to enter a home and it is sometimes difficult to get one or more of the parties to come outside. Currently, there is not one specific unit within the D.C. Metropolitan Police Department to address domestic violence. Instead, there are “trained experts” on the subject who can be a resource to any officer or police staff who is addressing a domestic violence issue whether at the 911 level or enforcing a protection order.

As described above, the D.C. courts have established a Domestic Violence Division where designated courts hear petitions for protection orders and contempt of protection orders. Judges sit in these courts on a rotating basis every two years. Thanks to the strong advocacy of the D.C. legal community addressing domestic violence, the Domestic Violence D.C. Court Advocates, a 3-member group representing the many lawyers, paralegals and advocates in D.C., meetings have continued through the pandemic. Historically, the Domestic Violence D.C. Court Advocates met every two weeks with the civil and criminal justice players including the Superior Court, Clerks’ Office, the criminal defense bar and others to get updates, discuss problems and identify solutions; however, since COVID-19, the D.C. Court Advocates and justice personnel have met by phone. A number of specific issues on how to provide full access to the justice system have arisen that the team is working to resolve. The challenges are present in almost every step of the process. They include:

* Access to notices and information. These may include notices to appear, service of petitions, and warrants. For instance, clarity is needed on whether there will be a process to request/access prior CPO records or one to request digital copies of any Metropolitan Police Department Return of Service Forms if submitted to a Clerk in advance of a hearing.
* The availability of attorney and court advocates to support the petitioner. Typically, those seeking a temporary protective order do not have legal counsel for a temporary protective order, but now that the orders last longer, a poor decision by the courts will last for months. JCADA's attorneys are seeking to provide legal advice, information, or representation on as many temporary orders as possible right now.[[18]](#footnote-19) There are also challenges when a victim would like to have an attorney serve as a negotiator remotely when trying to get to consent in CPO matters.
* Online hearings pose some unexpected problems, such as revealing the location of the survivor and her children to the abuser and the need to provide childcare during the period of the hearing. Another concern is the potential prejudicial impact of seeing the home where the parties reside. The best practice would be to hold the calls in neutral backgrounds and consider how to block identifying information about the phone or locations of the victim.
* The details of how hearings will be conducted. If they are handled via WebEx, this issue will raise questions, such as: how will participants in WebEx hearings be able to participate; will victims be allowed to call from blocked phone numbers to preserve their privacy? If and how video recordings would be made available and if so, what would be done with the recordings thereafter? Currently, policies state that the video recording online hearings is a violation of the court’s rules that no recordings may be made inside of a courtroom. This issue also raises the question whether the Court permits public access/live streaming of DVD proceedings?
* Concerns related to if and how contested matters in either civil or criminal court will be handled. For example, if contested remote hearings are held, it will be important for the Court to provide specific guidance on how exhibits can be submitted. Where multiple hearings are necessary, enough turn-around time for notice and the holding of a hearing has been a problem because of the need for some women to make arrangements for childcare and to preserve the confidentiality of their location.[[19]](#footnote-20)
* Other questions include:
  + Will there be a process to request/access prior CPO records?
  + Will there be a process to request digital copies of any MPD-submitted Return of Service Forms if submitted to a Clerk in advance of a hearing?
  + If hearings will be conducted via WebEx, is there also a video recording being made? What is done with that recording?
  + Will instructions be given by judges that the making of any video recordings of online hearings is a violation of the court’s rules that no recordings may be made inside of a courtroom?
  + Will the Court allow public access/live streaming of DVD proceedings?

Where orders are approved, there are questions on how to issue and serve the Order where the Court remains unable to use the mail service. Another question arises concerning the ability of the victim and her counsel to obtain certified copies of convictions from either the Domestic Violence (civil) or Criminal Division. Importantly, where protection orders are being extended, they must be accessible. In some instances, survivors must demonstrate they have an enforceable order to have access to additional community services.

As courts are trying to expedite the release of incarcerated persons because of health concerns related to COVID-19, victims may find themselves in danger. The current practice is to notify the victim simultaneously with the release of the perpetrator. It is problematic when victims are not given adequate notice, particularly if they are still living at the same residence where the abuse took place. The Domestic Violence Services Team is currently working with the Department of Corrections and the U.S. Attorney’s Office to establish policies to ensure the safety of the victim.

Custody and visitation policies can be another tool of abuse. Abusers, who initially had visitation or partial custody orders at the time the pandemic hit, and had their children physically with them at the time shelter-at-home orders were issued, use the pandemic as a basis for not returning the children. Even where the children are physically with their non-abusive parents, some abusers will try to separate their children from the victim by either removing the children from the home or not allowing the parent to return to their home. The rationale often used is in cases where the parent is an essential worker whose own health or exposure to the virus may be at risk, their children will be at risk.[[20]](#footnote-21)

D.C. visitation centers, usually a place of refuge and safety for a visit exchange, are closed. Although there is an effort to use online supervision, it is not very effective, especially where young children are unable to appreciate the situation, or the mother does not want to disclose her whereabouts. For child support/alimony where both parties have counsel, the Courts may be able to grant divorce, custody and visitation petitions, but such situations are rare. And logistics remain more complex in terms of serving notice of hearings and orders.[[21]](#footnote-22)

**7. What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.**

In D.C., Mary’s Center is a community-based health service that serves nearly 60,000 clients a year. It offers a range of health and social services including access to reproductive health services and service related to domestic violence. Extensive telehealth services are available during the pandemic. But some patients, who otherwise should go to a hospital or doctor’s office, are reluctant to do so out of fear of being infected by others. Elective procedures are limited, some of which may be important to the basic health of the patient, not merely cosmetic. Because of health concerns, some victims/survivors are also reluctant to go to a shelter or even seek medical help that would require them to leave their home, be in a public space, or use public transportation. As noted earlier, the D.C. legal clinic once available at a major hospital center, is not currently available.

A significant health issue exists for victims who are working as essential workers. Women represent 52% of all the essential workers. Women provide most of the childcare, housekeeping and home health services. Women also represent the majority of social workers, healthcare workers and critical retail servicers.[[22]](#footnote-23) According to the U.S. Bureau of Labor Statistics, nearly 80% of essential healthcare workers are women. The New York Times reports that “while [male doctors](https://www.nytimes.com/aponline/2020/04/08/us/ap-us-virus-outbreak-the-uncounted.html) and [nurses](https://www.nytimes.com/2020/03/26/nyregion/nurse-dies-coronavirus-mount-sinai.html) have died on the front lines, [a recent report](https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e6.htm?s_cid=mm6915e6_x) from the Centers for Disease Control and Prevention (CDC) found that women account for 73 percent of the U.S. health care workers who have been infected since the outbreak began.”[[23]](#footnote-24)

It should be noted that the jobs that women perform pay less and put them at greater risk than those for men who perform essential work. Of the 5.8 million people working in health care jobs that pay less than $30,000 per year, half were non-white workers and 83% were women[[24]](#footnote-25).

**8. Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.**

The DCCADV reports that many of the strategies discussed to prevent the spread of COVID-19, such as self-quarantine and social distancing, may be dangerous for victims and their families. Additionally, fleeing unsafe situations may become more complicated and remaining in close proximity to abusive partners more dangerous. Domestic violence organizations are often working in difficult situations and responding to crisis. For example, My Sister’s Place suspended their weekly Wednesday Domestic Violence Resource Clinic and monthly support group through the remainder of the month.

An advocate who offers services to victims throughout the metro D.C. area offers several examples of the problems victims encounter in addition to those already discussed relative to the system:

* Clients do not know that services are open, so most agencies’ focus is on getting that information out. All jurisdictions are publishing resource information and launching education campaigns.
* Clients are without access to or sufficient knowledge of the technology that is needed to get services right now.  A significant obstacle to victims having access to a range of services, programs or support is the “digital divide where many low-income families have neither access to broadband or smart phones… Ideally, clients need a smart phone and access to the internet to get therapy, fill out forms, etc. …Our victim advocates have met in person with the clients who don't have the technology or understanding of technology to get the information…”
* Clients cannot achieve the privacy necessary to speak to advocates, attorneys, or clinicians. There are clients that staff simply cannot speak to because there is no privacy now.
* Abusers very often monitor the victim's technology as a tool for abuse. Even if the victim has access to the technology, but is unable to protect her privacy, abusers can use that technology to escalate the abuse.
* As discussed above, the factors of job loss, economic uncertainty, and increased use and abuse of substances, increase the lethality of domestic violence.
* Government funding is tight due to the loss of tax dollars, which is squeezing the non-profit community and will continue to squeeze the non-profit community for a long time. Some non-profit groups may be forced to close as the result.[[25]](#footnote-26)
* Organizations are experiencing a great amount of trouble securing emergency funding… they cannot simply "hire staff." Rather, staff need to be recruited, hired, and trained to do the work. Fundraisers have been cancelled so this has compounded the financing issues. Domestic violence work requires a high level of skill and expertise, and it requires consistent funding. A one-time grant is not sufficient nor sustainable for a service provider.[[26]](#footnote-27)

While there is no specific data concerning the impact of gun ownership and domestic violence during the pandemic, with the outbreak of COVID-19, more guns were purchased in March 2020 than in any preceding month since gun registries were put in effect. Many of those purchasing guns were first-time gun buyers. David Keck, Director of the National Resource Center on Domestic Violence and Firearms, reports that there is a significant likelihood that abused women will be in greater danger with firearms present at this time. The pandemic creates or reinforces the kinds of stress that can be deadly: social isolation, stay-home orders that put families in constant contact without any privacy, increased stress with job loss or uncertainty about the future. Statistics have shown abusers with firearms at home are more likely to be used against a family member than to protect property or directed to a stranger. Where firearms are in the home, victims are five times more likely to be killed by their abuser. Guns can also be used to intimidate and coerce conduct.[[27]](#footnote-28)

Communities of Color are often the most vulnerable in domestic violence cases. The DCCADV reports that in D.C. nearly 50,000 victims of Intimate Partner Violence are Black or African American, 5,200 survivors are Asian or Pacific Islander, and 11,400 survivors are Hispanic or Latinx. Furthermore, the D.C. Women’s Taskforce on the Interagency Council on Homelessness in January 2018, reported that “Black/African American women make up the largest share of women who are homeless (75%), a rate disproportionate to the D.C. population where they are only 52% of adult women.” This same report also highlighted the intersection of domestic violence and homelessness. The report found that “nearly one-third of women in the study indicate that violence is the cause of their homelessness or housing instability.” Also, “emergency shelter and transitional housing continue to be the most urgent unmet needs for domestic violence survivors.”[[28]](#footnote-29)

Recent data shows that Communities of Color have been disparately affected during the COVID-19 pandemic. According to the latest research by APM Research Lab, COVID-19 related deaths in the Black community are more than double that of other racial/ethnic groups. In Iowa, Latinos accounted for 17% of COVID-19 confirmed cases, while comprising only 6% of the population. In Alabama, the Asian community accounted for 4% of deaths compared to being 1% of the population. Ujima, Inc. the National Center on Violence Against Women in the Black Community states, “[t]he response to our communities has been especially inadequate. Higher infection and mortality rates in Communities of Color are indicative of long-term systemic inequities, including access to healthcare, wealth and wage gaps, the digital divide, lack of language access, housing disparities, and food deserts, among other things. Despite some funding for sexual assault and domestic violence programs, there is a dearth of funding for under-resourced culturally specific programs that are a lifeline for survivors in their communities… These organizations provide more holistic services; provide critical language access for survivors who are limited English proficient; assist survivors who are at a higher risk of contracting COVID as essential workers and also at higher risk of unemployment; provide food; and increase access to other life-saving resources… In order to truly address the impact of COVID-19 on all domestic violence and sexual assault survivors, there must be funding directed to culturally-specific organizations that are developed by and for our communities. Communities of Color must lead the response in our own communities. Our nation cannot maintain the status quo that has marginalized their voices.”[[29]](#footnote-30)

**9. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.**

As described in this submission, various arms of the D.C. government and non-profit organizations work together to develop city-wide policies that ensure both victim safety and respect and that of accountability of the abuser. A number of domestic violence organizations, whether through the D.C. Coalition Against Domestic Violence or sub-groups like the D.C. Domestic Violence Service Committee or Domestic Violence Advocates, addressing legal policy and practice, meet regularly with relevant D.C. agencies.

During the period of the pandemic, the D.C. Department of Public Health (DCDPH), the Courts, and Department of Human Services (DCDHS) are seeking to incorporate public health safety concerns into current policies. As previously discussed, local jurisdictions and courts have made an attempt to keep all kinds of help available. The Courts have made a relatively quick transition to online access. DCDHS is working with D.C. Court Advocates to expedite cases that are designated as red for those women and families in immediate danger and ensure that a series of wrap around services are made available.

Government agencies, like some of the foundations, have acted quickly to make emergency funding available for client support, whether it be subsidizing hotel stays, groceries, or clothing.

Looking forward, it will be important to consider how state and local budgets will be affected by COVID-19. Many state and local budgets have suffered tremendous losses, both because of increased costs related to COVID-19 and a shrinking tax base to meet these and ongoing needs. The majority of funds and programs to support victims are funded with local and state funds. As states and localities develop their budgets for the coming year, funding for domestic violence programs, whether shelters, hotlines, counseling, or health care, must be preserved and allocated in relation to the need. Advocates believe there will be a significant surge in demand for services if victims, including those who are suffering from first-time abuse, are able to reach out for help more easily.

**10. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.**

With some systems and coordination already in place, D.C. can respond to those women in greatest danger or crisis once identified. There are two different groups the Domestic Violence Systems Review Team referenced above that includes 17 members of the justice system and another that focuses on the response of other system response. Prior to the pandemic, this committee had put in place a “red team” to identify those at greatest risk a determined by a lethality assessment the tools of which have been shared with public agencies and non- profit groups. Where a team member believes that a client may be critical danger, the provider communicates with D.C. SAFE who expedites access to a continuum of services. Within 24 hours, the victim is contacted and asked if she will accept the services offered. If so, D.C. SAFE will coordinate a Red Team meeting of all relevant agencies in “real time” to assess housing. legal, income, health and emotional needs and much more. In developing a coordinated approach, D.C. SAFE hopes to eliminate any bottleneck that might create barriers for these women.[[30]](#footnote-31) The success of this approach is measured by indices like the fewer number of femicides since the program began, percentage of arrests made, safe housing provided. The city also employs a Fatality Review Team to gain a better understanding of the steps that led to the deaths of battered women.

There has been substantial internet and media information about the impact of COVID-19 on domestic violence victims. The different non-governmental coalitions have made an effort to publicize their resources and those of their members. News outlets have addressed the subject and from various perspectives, housing, legal, etc. Semi-government entities, like the Montgomery County Commission on Women, established the Family Violence Awareness and Prevention Campaign to educate the community about challenges and resources for victims during the pandemic.[[31]](#footnote-32)

As noted above, the D.C. Courts have developed online access to obtain protection orders; where questions have been raised, the Presiding Judge has been responsive.

In some instances, service providers have been able to increase the number of staff and volunteers to be available online to offset the closing of some other programs, particularly those that are government-based. Most programs have moved to providing online services although a few can still arrange a face-to-face meeting in an anonymous safe location where the counselor and client can respect social distancing protocol. JACADA has met some if its clients in the parking lots of supermarkets or big container stores meeting for a walk or in cars across from each other.

Safety planning is key to helping victims whether or not they are living with their abuser. Safety planning can include developing a code word or signal when one is in danger with designated family or friends prepared to call the police or safely intervene.

The programs are creative when they can be. My Sister’s Place, D.C.’s oldest shelter for battered women, is now providing its clients keychains with a silent panic button to call for help discretely. The DASH is setting aside vacant rooms for residents who must be quarantined. The Maryland County Commission for Women has recently launched the Family Violence Awareness and Prevention Campaign to educate the community about challenges and resources for victims during the pandemic.

Other legal programs integrated into larger social service programs make obtaining food safer and easier. The D.C. government has established a relationship with Amazon to enable those persons who receive food stamps to obtain food through online ordering and company delivery.

With schools and many social services closed, there are fewer ways that family violence can be detected and reported, thus empowering and educating friends, family and bystanders is even more important. Some organizations, like D.C. Self Defense have expanded their programs to educate bystanders on how to be helpful if they observe possible incidents of abuse, whether in person and how to safely intervene. JCADA offers strategies and information to those who witness abuse online.

A number of foundations in the D.C. metro area have added new funds to respond to the immediate needs of victim survivors. For instance, Washington Area Women’s Foundation (WAWF) has established a special COVID-19 Response Fund, “STAND TOGETHER so she can stand on her own” to address the needs of women and girls in the metro D.C. Area. Under this fund, WAWF supports programs addressing violence and abuse, including hotlines and telehealth visits, the caregiving workforce and advocacy to ensure women of color are front and center in recovery discussions.[[32]](#footnote-33)

1. District of Colombia Official Code, Secs.16-1001(6)-(9), (12); Sec. 16-1003(a). [↑](#footnote-ref-2)
2. Women’sLaw.org, District of Colombia Crimes, <https://www.womenslaw.org/laws/dc/crimes>, Nov. 1, 2019. [↑](#footnote-ref-3)
3. District of Colombia Courts, available at <https://www.dccourts.gov>, last visited June 26, 2020. [↑](#footnote-ref-4)
4. District of Colombia Official Code, Sec.16-1004(b). [↑](#footnote-ref-5)
5. D.C. Metropolitan Police Department, available at <https://www.mpdc.dc.gov>, last visited June 26, 2020. [↑](#footnote-ref-6)
6. District of Colombia Official Code, Sec. 7-2510.01(1). [↑](#footnote-ref-7)
7. District of Colombia Official Code, Sec.16-1001(12). [↑](#footnote-ref-8)
8. Interview and Statement of Dr. Courtney Fisher, Deputy Director of Jewish Coalition Against Domestic Violence, 23 April 2020 and 28 April 2020, available at <https://jcada.org/>. [↑](#footnote-ref-9)
9. Interview with Ana Natalia Ottero, Executive Director of DC SAFE, 2 June 2020. [↑](#footnote-ref-10)
10. “COVID-19 Special Report,” National Domestic Violence Hotline, accessed 5 June 2020. https://www.thehotline.org. [↑](#footnote-ref-11)
11. Materials and Interview with Tracy J. Davis, Managing Attorney at Bread For The City Legal Clinic, 3 June 2020. https://www.breadforthecity.org. [↑](#footnote-ref-12)
12. Interview with Tracy J. Davis, Managing Attorney at Bread For The City Legal Clinic, 3 June 2020. [↑](#footnote-ref-13)
13. Materials and interview with Dawn Dalton, Deputy Director of the DC Coalition Against Domestic Violence (DCCADV), June 2, 2020, available at <https://www.dccadv.org/2020/03/coronavirus-covid-19-response/>. [↑](#footnote-ref-14)
14. Materials and interview with Dawn Dalton, Deputy Director of the DC Coalition Against Domestic Violence (DCCADV), 2 June 2020, available at <https://www.dccadv.org/2020/03/coronavirus-covid-19-response/>. [↑](#footnote-ref-15)
15. Materials and interview with Dawn Dalton, Deputy Director of the DC Coalition Against Domestic Violence (DCCADV), 2 June 2020, available at <https://www.dccadv.org/resouces>. [↑](#footnote-ref-16)
16. Interview with Dr. Courtney Fisher, Deputy Director of Jewish Coalition Against Domestic Violence, April 23, 2020 and April 28, 2020.

    Interview with Dr. Courtney Fisher, Deputy Director of Jewish Coalition Against Domestic Violence, April 23, 2020 and April 28, 2020. [↑](#footnote-ref-17)
17. “Dreaming of a Better Tomorrow:” A Conversation with Tracy Davis See Davis, Bread for the City, n.d, available at <https://breadforthecity.org/blog/dreaming-of-a-better-tomorrow-a-conversation-about-domestic-violence-with-bfc-managing-attorney-tracy-davis/>. [↑](#footnote-ref-18)
18. Interview with Dr. Courtney Fisher, Deputy Director of Jewish Coalition Against Domestic Violence, April 23, 2020 and April 28, 2020. [↑](#footnote-ref-19)
19. Interview with Tracy J. Davis, Managing Attorney at Bread For The City Legal Clinic, June 3, 2020. [↑](#footnote-ref-20)
20. Interview with Joan Meier, Esq. Professor of Clinical Law and Director of the National Family Violence Law Center of the George Washington University Law School, May 27 2020. [↑](#footnote-ref-21)
21. Ibid. [↑](#footnote-ref-22)
22. “How Millions of Women Became the Most Essential Workers in America”, Campbell Robertson and Robert Gebeloff, New York Times, April 18, 2020. [↑](#footnote-ref-23)
23. ”How Millions of Women Became the Most Essential Workers in America”, Campbell Robertson and Robert Gebeloff, The New York Times, April 18, 2020. [↑](#footnote-ref-24)
24. Ibid. [↑](#footnote-ref-25)
25. Interview with Tracy J. Davis, Managing Attorney at Bread For The City Legal Clinic, June 3, 2020. [↑](#footnote-ref-26)
26. Interview and Statement of Dr. Courtney Fisher, Deputy Director of Jewish Coalition Against Domestic Violence, April 23, 2020 and April 28, 2020, available at <https://jcada.org/>. [↑](#footnote-ref-27)
27. “COVID -19 and Firearms: A Message on Risk”, The National Resource Center on Domestic Violence and Firearms, April 28, 2020, available at <https://www.preventdvgunviolence.org/news/covid-19-and-firearms-message-on-risk.html>. [↑](#footnote-ref-28)
28. “Surviving DC: A Domestic Violence Report, 2018 DC Coalition Against Domestic Violence, available at [www.dccadv.org](http://www.dccadv.org). [↑](#footnote-ref-29)
29. Ujima, SCESA, apigbv, National Latin Network, “Intersection of COVID-19, Domestic Violence, and Sexual Assault within Communities of Color,” available at <https://ujimacommunity.org/wp-content/uploads/2020/05/COC-DV-SA-COVID-Statement.pdf>. [↑](#footnote-ref-30)
30. Interview with Ana Natalia Ottero, Executive Director of DC SAFE, June 2, 2020. [↑](#footnote-ref-31)
31. Interview and Statement of Dr. Courtney Fisher, Deputy Director of Jewish Coalition Against Domestic Violence, April 23, 2020 and April 28, 2020, available at <https://jcada.org/>. [↑](#footnote-ref-32)
32. Washington Women’s Area Foundation, “Stand Together Fund,” available at <https://thewomensfoundation.org/stand-together-fund/>. [↑](#footnote-ref-33)