

**Domestic Abuse Fatality Review  
2024 Annual Report**

**Submitted to:**

Jeff Landry, Governor, State of Louisiana

Health and Welfare Committee, Louisiana Senate

Health and Welfare Committee, Louisiana House of Representatives

**By:**

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**Acknowledgements**

This report was compiled and written by the Louisiana Department of Health, Office of Public Health, Bureau of Family Health staff responsible for the Louisiana Domestic Abuse Fatality Review. Amy Zapata, MPH, is the Director of the Bureau of Family Health. The Louisiana Domestic Abuse Fatality Review is led by Rebecca Majdoch, MPH, Data to Action Team Lead.

The Louisiana Department of Health, Office of Public Health's Bureau of Family Health coordinates the Domestic Abuse Fatality Review. As mandated by [Louisiana Revised Statute 40:2024.1-2024.6](#), a multidisciplinary review of domestic abuse fatalities is conducted to identify and characterize the scope and nature of these fatalities to prevent future deaths.

This report was made possible through detailed review of domestic abuse fatality cases by a volunteer review committee. We are truly grateful to the members of this review committee for their time, dedication, insight, and expertise. We recognize the team at the Bureau of Family Health whose dedication and hard work made this report possible, including the Domestic Abuse Fatality Review Coordinator who leads the Louisiana Domestic Abuse Fatality Review program, the epidemiologists and abstractors who review and analyze the data, and the communication staff who edited and designed the report.

We acknowledge and thank our partners, the Centers for Disease Control and Prevention National Violent Death Reporting System and the Louisiana Coalition Against Domestic Violence, for their collaboration in providing the data used to identify cases of deaths due to domestic abuse in Louisiana. We also acknowledge and thank our partners — the Louisiana State Police, the Louisiana Association of Chiefs of Police, the Louisiana Sheriffs' Association, the Louisiana Clerk of Courts Association, the Louisiana District Attorneys Association, the Louisiana Protective Order Registry, and the Louisiana Department of Health, Office of Public Health, Bureau of Emergency Medical Services — who provided the records that allowed meaningful review to occur.

Lastly, we honor the women, men, and children affected by an act of domestic abuse in Louisiana, their loved ones, and those who work diligently, persistently, and tirelessly every day to support and protect victims of domestic abuse in Louisiana. It is our sincere hope that the activities of the Louisiana Domestic Abuse Fatality Review will prevent future tragedies.

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## Executive Summary

### The Louisiana Domestic Abuse Fatality Review

The Louisiana Department of Health, Office of Public Health, Bureau of Family Health is responsible for coordinating several mortality and review-to-action systems, including the Louisiana Domestic Abuse Fatality Review. Established in 2021 via [Louisiana R.S. 40:2024.1-2024.6](#), the Louisiana Domestic Abuse Fatality Review Panel works to identify and characterize the scope and nature of domestic abuse fatalities through a comprehensive and multidisciplinary review of domestic abuse fatality cases at the state and local levels in order to take action to prevent future fatality. The annual report highlights data trends and the findings and recommendations of the Review Panel for the prevention of domestic abuse and intimate partner violence.

The 2024 Louisiana Domestic Abuse Fatality Review report reflects intimate partner violence mortality data from 2020-2022. The data includes the number of intimate partner violence cases per year, demographics information, and a summary of these fatal incidents.

### Summary of Data and Statistics

- According to the Louisiana Violent Death Reporting System, 181 Louisiana residents died due to intimate partner violence from 2020-2022.
- Louisiana Violent Death Reporting System data also shows firearms are the leading cause of intimate partner violence deaths in Louisiana. Firearms are involved in approximately 75% of intimate partner homicides, which is significantly higher than the national average.
- More than half of Louisiana residents experience physical violence in their lifetime. An estimated 200,000 adults faced partner violence in the past year, with women being three times more likely to experience severe forms of intimate partner violence.<sup>1</sup>
- Louisiana has the fifth highest rate of women murdered by men in the United States. Many victims (approximately 56%) knew their assailants, often being wives, ex-wives or girlfriends.<sup>2</sup>

### Prioritized Recommendations

Based on case review data and the expertise of the Review Panel members, the Louisiana Domestic Abuse Fatality Review Panel has prioritized four recommendations for implementation over the next two years:

- Healthcare providers should develop relationships with local domestic violence service providers to facilitate warm hand-offs for patients in need of support services. Providers should contact [Louisiana Coalition Against Domestic Violence](#) at (225) 752-1296 for assistance with establishing a formal bi-directional referral system between health care and domestic violence service providers.
- Healthcare providers should enhance support for women experiencing intimate partner violence by increasing the awareness of and enrollment in Louisiana's Maternal, Infant and Early Childhood Home Visiting services, where trained nurses or professional parent educators can build trusting relationships with mothers. These relationships create safe spaces for women to disclose intimate partner violence and receive referrals to critical support services.
- Law enforcement should schedule first-aid training for all police officers and ensure police units are supplied with tourniquets to provide life-saving treatment for victims of abuse and other injured parties when they are first to arrive to the scene.

- The Louisiana court system should implement a comprehensive approach to provide resources for families suffering from domestic abuse. This can include referring victims of abuse to supportive social and legal services, providing safe spaces for child visitation and custody exchange, while also mandating perpetrators of abuse to batterer intervention programs and substance abuse or parenting programs.

## Introduction

The Louisiana Department of Health, Office of Public Health, Bureau of Family Health is responsible for coordinating the Louisiana Domestic Abuse Fatality Review that identifies and characterizes the scope and nature of domestic abuse fatalities to take action to prevent future fatalities. Overall, the Bureau works to promote the health of Louisiana families throughout their lifetime through programs and initiatives to improve the health of pregnant women, babies, children, teens, adults, and youth with special healthcare needs.

Our vision is for Louisiana to be a state where all people are valued and can reach their full potential, from birth through the next generation. Our mission is to elevate the strengths and voices of individuals, families, and communities to catalyze transformational change to improve population health and achieve equity. The Louisiana Domestic Abuse Fatality Review and this report are some of the ways the Bureau of Family Health works to advance health outcomes in the state for women, children, families, and individuals with special healthcare needs.

### **What is Domestic Abuse?**

Domestic abuse, also referred to as intimate partner violence, domestic violence, or dating abuse, is a pattern of abusive behaviors used by one partner to gain and maintain power and control over another partner in an intimate relationship.<sup>3</sup>

Domestic violence can be physical, sexual, emotional, economic, psychological, or technological actions or threats of actions, or other patterns of coercive behavior that influence another person within an intimate partner relationship. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, coerce, threaten, blame, injure, or wound someone.

Domestic abuse occurs in both opposite-sex and same-sex relationships and can happen to intimate partners who are married, living together, or dating, or share a child.<sup>4</sup> It can happen to anyone regardless of race, age, sexual orientation, religion, sex, or gender identity and affects people of all socioeconomic backgrounds and education levels.

See Appendix A for detailed information about types of domestic abuse.

### **Legislative Mandates**

Enacted by Louisiana Revised Statutes 40:2024.1-2024.6, known as the “Louisiana Domestic Abuse Fatality Review Panel Law,” the Louisiana Legislature established a domestic violence fatality review team within the Louisiana Department of Health and defined the required representation, as well as the Review Panel’s functions, duties and authorities. The legislation calls for the review panel to be composed of 20 members who represent public health, health care, social service agencies, law enforcement, criminal justice, and community organizations. In addition, the legislation allows the panel to appoint authorized agents with relevant knowledge regarding domestic abuse to aid the review panel in fulfilling its duties.

See Appendix B for a full list of review panel members and authorized agents. See Appendix C for the full statute.

## Louisiana Domestic Abuse Fatality Review

Through comprehensive and multidisciplinary review of domestic abuse fatality cases at the state and local levels, the Louisiana Domestic Abuse Fatality Review Panel works to identify and characterize the scope and nature of domestic abuse fatalities in order to take action to prevent future fatalities. The Review Panel defines a domestic abuse fatality as a fatality that arises from an abuser's efforts to seek power and control over their intimate partner. Using this broad definition, domestic abuse fatalities include:

- Homicides in which the victim was a current or former intimate partner of the suspect,
- Homicides in which the victim was someone other than the suspect's intimate partner, but which occur in the context of domestic abuse or in the context of a suspect attempting to kill an intimate partner (i.e. friend, family member, new intimate partner, law enforcement),
- Homicides occurring as an extension of or in response to ongoing intimate partner abuse, and
- Suicides, other than the suspect's, which may be a response to a current or past experience with domestic abuse.

## Operating Principles of Louisiana Domestic Abuse Fatality Review

- The prevention of domestic abuse fatalities is a community responsibility.
- The domestic abuse fatality is an event that should urge communities to identify other individuals at risk for trauma or injury.
- A fatality review requires multidisciplinary participation from the community.
- A review of case information should be comprehensive and broad.
- A review should lead to an understanding of risk and preventive factors related to injury from domestic abuse.
- A review should focus on prevention and should lead to effective recommendations and actions to prevent fatalities due to domestic abuse and to keep people healthy, safe and protected.

## Objectives of Louisiana Domestic Abuse Fatality Review

- Understand how and when the suspect's behaviors escalated
- Examine the risk factors as they pertain to both the suspect and the victim
- Ensure the accurate identification and standardized reporting of the cause and manner of every domestic abuse fatality
- Improve communication, linkages and coordination among local and state agencies
- Improve agency responses in the investigation of domestic abuse fatalities
- Improve agency response to protect other family members in the homes of deceased individuals due to domestic abuse
- Improve delivery of services to families, providers and community members
- Identify and mitigate specific barriers and system issues involved in domestic abuse
- Identify significant risk factors and trends in domestic abuse fatalities
- Identify and advocate for needed changes in legislation, policy and practices, and expand community efforts to prevent domestic abuse
- Increase public awareness and advocacy against domestic abuse
- Improve investigations of domestic abuse fatalities



## The Louisiana Domestic Abuse Fatality Review Process

### Step 1: Domestic Abuse Fatality Occurrence and Case Assignment and Identification

The Office of Public Health Bureau of Vital Records and Statistics (State Registrar) provides data on newly registered fatalities to the Bureau of Family Health each month. Domestic abuse fatalities identified through the [Louisiana Violent Death Reporting System](#) and the [Louisiana Pregnancy Associated Mortality Review](#) are matched with those recorded by the [Louisiana Coalition Against Domestic Violence](#).

Once a comprehensive list is created, the Bureau of Family Health obtains individual case information from the Louisiana Violent Death Reporting System, advocacy agencies, healthcare providers, coroners, law enforcement, and judicial entities.

### Step 2: Abstraction of Records

When information is not readily available in the Louisiana Violent Death Reporting System, the Bureau of Family Health may request records from a variety of individuals and organizations:

- Advocacy centers
- Civil, criminal and municipal court records
- Coroners
- District attorneys
- Judicial reports
- Law enforcement (police departments and sheriff offices)
- Media reports
- Department of Children and Family Services records
- Reports of animal abuse

### Step 3: Case Abstraction and Preparation

The Bureau of Family Health receives a list of domestic abuse fatalities and request records from data providers following a standardized process for secure records requests and maintenance. Records are reviewed and pertinent data variables are collected from records and entered into a data system for each case. The thoroughness of the investigation and availability of case records ultimately determines the completeness of case information for the Louisiana Domestic Abuse Fatality Review Panel. Once completed, the Bureau prepares a de-identified case summary of key information for review and a narrative summary of the incident. The Review Panel members and authorized agents receive case summaries via encrypted email prior to case review meetings to review and prepare for case discussion.

### Step 4: Case Review, Data Analysis and Research

The Louisiana Domestic Abuse Fatality Review Panel meets quarterly (or more frequently as determined by the Review Panel) to review cases. The Review Panel Chair and Bureau of Family Health staff facilitate all case review meetings. Case review is closed to the public to protect sensitive information discussed. During these meetings, the Review Panel examines de-identified case summaries created by the Bureau and Louisiana Coalition Against Domestic Violence. The case review team then uses these case summaries and community profiles to identify risk factors and provide recommendations. Recommendations for prevention are recorded as a part of each case review.

The Review Panel prioritizes maternal deaths (deaths during pregnancy or up to 365 days after end of pregnancy) and murder-suicides, as these cases may be more complete since they are less likely to be pending further investigation or awaiting adjudication. Cases with more complete information usually result in more informed system recommendations.

### Step 5: Data to Action

Every year, Louisiana Domestic Abuse Fatality Review produces an annual report, as mandated by the authorizing legislation. Reports include aggregate data on the cases reviewed and recommendations. The report is distributed by the Louisiana Department of Health to the governor and legislature. The report and recommendations are also sent to organizations promoting the health and safety of Louisiana's families, including: the Louisiana Domestic Violence Prevention Commission, the Louisiana Department of Health and other state agencies, advocacy organizations, community-based organizations, state law enforcement agencies, state court systems and healthcare providers. It is also available online to the public at [partnersforfamilyhealth.org/dafr](https://partnersforfamilyhealth.org/dafr).

See Appendix D for the Louisiana Domestic Abuse Fatality Review Process Map.

## Addressing Underserved Populations and Social Determinants of Health

### Louisiana Domestic Abuse Fatality Review Community Profiles

In order to better identify and address gaps in resources and services at the local level and aid in the development of community and societal level recommendations, Maeve Wallace, Ph.D., an authorized agent to the Louisiana Domestic Abuse Fatality Review Panel, Associate Director of the Mary Amelia Center for Women's Health Equity Research, and Associate Professor of the Tulane University School of Public Health, and Tropical Medicine developed community profiles for Louisiana Domestic Abuse Fatality Review cases.

Profiles include categories related to the availability of clinical care, social and economic conditions, health behaviors, physical environment conditions, quality of life, and community safety indicators. A graph is created for each case based on the parish where the fatality occurred, with comparisons to the Louisiana value and the U.S. national value. This information gives panel members context into the community's needs and barriers to help inform risk factors related to the fatality and to assist in developing community-level recommendations. Subcategories within each category include:

- **Clinical Health Care:** Ratio of Population to Primary Care Physicians, Ratio of Population to Mental Health Providers, Percentage of the Population without Health Insurance
- **Social and Economic Factors:** Child Poverty Rate, Childcare Cost Burden, High School Completion Rate, Gender Pay Gap
- **Health Behaviors:** Food Insecurity, Drug Overdose Mortality Rate, Excessive Drinking
- **Physical Environment:** Home Ownership, Percent Rural, Severe Housing Cost Burden, Severe Housing Problems
- **Quality of Life:** Poor or Fair Health, Frequent Physical Distress, Frequent Mental Distress
- **Community Safety:** Violent Crime Rate, Suicide Rate, Homicide Rate, Firearm Fatality Rate

See Appendix E for the Louisiana Domestic Abuse Fatality Review Community Profiles.

## Domestic Abuse in the United States vs. Louisiana

**Domestic abuse is a significant health problem and has lifelong consequences.**<sup>5,6</sup>

Studies have shown that beyond injury and death, victims of intimate partner violence are more likely to report a range of negative mental and physical health outcomes that are both acute and chronic in nature.<sup>5,6</sup> In addition, there are a number of behavioral factors that are likely to play a role in the link between intimate partner violence and adverse health outcomes. Victims of intimate partner violence are more likely to smoke, engage in heavy/binge drinking, and report HIV (human immunodeficiency virus) risk factors.<sup>6</sup>

**According to the National Coalition Against Domestic Violence, on average, nearly 20 people per minute are physically abused by an intimate partner in the United States.** During one year, this equates to more than 10 million women and men.<sup>7</sup> Domestic abuse affects those who are abused and has a substantial effect on family members, friends, co-workers, other witnesses, and the community at large. Children who grow up witnessing domestic abuse are among those seriously affected by this crime. Frequent exposure to violence in the home not only predisposes children to numerous social and physical problems, but also teaches them that violence is a normal way of life; therefore, increasing their risk of becoming society's next generation of victims and abusers.<sup>4</sup>



**UNITED STATES  
vs. LOUISIANA**

Louisiana consistently **leads the nation in domestic homicides** and **has ranked among the top five almost every year since 1997.**<sup>8</sup> According to the Violence Policy Center 2020 study, *When Men Murder Women*, Louisiana ranked fifth in the United States for women

murdered by men, with a homicide rate of 2.18 per 100,000 females killed by males in single victim/single offender incidents. This report shows that:

- For homicides in which the victim-to-offender relationship could be identified, **98 percent of female victims (39 out of 40) were murdered by someone they knew.**
- Of the victims who knew their offenders, **56 percent (22 victims) were wives, common-law wives, ex-wives or girlfriends of the offenders.**<sup>2</sup>

The Centers for Disease Control and Prevention created the National Violent Death Reporting System to monitor and track deaths related to violence across the nation. The National Violent Death Reporting System covers all types of violent deaths — including homicides and suicides — in all settings and for all age groups.<sup>9</sup> Data from the Louisiana Violent Death Reporting System confirms that intimate partner violence is a significant public health concern in the state: a total of 181 deaths due to intimate partner violence were identified from 2020-2022. In an effort to decrease these numbers, Louisiana established a formalized process for an in-depth review of these fatal incidents to identify gaps and develop recommendations that promote improved and integrated public and private systems serving victims of domestic abuse, as well as components for prevention, training, and education to prevent future fatalities.

While population-level monitoring of fatalities is useful for understanding trends and making comparisons across different demographics and geographies, often, this data is not sufficient to identify specific opportunities for change. In-depth systematic case reviews are a recognized approach to

illuminating opportunities for policy or system-level change to prevent or respond to critical events that may be life-threatening or fatal.

## Domestic Abuse Fatalities Statewide Data Summary

The Louisiana Violent Death Reporting System

### Defining Intimate Partner Violence

Prior to 2024, the Louisiana Violent Death Reporting System identified potential cases of intimate partner violence based on the intimate partner violence or intimate partner problem variables, both of which are populated after abstractor review of the law enforcement and coroner or medical examiner records associated with the decedent. The variable for intimate partner violence is defined as a “homicide or legal intervention death ... related to immediate or ongoing conflict or violence between current or former intimate partners.”<sup>34</sup> Meanwhile, the intimate partner problem variable identifies deaths where “problems with a current or former intimate partner appear to have contributed to the suicide or undetermined death.”<sup>34</sup> While intimate partner “violence” denotes the direct involvement of intimate partner violence in cases of homicides and legal intervention deaths, intimate partner “problem” is a more broad definition and may capture cases where non-violent discord or jealousy contributed to the death.<sup>10</sup> The use of imprecise variables could result in the identification of false positives.

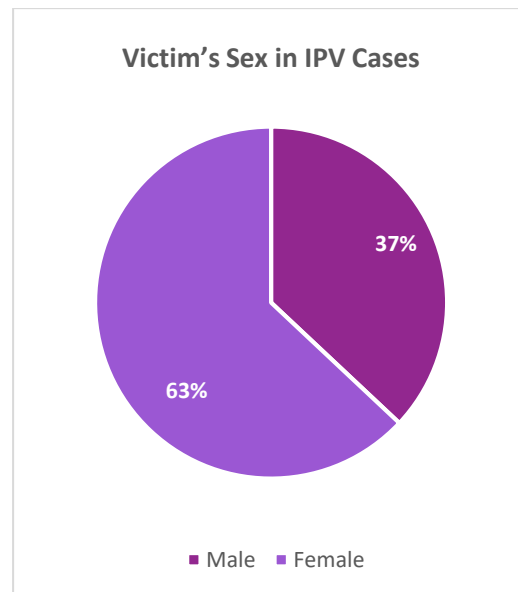
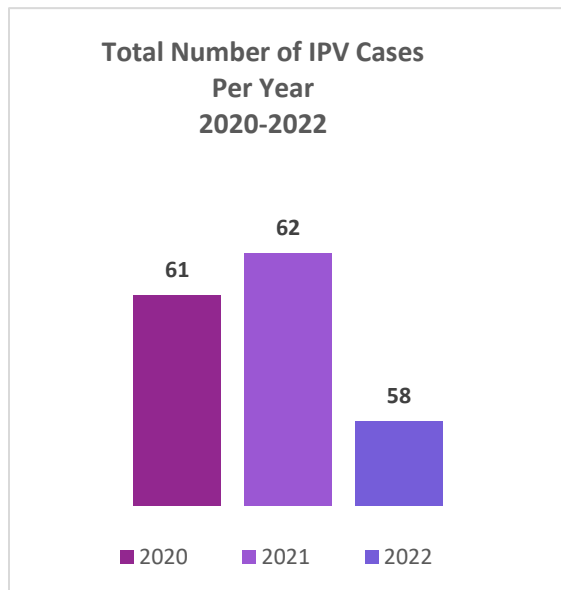
To remain in accordance with published literature on this topic, the Louisiana Domestic Abuse Fatality Review and Louisiana Violent Death Reporting System teams have worked to update the case definition to one that is more specific and reflective of the number cases that are also identified by the Louisiana Coalition against Domestic Violence.<sup>11</sup> The updated case definition now only includes deaths where the relationship between the victim and the primary suspect falls into the category of spouse, ex-spouse, girlfriend or boyfriend, ex-girlfriend or boyfriend, or girlfriend or boyfriend where it’s unspecified whether they are current or ex-partners. These cases also only include those where the abstractor determined manner of death is homicide. Previous studies have shown results from analyses of intimate partner violence fatalities in the National Violent Death Reporting System dataset by using these criteria.<sup>12, 13</sup> By implementing this empirically tested adjustment, cases identified in the future will be more likely to be directly caused by intimate partner violence. Values for the current statewide data summary may be different compared to those shown in previous reports, but these differences are not indicative of a change in the true burden of intimate partner violence in Louisiana.

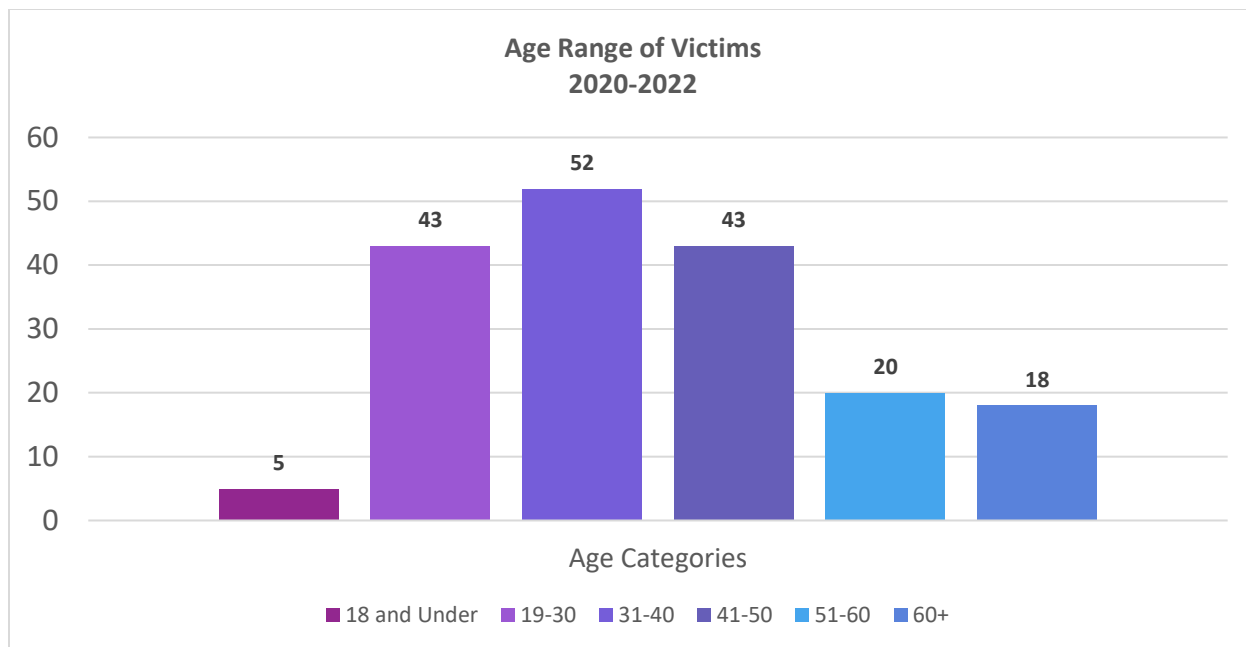
## Statewide Data Summary

### Domestic Abuse in Louisiana, Statewide Statistics 2020-2022

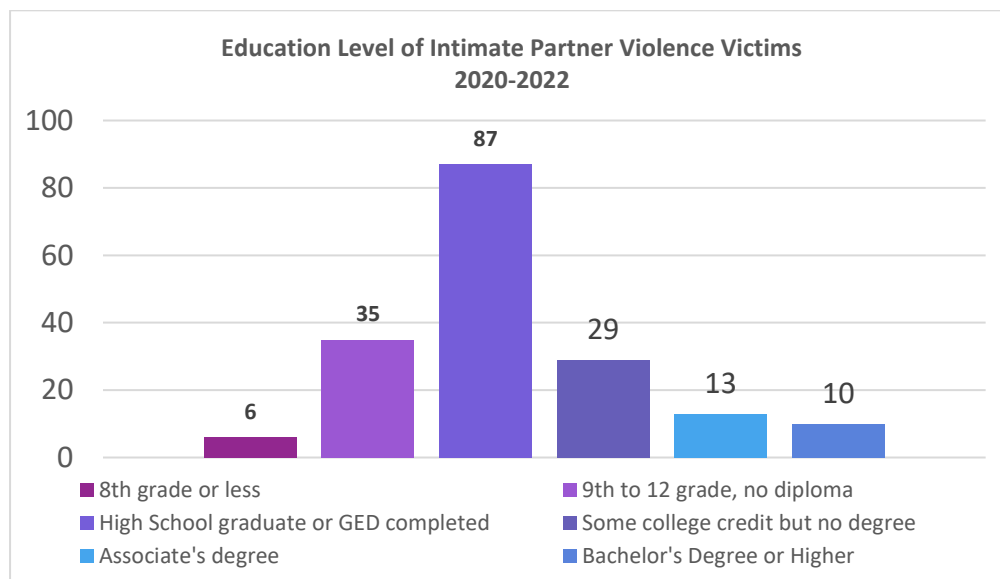
Source: Louisiana Violent Death Reporting System

According to the Louisiana Violent Death Reporting System, the state's public health monitoring system of all violent deaths, a total of 181 deaths due to intimate partner violence were identified in the state from 2020-2022. Among all identified cases, **63 percent of victims were female**, underlining the fact that women are more likely to die as a result of domestic abuse, when compared to men. **Victims between the ages of 19-30, 31-40 and 41-50 were most vulnerable to intimate partner violence-related death.**

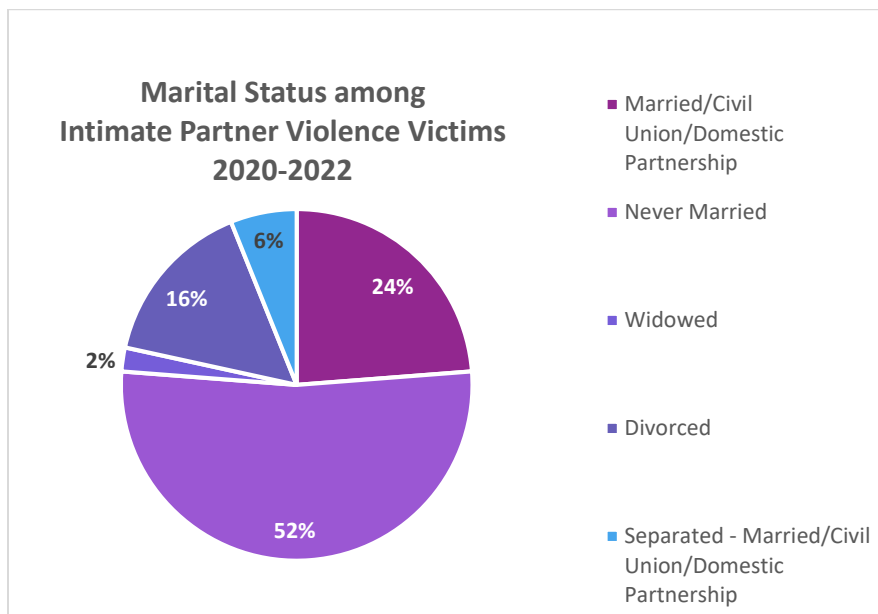




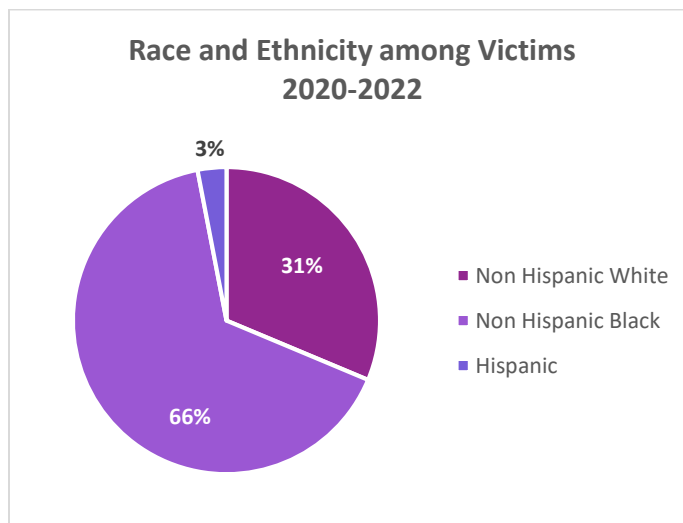
Studies show that education is one of the most powerful protective factors against intimate partner violence and the strongest empowerment tool in overcoming domestic violence trauma.<sup>14-16</sup> Among individuals who died in Louisiana related to intimate partner violence from 2020-2022, only 12.7 percent obtained a degree from a college or university. Higher education increases job opportunities and earning potential and decreases the victim's economic dependence on their abusive partner by giving them more financial independence to support themselves and their children.



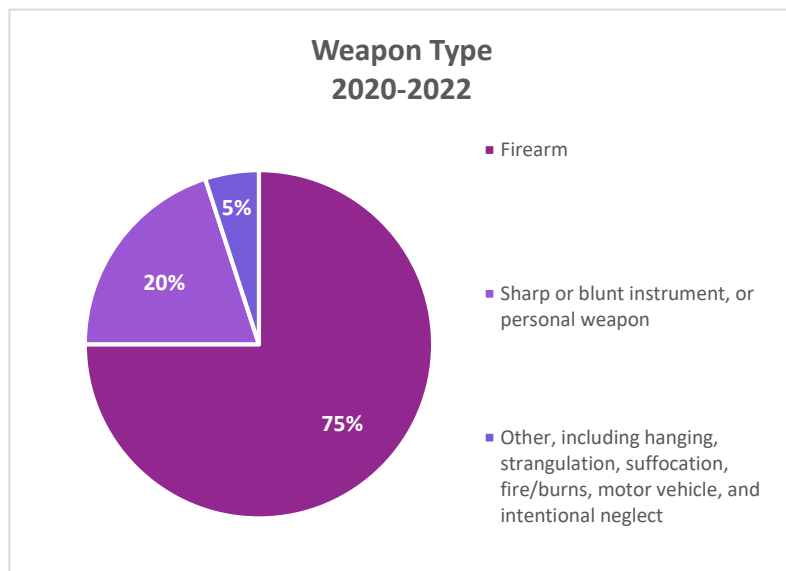
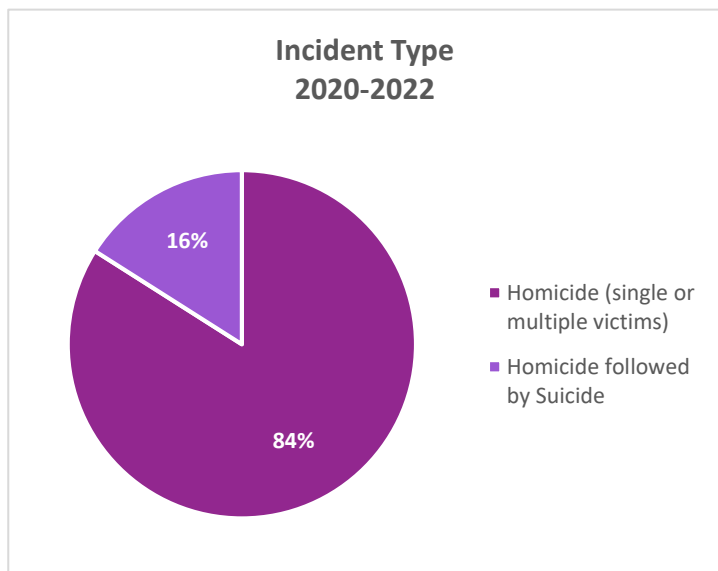
Victims who were never married accounted for over half (54.5 percent) of the intimate partner violence deaths identified, compared to 23.8 percent of those who were married or in a civil union or domestic partnership.



According to the 2010 National Intimate Partner and Sexual Violence Survey, non-Hispanic Black women reported higher prevalence rates (43.7 percent) of lifetime intimate partner violence compared to non-Hispanic White women (34.6 percent). The rate for Hispanic women was slightly higher (37.1 percent).<sup>17</sup> These disproportionate rates have also been consistently documented in multiple U.S. studies.<sup>18</sup> In line with these trends, Non-Hispanic Black victims in Louisiana were most vulnerable to intimate partner violence-related death from 2020-2022.



On average, more than once per day in the United States, a perpetrator kills an intimate partner, and then dies by suicide themselves. Of incidents of homicide followed by suicide, 93 percent involve a gun and 95 percent involve women killed by their male partners.<sup>19</sup> From 2020-2022, 16 percent of domestic abuse homicides were followed by suicide and 75 percent of homicides were committed by firearm.

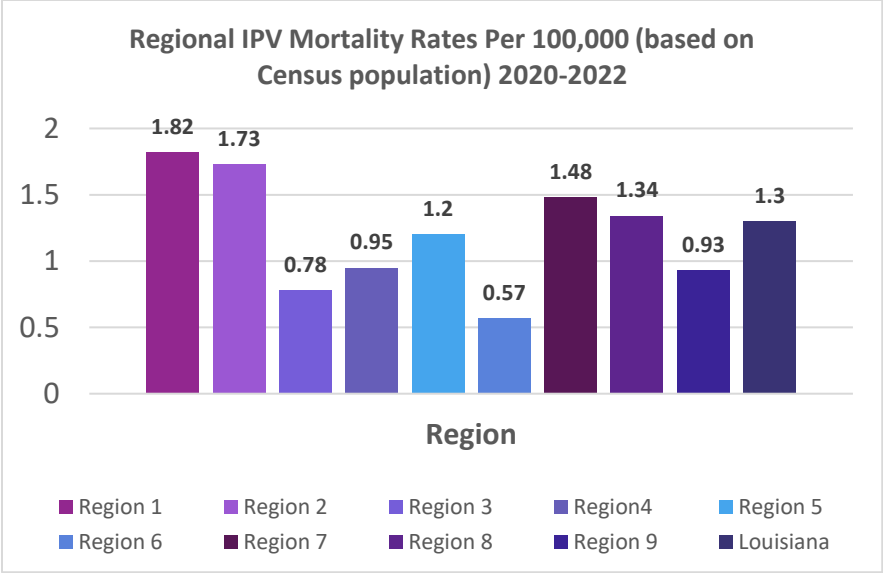


## Intimate Partner Violence Mortality Rates by Region

Regional rates of intimate partner violence mortality were calculated by dividing the combined number of deaths in the region from 2020-2022 by the total census-estimated population in that region for the same time period. The mortality rate represents an estimate of the level of risk of exposure to intimate partner violence that can be experienced by the overall population in a geographic area while not accounting for any other factors, such as age or gender. This allows for an easier comparison between regions that may have similar raw counts of deaths but have large differences in total population. In this way, although Regions 7 and 8 include more rural parishes in the state, when accounting for population sizes, their level of risk of exposure to intimate partner violence-related mortality is similar to that of Regions 1 and 2, which include more urban parishes.

See Appendix F for the Louisiana Department of Health Regional Map.





## From Review to Action: Prioritized Louisiana Domestic Abuse Fatality Review Panel Recommendations

In 2023, the Louisiana Domestic Abuse Fatality Review Panel developed an expansive list of recommendations classified by point of intervention for healthcare professionals, criminal and civil justice systems, domestic violence service providers, community-based organizations, and legislation and policymakers following an in-depth review of select cases due to domestic abuse that occurred from 2020-2021. These recommendations were published in the [2023 annual report](#).

In 2024, the Louisiana Domestic Abuse Fatality Review Panel reviewed 26 cases from 2022. As a result, new recommendations and findings have not been finalized, but will be presented in the 2025 annual report. For the recommendations presented in this report, the Review Panel examined their previous year's findings and recommendations and prioritized the following 13 recommendations. These recommendations were prioritized based on feasibility and the Review Panel partners' ability to impose change.

The four recommendations in bold have been prioritized for implementation over the next two years in order to support and protect victims of domestic abuse in Louisiana. They address several trends and recurring findings across case review meetings. The following section discusses the Review Panel's next steps for implementation of those recommendations.

### Healthcare Professional Response

- **Develop relationships with local domestic violence service providers to facilitate warm hand-offs for patients in need of support services. Providers should contact the Louisiana Coalition Against Domestic Violence at (225) 752-1296 for assistance with establishing a formal, bi-directional referral system between health care and domestic violence service providers.**
- **Healthcare providers can enhance support for women experiencing intimate partner violence by increasing the awareness of and enrollment in Louisiana's Maternal, Infant and Early Childhood Home Visiting services, where trained nurses or professional parent educators can build trusting relationships with mothers. These relationships create safe spaces for women to disclose intimate partner violence and receive referrals to critical support services.**

### Criminal Justice Systems Response

#### Law Enforcement

- **Schedule first-aid training for all police officers and ensure police units are supplied with tourniquets to provide life-saving treatment for victims of abuse and other injured parties when they are first to arrive to the scene.**
- Schedule biannual trainings with the Louisiana Coalition Against Domestic Violence or other agencies engaging in trauma-informed response to victims of abuse, to gain proper techniques for responding to calls of domestic abuse and utilizing best practices when performing a danger assessment.
- Ensure every response to domestic violence includes screening for self-defense injuries and determining the predominant aggressor. No incident of abuse should be investigated without cross-screening for sexual assault, strangulation, stalking, and, when appropriate, child, elder and animal abuse, which can be commonly co-occurring crimes.

### **Criminal and Civil Courts**

- **Implement a comprehensive approach to provide resources for families suffering from abuse. This can include referring victims of abuse to supportive social and legal services, providing safe spaces for child visitation and custody exchange, while also mandating perpetrators of abuse to batterer intervention programs and substance abuse or parenting programs.**
- Increase education and training for judges, attorneys, and court staff (such as clerks and court security) on the dynamics and impact of domestic abuse to better protect victims and advise sentencing recommendations.
- Collaborate with the Louisiana Protective Order Registry (LPOR) to develop uniform firearm transfer processes for sheriffs' offices to retrieve firearms when required by an active protective order and/or conviction of a disqualifying domestic violence offense. Active follow-up should also be done to ensure all firearms have been removed from the home.
- Increase education and training for judges, attorneys, and court staff (such as clerks and court security) on the dynamics and impact of domestic abuse to approach civil litigation such as divorce, child custody, and visitation in the best interest of the victim and children who may be involved.

### **Domestic Violence Service Provider Response**

- Aid the prevention of domestic abuse by teaching preteens, teens, and young adults about unhealthy relationships, coercive control, and technology abuse through evidence-based programs such as [Safe Dates](#) and [Dating Matters](#)<sup>®</sup>.
- Develop resources and services that are culturally specific and address cultural sensitivities such as racism, language barriers, and fear of deportation. Having advocates that look like and/or share common experiences with victims also encourages feelings of trust, safety, and willingness to seek help.

### **Community Organization Response**

- Provide evidence-based bystander intervention training such as [Bringing in the Bystander](#)<sup>®</sup> to teach bystanders how to safely intervene in instances where sexual violence, relationship violence, or stalking may be occurring or where there may be risk that it will occur.

### **Louisiana Laws and Legislation Response**

- Expand [La R.S. 46:2135-2136](#) to allow digital copies of temporary restraining orders and orders of protection to be easily accessed and stored on LA Wallet. This would help victims of abuse quickly retrieve them as an official record that can be shared via mobile device to all pertinent parties such as employers, schools, etc. In addition, adding one-touch domestic violence hotline access to LA Wallet would give victims the ability to quickly contact a domestic violence service provider in their area. Also, courts should be required to connect victims of domestic abuse with safety plan assistance once a temporary restraining order or protective order has been obtained.

## Moving Recommendations to Action: Prioritized Recommendations for 2025-2026

### Priority Recommendation 1

**Law Enforcement should schedule first-aid training for all police officers and ensure police units are supplied with tourniquets to provide life-saving treatment for victims of abuse and other injured parties when they are first to arrive to the scene.**

#### Background and Rationale

When crimes of violence occur, police officers are often the first to arrive on scene. While many of the larger police departments often have access to tourniquets and other life-saving medical equipment, many smaller departments are without these important supplies. The Louisiana Domestic Abuse Fatality Review Panel reviewed several cases in rural areas of the state, where first responders lacked training and access to life-saving devices to assist victims of domestic abuse with nonfatal bleeding injuries.

According to the [Louisiana Emergency Response Network](#), bleeding is the number one cause of preventable death after an injury. The Louisiana Emergency Response Network is an agency of state government created by the Louisiana Legislature in 2004, charged with the responsibility of developing and maintaining a statewide system of care coordination for patients suddenly stricken by serious traumatic injury or time-sensitive illness.<sup>20</sup>

In 2012, after the Sandy Hook tragedy, law enforcement, the federal government and the medical community came together to improve survivability from mass casualty events. The resulting injuries from these events generally present with severe bleeding which, if left unattended, can result in death. The participants concluded that by providing first responders (law enforcement) and civilian bystanders the skills and basic tools to stop uncontrolled bleeding in emergency situations, lives would be saved.<sup>21</sup> This was the beginning of the [“Stop the Bleed” campaign](#).

“Stop the Bleed” is a national awareness campaign and call to action launched by the United States Department of Homeland Security to promote grassroots efforts that encourage law enforcement and bystanders to become trained, equipped, and empowered to help in a bleeding emergency before the professional emergency responders arrive.<sup>21</sup> The Louisiana Emergency Response Network promotes “Stop the Bleed” to healthcare providers, law enforcement, public safety agencies, and others. The “Stop the Bleed” training gives individuals the ability to recognize life-threatening bleeding and act quickly and effectively to control bleeding with quick techniques: call 911, apply pressure with your hands, pack wound, press, and apply tourniquet.

The [Louisiana Firefighters Foundation](#) is another source and option for “Stop the Bleed” training. The Louisiana Firefighters Foundation provides fire and life safety education to Louisiana firefighters, first responders, and citizen responders. The Louisiana Firefighters Foundation’s mission is to provide training, education, development, and benevolence opportunities for Louisiana firefighters. They also focus on educating Louisiana citizen responders with free training courses taught by active paramedics and firefighters and equipping our community, school, church, and business leaders with lifesaving tools.<sup>22</sup>

With the help of agencies such as the Louisiana Emergency Response Network and the Louisiana Firefighters Foundation, we can ensure that police agencies have access to the necessary equipment and training to prevent the loss of life due to nonfatal bleeding injuries.

### **Next Steps for Implementation**

Through collaboration with the Louisiana Emergency Response Network and the Louisiana Firefighters Foundation, Louisiana law enforcement officers and citizens can receive training and supplies needed to save lives by reducing the number of deaths due to uncontrolled bleeding after injury.

To implement this recommendation, the Review Panel will continue to work with the Louisiana Chiefs of Police and the Louisiana Sheriffs' Associations to complete a needs assessment to determine what police and sheriffs' departments need to render immediate first-aid training to those involved in incidents of domestic abuse. After identifying the number of departments needing "Stop the Bleed" training and supplies, the Review Panel will work with the Louisiana Emergency Response Network and the Louisiana Firefighters Foundation to schedule the trainings and help identify funding sources to obtain medical equipment, including tourniquets for law enforcement.

### **Priority Recommendation 2**

**Healthcare providers should develop relationships with local domestic violence service providers to facilitate warm handoffs for patients in need of support services. Providers should contact the Louisiana Coalition Against Domestic Violence at (225) 752-1296 for assistance establishing a formal bidirectional referral system between healthcare and domestic violence service providers.**

### **Background and Rationale**

According to [Futures Without Violence](#), women who talked to their healthcare provider about abuse were four times more likely to use an intervention and 2.6 times more likely to exit an abusive relationship. The U.S. Department of Health and Human Services, Health Resources and Services Administration, believes this clear connection between prevalence and the effectiveness of interventions emphasizes the importance and feasibility of addressing intimate partner violence in healthcare systems.<sup>23</sup>

In 2022, the Bureau of Family Health formed a partnership with the Louisiana Coalition Against Domestic Violence in an effort to provide timely healthcare services for victims of domestic abuse. The Louisiana Coalition Against Domestic Violence is the federally designated statewide coalition of shelters, non-residential programs, and individuals working to end domestic violence in Louisiana. Their programs serve people who come from all backgrounds and from everywhere in Louisiana. They represent rural, urban, and suburban areas. Their programs support and involve battered women and children of all racial, social, ethnic, religious, and economic groups, ages, and lifestyles. All services are provided regardless of race, color, national origin, sex, sexual orientation, age, or disability status.<sup>24</sup>

Healthcare services for those suffering from intimate partner violence are delivered through the establishment of a bidirectional referral system between the Louisiana Coalition Against Domestic Violence's member programs and local healthcare providers in their area. The bidirectional referral

system is a collaborative framework designed to ensure seamless referrals between healthcare providers and community-based organizations to address intimate partner violence and related health issues. Domestic violence and healthcare service providers enter into a formal agreement with one another through a memorandum of understanding to facilitate warm handoffs or referrals to and from one service to another. A warm referral is a supported connection to a domestic violence advocate or healthcare provider. Healthcare providers must be able to describe the domestic violence program's services and facilitate immediate support through phone, chat, or onsite advocacy. This may also be done by sharing a hotline card that contains the statewide domestic violence phone number. This number connects those in need directly to the domestic violence service provider in their area. Likewise, domestic violence advocates can offer a warm referral to the health clinic for clients who are in need of health care.<sup>25</sup>

The bidirectional referral system facilitates early detection of intimate partner violence through screening in healthcare settings and provides coordinated services that address both the medical and social needs of victims, improving their overall health outcomes and safety. Healthcare staff are also trained by the Louisiana Coalition Against Domestic Violence to ensure staff are up-to-date on proper screening techniques for domestic violence, as well as common injury and disease experienced by victims of abuse. This includes, but is not limited to, traumatic brain injury, facial scrapes, bruises, cuts or fractures, broken bones, loose or broken teeth, HIV-AIDS, and other sexually transmitted diseases. The Louisiana Coalition Against Domestic Violence also assists the partners with establishing a protocol for intimate partner violence screening and referrals.

### **Next Steps for Implementation**

The Louisiana Coalition Against Domestic Violence and the Bureau of Family Health have partnered to expand the bidirectional referral system statewide, beginning with two pilots. The initial pilot was launched in East Baton Rouge Parish in 2023, and the second pilot was established in Livingston Parish in 2024. In order to demonstrate the full impact of the partnership, the Tulane Violence Prevention Institute gathers and evaluates data collected from both agencies to support program development and sustainability efforts. In order to sustain the bidirectional referral system, evaluation data will also be used to advocate for expanded funding and resources for health care and domestic violence service providers.

The Louisiana Coalition Against Domestic Violence and the Bureau of Family Health will work with policymakers and healthcare systems to obtain funding and scale the bidirectional referral system statewide in hopes of promoting the integration of intimate partner violence screening and referrals into state healthcare policy to ensure long-term sustainability and positive health outcomes for those experiencing domestic abuse in Louisiana.

### Priority Recommendation 3

**Healthcare providers can enhance support for women experiencing intimate partner violence by increasing the awareness of and enrollment in Louisiana’s Maternal, Infant, and Early Childhood Home Visiting Services, where trained nurses or professional parent educators can build trusting relationships with mothers. These relationships create safe spaces for women to disclose intimate partner violence and receive referrals to critical support services.**

#### Background and Rationale

Domestic abuse against women affects women's sexual and reproductive health and the health of their children. Violence can begin or escalate in pregnancy and has significant consequences for the woman, fetus, and child.<sup>26</sup> Home visiting support for pregnant and postpartum women allows expectant and new mothers the opportunity to build trusting relationships with trained professionals to disclose the presence of intimate partner violence. The Bureau of Family Health’s Maternal, Infant, and Early Childhood Home Visiting Program is committed to ensuring the safety and wellbeing of families by routinely assessing for intimate partner violence. Through evidence-based screening tools and trauma-informed approaches, home visitors identify families experiencing or at risk of intimate partner violence, providing critical support and connecting them to community resources. The program offers two evidence-based models of home visiting: Nurse-Family Partnership and Parents as Teachers. Both models support pregnant and postpartum women by providing professional guidance, resources, and linkages to services such as counseling and economic assistance. Through these home visiting relationships, healthcare providers can connect women to services that help break cycles of abuse and improve family wellbeing. Home visiting programs deliver numerous benefits including:

- Improved health outcomes for mothers and children
- Reduced risk of child injuries, abuse and neglect
- Improved school readiness and achievement
- Increased economic self-sufficiency for families
- Reduced public assistance needs, long-term
- Improved coordination of resources and services such as Women, Infants, and Children (WIC), Medicaid, housing support, and parenting support classes

Louisiana’s home visiting programs provide personalized support from trained professionals, including registered nurses, parent educators, and licensed mental health providers. These services are available in the home or a preferred location, helping mothers address social, emotional, and behavioral health challenges.

**In the Nurse-Family Partnership model**, first-time mothers are paired with registered nurses who provide education, support, and referrals to services empowering families and helping them to achieve their goals. Nurse-Family Partnership eligibility requirements include: first pregnancy, enrollment before 29 weeks gestation, residence in a parish where services are offered, and eligibility for Medicaid, WIC, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Social Security Income (SSI). Nurse-Family Partnership operates in 54 of Louisiana’s 64 parishes, with services continuing until the child’s second birthday.

**Parents as Teachers** offers support to parenting families with children aged 36 months old and younger, with priority given to Nurse-Family Partnership graduates and families with children who are 12 months or younger. Parents as Teachers is currently available in 29 of Louisiana's 64 parishes and will be expanding in 2025 to support an additional seven parishes. Participation in this model requires eligibility for Medicaid, WIC, SNAP, TANF, or SSI. Participants also must reside in a parish where the program is offered. Parents as Teachers services are offered for up to three years from the date of enrollment, ensuring continued support for family and child development.

While the Maternal, Infant, and Early Childhood Home Visiting Program effectively supports qualifying families in Louisiana through Nurse-Family Partnership and Parents as Teachers, certain limitations exist, such as eligibility criteria, enrollment deadlines, and geographical coverage.

### Next Steps for Implementation

The Louisiana Domestic Abuse Fatality Review Panel realizes healthcare providers can play a pivotal role in increasing awareness and enrollment in Maternal, Infant, and Early Childhood Home Visiting services to better serve Louisiana's families and communities by taking the following steps:

1. **Integrate Information into Standard Care Visits:** Include home visiting information in prenatal, postpartum, and pediatric visits to reach women at key stages. Providers can keep informational materials on Maternal, Infant, and Early Childhood Home Visiting services Nurse-Family Partnership and Parents as Teachers in exam rooms and discuss them as a natural part of care, highlighting the benefits and addressing eligibility questions.
2. **Train Staff on Referral Pathways:** Ensure that healthcare providers, nurses, social workers, and administrative staff know about Maternal, Infant, and Early Childhood Home Visiting services, eligibility criteria, and referral processes. Training should cover the benefits of home visiting, as well as best practices for introducing these services to patients. Equipping staff with clear referral guidelines will increase and streamline enrollment.
3. **Encourage Follow-Up and Support Post-Referral:** Once a referral is made, consider adding a follow-up mechanism (e.g. text reminders or a brief check-in call) to ensure that families follow through with enrollment. Support can make families feel valued and more comfortable seeking services.

In addition to increasing Maternal, Infant, and Early Childhood Home Visiting awareness and enrollment, a future goal of the Louisiana Domestic Abuse Fatality Review is to eventually expand eligibility for voluntary, no-cost home visiting services in Louisiana. The Louisiana Domestic Abuse Fatality Review Panel seeks to work with other Bureau of Family Health mortality review panels, including the Louisiana Child Death Review and Pregnancy Associated Mortality Review, who have also made similar recommendations to provide universal, voluntary, no-cost home visiting resources to all pregnant women and families in Louisiana, regardless of payor.



## Priority Recommendation 4

**The court system should implement a comprehensive approach to provide resources for families suffering from abuse. This can include referring victims of abuse to supportive social and legal services, providing safe spaces for child visitation and custody exchange, while also mandating perpetrators of abuse to batterer intervention programs and substance abuse or parenting programs.**

### Background and Rationale

Because families suffering from domestic abuse are often in need of multiple social support services to remedy the trauma experienced by many members of the family after incidents of abuse, it is important that courts provide seamless access to these resources. In order to ensure victims of domestic abuse receive necessary services, additional funding and support is needed for domestic violence legal services.

Services that assist in the protection of victims from future incidents of violence including obtaining, renewing and enforcing protective orders, securing child custody orders, and other matters related to separation and divorce proceedings such as housing and financial support, are essential to promoting their safety. In addition to supporting victims of domestic abuse, attorneys often help their clients gain economic independence and rebuild their lives. Legal aid services can help reduce repeat incidents of violence, which can also conserve police resources and reduce public spending on medical care, special education, and counseling for affected children.<sup>27</sup> Courts must also expand access points for victims of abuse to receive services near their home, especially in rural areas of the state.

**Wraparound Legal Services:** The Atlanta Public Defenders office is an example of a legal services program offering comprehensive support and services to their community. Their office is dedicated to therapeutic justice, a judicial approach that aims to improve the wellbeing of defendants by using a non-adversarial, problem-solving focus. It involves using social science methods to create strategies that help clients make positive changes in their lives. This approach helps address the underlying reasons for unlawful conduct such as mental illness and substance dependency. Attorneys, client advocates, and social workers work in tandem to seek treatment services for clients in need. Clients are linked to mental health facilities, rehabilitation centers, state, and federal assistance, as well as third-party service providers, for basic needs such as housing, food, education, and employment.<sup>28</sup>

**Batterers Intervention:** In addition to victims' services, courts also connect perpetrators of domestic abuse to support services such as mental health and substance abuse treatment, as well as opportunities to educate and rehabilitate themselves by learning nonviolent communication skills through batterers' intervention programming. The goal of batterers' intervention programming is to change offender thinking and behavior with the result that offenders are held accountable and victim safety is enhanced. Batterers' intervention programming also decreases the likelihood of further violence.<sup>29</sup>

While these programs are helpful and often ordered by the court, there are many barriers that offenders of abuse face when trying to satisfy these requirements. Batterers' intervention classes can often be difficult for batterers to attend, due to the distance between those classes and their homes if they lack access to transportation and there is no batterers' intervention programming in the parish where they live. Batterers' intervention programming often includes a fee to attend classes, which many

are unable to afford, when coupled with other financial responsibilities the abuser is accountable for, such as court costs for themselves and the victim in accordance with [Louisiana R.S. 9:367](#), child support, and probation fees, if applicable.

Louisiana Domestic Abuse Fatality Review Panel recommends that batterers' intervention programming be more accessible by offering classes more than once a week at local libraries and churches and providing the program virtually. To help ease the financial burden, batterers' intervention programming can also provide options to allow fees to be paid in installments or on a sliding scale under specific circumstances to better mandate attendance, participation, and successful completion of the program.

Another issue commonly faced by batterers' intervention programming is court monitoring to confirm the programming complies with state standards. Although work is currently being done in the short-term to provide batterers' intervention programming oversight through a contract with the Department of Children and Family Services, this newly formed program is dependent upon continued state funding for domestic violence programs and services. Currently, the Department of Children and Family Services funds three batterers' intervention programs that are required to undergo monitoring of compliance with state standards as a condition of funding. This funding must not only be continued, but increased, to expand the capacity, quantity, and quality of all batterers' intervention programming services offered in the state. Although primarily court-ordered, courts must also have viable options for referring perpetrators to these services. Often, judges are unable to refer offenders of abuse to batterers' intervention programming because there are no programs available in their parish. Lastly, judges should receive additional training on batterers' intervention programming to ensure they understand these services.

**Supervised Visitation:** Ending an intimate relationship, particularly when children are involved, is difficult. When the relationship has been affected by domestic violence, risks to the safety of the adult victim and the children compound these difficulties. Despite the risks involved in granting violent parents contact with their children, some courts and legislatures are reluctant to deny parents, even those with a history of violence, the ability to see and spend time with their children. Supervised visitation and exchange centers can play a critical role in reducing the risk that many victims and their children face when leaving an abusive relationship and attempting to safely navigate custody.<sup>30</sup>

Supervised visitation and exchange centers are places where parents can have monitored contact with their children or exchange custody of their children in an environment that's safe for both the parents and children when instances of domestic violence have occurred. They can help victims get through a volatile period of separation and help weaken the perpetrator's opportunity and inclination to abuse. Supervised visitation and exchange centers are also in a unique position to work with each individual component of the family (the victim, perpetrator, and their children). Therefore, supervised visitation and exchange center staff often build trusting relationships with all members of the family where they can influence healthy communication and relationship interactions when possible. They are also able to identify gaps in services for children and adult victims, batterers, and the community as a whole.

Although Louisiana has several supervised visitation and exchange centers across the state, the current amount of available centers does not currently meet the need statewide. Although the Post-Separation Family Violence Relief Act requests the use of supervised visitation centers if a parent has a history of perpetrating violence [[Louisiana R.S. 9:364\(E\)](#)], there are several parishes across the state where none exist or many visitation centers have discontinued services due to lack of funding. Rural parishes may

face additional challenges if parents ordered to use supervised visitation do not have access to transportation to supervised visitation and exchange centers, which could be 30 minutes or more away.

### **Next Steps for Implementation**

To aid courts in creating direct connections to services, such as mental health and substance use treatment, the Louisiana Domestic Abuse Fatality Review Panel aims to survey Local Governing Entities with guidance and assistance from the Office of Behavioral Health to determine what partnerships are established with court systems and what services and resources are offered. Because Local Governing Entities currently receive funding to engage social workers and community organizations to deliver these services, these surveys will assist us in determining which, if any, court systems are currently being engaged and the services being offered.

The Louisiana Domestic Abuse Fatality Review will work with the Louisiana Domestic Violence Prevention Commission to develop a training for judges on batterers' intervention programming and requirements for batterers' intervention programming services under [Louisiana R.S. 362.3](#), particularly program structuring and court monitoring of offender compliance. The Louisiana Domestic Abuse Fatality Review Panel also plans to partner with Acadiana Family Tree and reach out to the Department of Children and Family Services Batterer's Intervention Programs to discuss batterers' intervention programming program compliance, funding requirements, and expansion of these programs across the state for increased accessibility.

In an effort to expand supervised visitation and exchange centers across Louisiana, the Louisiana Domestic Abuse Fatality Review believes the state should increase funding and support for supervised visitation and exchange centers to expand their presence statewide to enhance safety during custody exchange. To increase the number of supervised visitation and exchange centers, the Louisiana Domestic Abuse Fatality Review Panel will seek guidance and leadership from Review Panel members who currently run or have previously run supervised visitation and exchange centers. We also seek to establish a community working group that includes representation from the courts, the Louisiana Coalition Against Domestic Violence (for input from domestic violence service providers), legal services organizations that assist victims of domestic abuse, such as Acadiana Legal Services, batterers' intervention programming service providers, such as Acadiana Family Tree, and child welfare organizations, including Department of Children and Family Services, to gather and document informed ideas, opinions, and experiences for project implementation.

## Conclusion

**Domestic abuse, also known as domestic violence or intimate partner violence, represents a significant public health issue that has considerable societal costs.**<sup>31</sup> The state of Louisiana continues to take steps to aid and protect victims of domestic abuse. In 2024, the Bureau of Family Health completed a full analysis (as shown in this report) of data from the Louisiana Violent Death Reporting System of incidents due to intimate partner violence that occurred from 2020-2022. The Louisiana Domestic Abuse Fatality Review Panel reviewed 26 cases of homicides due to domestic violence that occurred in 2022.

The Louisiana Domestic Abuse Fatality Review Panel also reviewed recommendations developed through the detailed review of select fatal incidents due to intimate partner violence that occurred from 2020-2021, as well as prioritized recommendations based on feasibility and the Review Panel partners' ability to impose change. The Review Panel provided extensive rationale, background, and detailed plans for implementation of four key recommendations over the next two years.

The Louisiana Domestic Abuse Fatality Review Panel believes that implementation of the priority recommendations presented in this report will continue to promote victim safety and improve their interactions with support services and systems by:

- Training and supplying law enforcement and citizen responders with life-saving medical equipment through the “Stop the Bleed” campaign to prevent the loss of life due to nonfatal bleeding injuries.
- Assisting healthcare providers in developing direct relationships with local domestic violence service providers to establish a formal bidirectional referral system in order to strengthen victims' experiences within healthcare settings and encouraging greater engagement with available support systems and resources.
- Expanding and increasing the awareness of Louisiana’s home visiting programs to allow expectant mothers, new mothers, and mothers of small children improved access to care and resources, while also increasing opportunities for violence intervention.
- Supporting families affected by domestic abuse and improving victims' experiences by assisting courts in the provision of essential social and legal resources to ensure they receive holistic support tailored to their needs and safe spaces for custody exchange, while also assisting perpetrators of abuse with the completion of vital rehabilitative services to become healthy, functioning members of our society.

These recommendations are intended to improve the overall effectiveness of support systems and available resources and promote the long-term safety and wellbeing for victims and their families. With the sustained review of domestic abuse-related deaths, Louisiana will continue to advance its overall knowledge of effective solutions that prevent and reduce deaths due to domestic abuse in our state.



## Appendix

### Appendix A: Types of Domestic Abuse

<b>Domestic Abuse Shows Up in Many Forms:</b> <sup>4</sup>	
<b>Physical Abuse</b>	Hitting, slapping, shoving, grabbing, pinching, biting, hair pulling, etc. are types of physical abuse. Physical abuse also includes denying a partner medical care or forcing alcohol and/or drug use upon him or her.
<b>Sexual Abuse</b>	Coercing or attempting to coerce any sexual contact or behavior without consent are types of sexual abuse. Sexual abuse also includes, but is not limited to, marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred or treating one in a sexually demeaning manner.
<b>Emotional Abuse</b>	Undermining an individual's sense of self-worth and/or self-esteem is emotional abuse. Emotional abuse may include, but is not limited to constant criticism, diminishing one's abilities, name-calling or damaging one's relationship with his or her children.
<b>Economic Abuse</b>	Controlling or restraining a person's ability to acquire, use, or maintain economic resources to which they are entitled is economic abuse. Economic abuse includes using coercion, fraud, or manipulation to restrict a person's access to money, assets, credit, or financial information; unfairly using a person's personal economic resources, including money, assets, and credit, or exerting undue influence over a person's financial and economic behavior or decisions, including forcing default on joint or other financial obligations, exploiting powers of attorney, guardianship or conservatorship, or failing or neglecting to act in the best interests of a person to whom one has a fiduciary duty.
<b>Psychological Abuse</b>	Causing fear by intimidation is psychological abuse. Psychological abuse includes, but is not limited to, threatening physical harm to self, partner, children, or partner's family or friends; destruction of pets and property; and forcing isolation from family, friends, or school and/or work.

<p><b>Technological Abuse</b></p>	<p>An act or pattern of behavior that is intended to harm, threaten, control, stalk, harass, impersonate, exploit, extort, or monitor another person that occurs using any form of technology is technological abuse. This includes, but is not limited to, internet enabled devices, online spaces and platforms, computers, mobile devices, cameras, imaging programs, apps, location tracking devices, communication technologies, or any other emerging technologies.</p>
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## Appendix B: Louisiana Domestic Abuse Fatality Review Panel and Authorized Agents

Name	Role and Organization	Panel Position
Cassandra Billiot, RN	Sexual Assault Nurse Examiner (SANE), Jefferson Parish Coroner's Office	Coroner, LA Coroners' Association
Douglas Champlin	Paramedic, Emergency Medical Services (EMS) Exam Coordinator, OPH Bureau of Emergency Medical Services	Director of the Bureau of EMS designee
Vandana Chaturvedi	Family Law Unit Leader, Senior Attorney, Acadiana Legal Service Corporation	Legal Services Program
Ellen Connor, MD, Ph.D.	Forensic Pathologist, Assistant Professor of Pathology, LSU Health Sciences Center	Forensic Pathologist certified American Board of Pathology
Melanie S. Fields	Chief Domestic Violence Prosecutor for East Baton Rouge Parish	District Attorney or Assistant District Attorney, LA District Attorneys' Association appointee
Pamela Guedry	Visitation Coordinator, The PACT Place Supervised Visitation and Exchange Center, Lafourche Parish Sheriff's Office	Director of Local Supervised Visitation or Safe Exchange Center
Sara E. Halphen	Chief Administrative Officer, Bossier Parish Clerk of Court	Authorized Agent to the Panel
Robert Hanser, Ph.D.	Criminal Justice Professor and Criminal Justice Program Coordinator, University of Louisiana Monroe	Authorized Agent to the Panel
Ramona Harris	Deputy Judicial Administrator, LPOR Director, LA Supreme Court	LA Protective Order Registry
Jennifer Hunt	Domestic Violence Special Projects Manager, New Orleans Health Department	Authorized Agent to the Panel
Joycelyn Johnson	Chief of Police, Southern University A&M College Police Department	Police Chief, LA Association of Chiefs of Police appointee
Jane Killen	Executive Assistant to the State Health Officer	State Health Officer designee
Robyn Landry	Batterers' Intervention Program Coordinator, Chez Hope, Inc.	Authorized Agent to the Panel
Leslie Lyons, LCSW	Child Welfare Southeast Regional Administrator, Dept. of Children and Family Services (DCFS)	Secretary of DCFS designee
Laurie N. Marien	Executive Director, Governor's Office of Women's Policy	Director of the Governor's Office on Women's Policy
Bonnie Bonin-McKneely, MS	Domestic Violence Specialist, Office of Attorney General Jeff Landry	Attorney General designee
Jemimah "Mimi" Mickel	Deputy State Registrar and Assistant Director, Bureau of Vital Records and Statistics	State Registrar of Vital Records, OPH
Belinda Murphy, LA-DAFR Chairperson	Captain-Commander of Special Investigations Division, La State Police	Superintendent of State Police Designee



Name	Role and Organization	Panel Position
Cherrise Picard	Executive Director, Chez Hope Family Violence Crisis Center	Executive Director of community-based Domestic Violence Service Organization
Francis E. Robinson, Jr.	Technical Program Assistant, LPOR	Authorized Agent to the Panel
Kristen Sanderson, MPH	Violence and Injury Prevention Manager, LDH, OPH, Bureau of Family Health	Secretary of LDH designee
Jill M. Sessions	Clerk of Court, Bossier Parish, LA Clerks of Court Association	President of LA Clerks of Court Association designee
Maeve Wallace, Ph.D., MPH	Associate Director, Mary Amelia Women's Center, Associate Professor, School of Public Health and Tropical Medicine, & Reproductive Epidemiologist, Tulane University	Authorized Agent to the Panel
Anna Watt, LCSW	Program Monitor, LDH, OBH	Assistant Secretary of OBH designee
Ashley Chretien Williams	Assistant Director, Oasis, A Safe Haven for Survivors of Domestic and Sexual Violence	Authorized Agent to the Panel
Mariah Wineski, MS	Executive Director, LA Coalition Against Domestic Violence	Executive Director of LA Coalition Against Domestic Violence
VACANT		Sheriff, LA Sheriffs' Association

## Appendix C: Key Definitions

In generating this report, we use the terms “domestic abuse,” “domestic violence,” or “intimate partner violence” to characterize forms of abuse perpetrated within the context of a current or former romantic relationship.

**Victim:** An individual subjected to the intentional use of force or violence committed by a current or former spouse or a current or former dating partner.

**Suspect:** An individual who is believed to have perpetrated acts of abuse, either by a court of law or substantial evidence, to exert power and control over a current or former spouse or a current or former dating partner, resulting in their death.

**Bystander:** An individual other than the victim, such as family members and friends of the domestic abuse victim, law enforcement, and strangers occurring in the context of an intimate partner assault.

## Pregnancy-Associated Mortalities<sup>32</sup>

A death that occurs during pregnancy or within one year of the end of pregnancy, regardless of the cause. This term encompasses pregnancy-related deaths; pregnancy-associated, but not related deaths; and pregnancy-associated, but unable to determine relatedness deaths, as defined below.<sup>33</sup> These fatalities are reviewed in conjunction with the Louisiana Pregnancy Associated Mortality Review Committee.

Pregnancy-Related	Pregnancy-Associated, but Not Related	Pregnancy-Associated, but Unable to Determine Relatedness
A death during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by the pregnancy or the aggravation of an unrelated condition by the physiologic effects of pregnancy.	A death during pregnancy or within one year of the end of pregnancy from a cause that is not related to pregnancy.	A pregnancy-associated death where the cause of death is unable to be determined as “pregnancy-related” or “pregnancy-associated, but not related.”
Example Cause of Death*	Example Cause of Death*	Example Cause of Death*
Hypertensive disorders of pregnancy (uncontrolled and extreme high blood pressure during pregnancy leading to serious health complications, including possible organ damage)	Motor vehicle crash (unintentional)	Suicide

\*Additional case-specific details beyond cause of death are required to determine which of the three subcategories a pregnancy-associated death falls into. The example causes presented here are not mutually exclusive to the categories they are paired with above.

## Appendix D: Key Acronyms

Abbreviation	Meaning/Definition
<b>BDRS</b>	Bi-Directional Referral System
<b>BFH</b>	Bureau of Family Health
<b>CDR</b>	Child Death Review
<b>DCFS</b>	Department of Children and Family Services
<b>IPV</b>	Intimate Partner Violence
<b>LA-DAFR</b>	Louisiana Domestic Abuse Fatality Review
<b>LA-VDRS</b>	Louisiana Violent Death Reporting System
<b>LCADV</b>	Louisiana Coalition Against Domestic Violence
<b>LDH</b>	Louisiana Department of Health
<b>LERN</b>	Louisiana Emergency Response Network
<b>LFF</b>	Louisiana Firefighters Foundation
<b>LPOR</b>	Louisiana Protective Order Registry
<b>MIECHV</b>	Maternal, Infant and Early Childhood Home Visiting
<b>NFP</b>	Nurse Family Partnership
<b>OBH</b>	Office of Behavioral Health
<b>OPH</b>	Office of Public Health
<b>PAMR</b>	Pregnancy Associated Mortality Review
<b>PAT</b>	Parents as Teachers

## Appendix E: Louisiana Revised Statute 40:2024.1-2024.6

NOTE: §2024.1-2024.6 as enacted by Acts 2021, No. 320, effective upon availability of sufficient funding by nongovernmental sources or by specific legislative appropriation.

### **RS 40:2024.1**

#### *PART I-A. LOUISIANA DOMESTIC ABUSE FATALITY REVIEW PANEL*

##### *§2024.1. Title*

*This Part shall be known and cited as the "Louisiana Domestic Abuse Fatality Review Panel Law." Acts 2021, No. 320, §2, See Act.*

### **RS 40:2024.2**

#### *§2024.2. Definitions*

*For the purposes of this Part, the following terms have the following meanings ascribed to them, unless the context clearly indicates otherwise:*

*(1) "Adult" means any individual eighteen years of age or older, or any person under the age of eighteen who has been emancipated by marriage or otherwise.*

*(2) "Dating partner" means any person who is involved or has been involved in a sexual or intimate relationship with the offender characterized by the expectation of affectionate involvement independent of financial considerations, regardless of whether the person presently lives or formerly lived in the same residence with the offender. "Dating partner" shall not include a casual relationship or ordinary association between persons in a business or social context.*

*(3) "Domestic abuse" includes, but is not limited to, physical or sexual abuse and any offense against the person, physical or nonphysical, as defined in the Louisiana Criminal Code, except negligent injury and defamation, committed by one family member, household member, or dating partner against another. "Domestic abuse" also includes sexual abuse as defined in R.S. 15:1503.*

*(4) "Domestic abuse fatality" means any death of a person resulting from an incident of domestic abuse or attempted domestic abuse, including the death of a person who is not a family member, household member, or dating partner of the perpetrator, or the suicide of a person where there are implications that a person is the victim of domestic abuse prior to his suicide. For the purposes of this Section, "domestic abuse fatality" shall be interpreted broadly to give the Domestic Abuse Fatality Review Panel discretion to review fatalities that have occurred both directly or peripherally to domestic relationships.*

*(5) "Family member" means spouses, former spouses, parents, children, stepchildren, unborn children, foster parents, foster children, other ascendants, and other descendants. "Family member" also means the other parent or foster parent of any child or foster child of the offender.*

*(6) "Household member" means any person presently or formerly living in the same residence with the offender and who is involved or has been involved in a sexual or intimate relationship with the offender, or any child presently or formerly living in the same residence with the offender, or any child of the offender regardless of where the child resides.*

*(7) "Review" means an examination or re-examination of information regarding a deceased person from relevant agencies, professionals, healthcare providers, or other sources.*  
*Acts 2021, No. 320, §2, See Act.*

NOTE: §2024.1-2024.6 as enacted by Acts 2021, No. 320, effective upon availability of sufficient funding by nongovernmental sources or by specific legislative appropriation.

### **RS 40:2024.3**

*§2024.3. Louisiana Domestic Abuse Fatality Review Panel; membership; chairman; proxies*

*A. The legislature hereby establishes within the Louisiana Department of Health a review panel which shall be designated as the "Louisiana Domestic Abuse Fatality Review Panel", hereinafter referred to in this Part as "review panel." The review panel shall be comprised of the following members:*

- (1) The state health officer or his designee,*
- (2) The secretary of the Louisiana Department of Health or his designee,*
- (3) The secretary of the Department of Children and Family Services or his designee,*
- (4) The assistant secretary of the office of behavioral health of the Louisiana Department of Health or his designee,*
- (5) The director of the bureau of emergency medical services of the Louisiana Department of Health or his designee,*
- (6) The director of the governor's office on women's policy or his designee,*
- (7) The superintendent of state police or his designee,*
- (8) The state registrar of vital records in the office of public health or his designee,*
- (9) The attorney general or his designee,*
- (10) A district attorney or assistant district attorney appointed by the Louisiana District Attorneys Association,*
- (11) A sheriff appointed by the Louisiana Sheriffs' Association,*
- (12) A police chief appointed by the Louisiana Association of Chiefs of Police,*
- (13) A coroner appointed by the president of the Louisiana Coroners Association,*
- (14) The executive director of the Louisiana Coalition Against Domestic Violence or his designee,*
- (15) The executive director of a community-based domestic violence service organization or his designee,*
- (16) The president of the Louisiana Clerks of Court Association or his designee,*
- (17) A forensic pathologist certified by the American Board of Pathology and licensed to practice medicine in the state appointed by the Louisiana State Board of Medical Examiners,*
- (18) A representative of the Louisiana Protective Order Registry appointed by the judicial administrator of the Louisiana Supreme Court,*
- (19) A representative of the legal services program funded by the Legal Services Corporation that regularly provides civil legal representation to survivors of domestic violence, and*
- (20) A director or his designee of a local supervised visitation or safe exchange center who is professionally trained to identify the unique safety needs of domestic violence victims.*

*B. Any additional persons may be appointed to the review panel who are determined to have relevant knowledge regarding domestic abuse and would aid the review panel in fulfilling its duties.*

*C. The members of the review panel shall elect a chairman to serve the review panel.*

*D. Notwithstanding the provisions set forth in Subsection A of this Section, each member shall be entitled to appoint a single person to serve as proxy for the duration of his term if the member is unable to attend a meeting of the review panel. The term of the designated proxy shall be the same as the voting member. A member appointing a person to serve as his designated proxy shall make his appointment known to the chairman of the review panel.*

Acts 2021, No. 320, §2, See Act.

NOTE: §2024.1-2024.6 as enacted by Acts 2021, No. 320, effective upon availability of sufficient funding by nongovernmental sources or by specific legislative appropriation.

**RS 40:2024.4**

*§2024.4. Functions; duties of the review panel*

*A. The functions of the review panel shall include:*

*(1) Identify and characterize the scope and nature of domestic abuse fatalities in this state and, if the decedent victim is female, report all of the following:*

*(a) Whether the decedent was pregnant at the time of death.*

*(b) Is there medical evidence that indicates that the decedent had been recently pregnant but was no longer pregnant at the time of death.*

*(c) Whether the decedent was single, married, or divorced to the extent such information can be determined.*

*(2) Research and review trends, data, or patterns that are observed of domestic abuse fatalities.*

*(3) Review past events and circumstances of domestic abuse fatalities by reviewing records and other pertinent documents of public and private agencies that are responsible for investigating deaths or treating victims.*

*(4) Research and revise, as necessary, operating rules and procedures for review of domestic abuse fatalities including, but not limited to, identification of cases to be reviewed, coordination among agencies and professionals involved, and improvement of the identification, data collection, and record-keeping of the causes of domestic violence fatalities.*

*(5) Recommend systemic improvements to promote improved and integrated public and private systems serving victims of domestic abuse.*

*(6) Recommend components for prevention and education programs.*

*(7) Recommend training to improve the identification and investigation of domestic violence fatalities that occur in Louisiana.*

*B. The review panel may do all of the following:*

*(1) Establish local and regional panels to which the review panel may delegate some or all of its responsibilities under this Part.*

*(2) Analyze data available through any state systems that may decrease the incidence of domestic abuse fatalities in this state.*

*(3) Create formal partnerships with existing local and regional fatality review panels to accomplish its responsibilities under this Section.*

*Acts 2021, No. 320, §2, See Act.*

NOTE: §2024.1-2024.6 as enacted by Acts 2021, No. 320, effective upon availability of sufficient funding by nongovernmental sources or by specific legislative appropriation.

#### **RS 40:2024.5**

*§2024.5. Records; confidentiality; prohibited disclosure and discovery*

*A. Notwithstanding any other provision of law to the contrary, the review panel, or any local or regional panel or agent of a local or regional panel, shall be authorized to access medical and vital records in the custody of physicians, hospitals, clinics, other healthcare providers, and the office of public health, and any other information, documents, or records pertaining to the completed investigation of any domestic abuse fatality in the custody of any law enforcement agency in order that it may perform its functions and duties as provided in this Section.*

*B. The review panel, or any local or regional panel or agent of a local or regional panel, may request from a person, agency, or entity any relevant information, whether written or oral, to carry out its functions and duties. This information may include, but is not limited to, the following:*

- (1) Medical information,*
- (2) Mental health information,*
- (3) Information from elder abuse reports and investigation reports which exclude the identity of persons who have made a report and shall not be disclosed,*
- (4) Information from child abuse reports and investigations which exclude the identity of persons who have made a report and shall not be disclosed,*
- (5) Summary of criminal history, criminal offender record, and local criminal history,*
- (6) Information pertaining to reports by healthcare providers of persons suffering from physical injuries inflicted by means of a firearm or of persons suffering physical injury where the injury is a result of abusive conduct,*
- (7) Information concerning a juvenile court proceeding,*
- (8) Information maintained by a family court or the office of vital records,*
- (9) Information provided by probation officers in the course of the performance of their duties including, but not limited to, the duty to prepare reports as well as the information on which these reports are based and,*
- (10) Records of in-home supportive services unless disclosure is prohibited by federal law.*

*C. The review panel, or any local or regional panel or agent of a local or regional panel, may make a request in writing for the information sought and any person, agency, or entity with information may rely on the request to determine whether information may be disclosed. A person, agency, or entity that has the information and is governed by this Section shall not be required to disclose the information. The intent of this Section is to allow the voluntary disclosure of information by a person, agency, or entity that has the information.*

*D. Except as provided in this Subsection, information and records obtained by the review panel, or any local or regional panel or agent of a local or regional panel, in accordance with the provisions of this Section, or results of any domestic abuse fatality report, shall be confidential and shall not be available for subpoena, nor shall the information be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other proceeding, nor shall the records be deemed admissible as evidence in any civil, criminal, administrative, or other tribunal or court of any reason. Information and records presented to the review panel, or any local or regional panel or agent of a local or regional panel, shall not be immune from subpoena or discovery or prohibited from being introduced into evidence solely because they were presented to or reviewed by the review panel, or any local or regional panel or agent of a local or regional panel, if the information and records have been obtained from other sources.*



NOTE: §2024.1-2024.6 as enacted by Acts 2021, No. 320, effective upon availability of sufficient funding by nongovernmental sources or by specific legislative appropriation.

*E. Any person, agency, or entity furnishing information, documents, and reports in accordance with this Section shall not be liable for the disclosure and shall not be considered in violation of any privileged or confidential relationship, if the person, agency, or entity has acted in good faith in the reporting pursuant to this Section.*

*F. A member of the review panel, or any local or regional panel or agent of a local or regional panel, may not disclose any information that is confidential under this Section. A person who appears before, participates in, or provides information to the review panel, or any local or regional panel or agent of a local or regional panel, shall sign a confidentiality notice to acknowledge that any information he provides to the review panel, or any local or regional panel or agent of a local or regional panel, shall be confidential. Information identifying a victim of domestic violence whose case is being reviewed, or that victim's family members, or an alleged or suspected perpetrator of abuse upon the victim, or regarding the involvement of any agency with the victim or victim's family members, shall not be disclosed in any report that is available to the public. Nothing in this Section shall prohibit the publishing by the review panel, or any local or regional panel or agent of a local or regional panel, of statistical compilations relating to domestic abuse fatalities which do not identify a person's case or person's healthcare provider, law enforcement agency, or organization who provides services to victims.*

*G. When the review panel, or any local or regional panel or agent of a local or regional panel, concludes a review of a domestic abuse fatality or other review, it shall return all information and records that concern a victim or the victim's family members to the person, agency, or entity that furnished the information.*

Acts 2021, No. 320, §2, See Act.

#### **RS 40:2024.6**

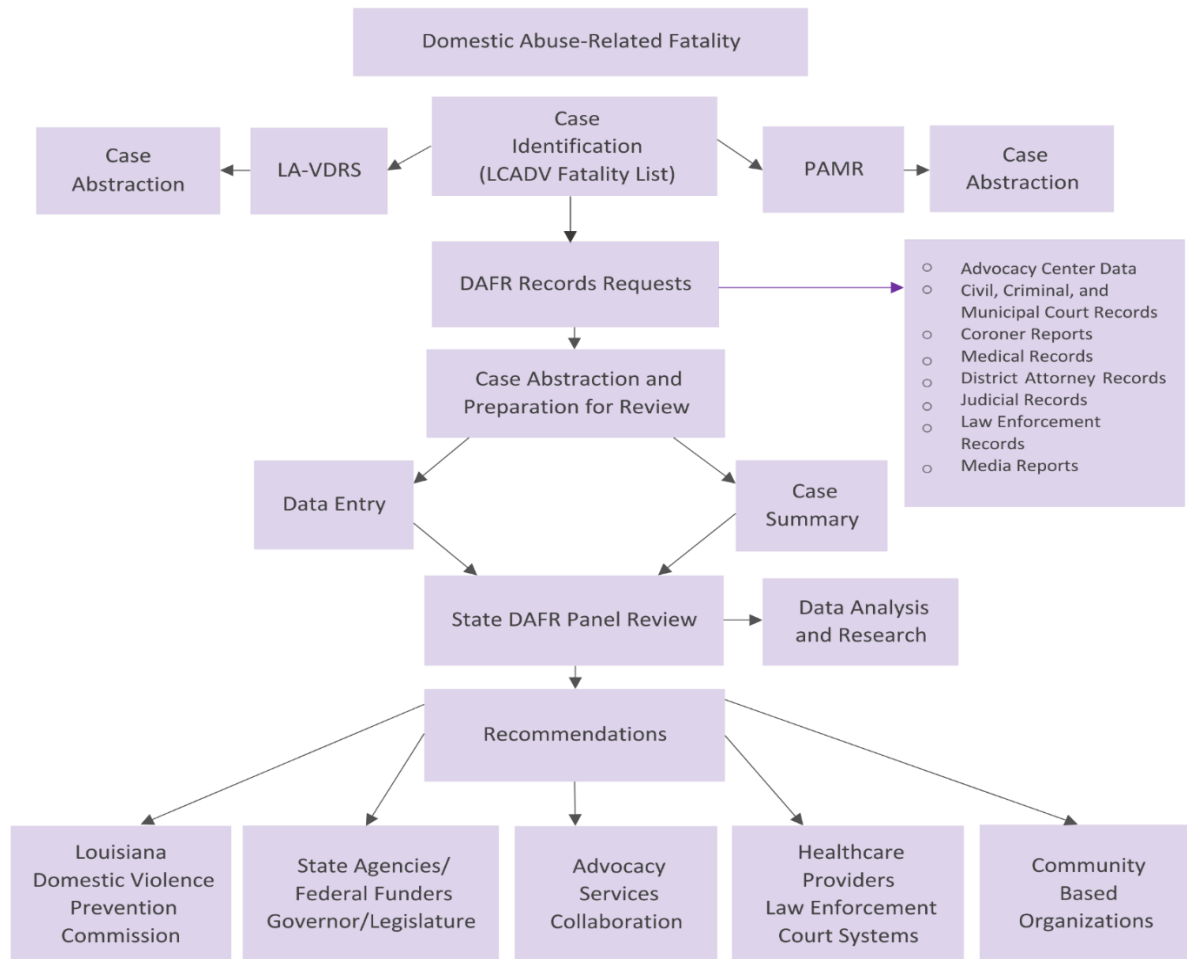
*§2024.6. Reporting to the legislature; requirements*

*The review panel shall issue an annual report of its findings and recommendations to the governor, the speaker of the House of Representatives, and the president of the Senate. The report shall not contain information identifying any victim of domestic abuse or that victim's family members, an alleged or suspected perpetrator of abuse upon a victim, or the involvement of any agency with a victim or the victim's family members. The review panel shall issue its initial report on or before January 30, 2023, and every year thereafter. The report may include any recommendations for legislation that the review panel considers necessary and appropriate.*

Acts 2021, No. 320, §2, See Act.



## Appendix F: Louisiana Domestic Abuse Fatality Review Process Map



## Appendix G: Louisiana Domestic Abuse Fatality Review Community Profile

Clinical Care	Description	Graph								
Ratio of Population to Primary Care Physicians	Represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. Sufficient availability of primary care physicians is essential for preventive and primary care and, when needed, referrals to appropriate specialty care.	<p>Ratio of population to primary care physicians</p> <table><tr><th>Entity</th><th>Ratio (approx.)</th></tr><tr><td>United States</td><td>1200</td></tr><tr><td>Louisiana</td><td>1400</td></tr><tr><td>Case # Parish</td><td>2800</td></tr></table>	Entity	Ratio (approx.)	United States	1200	Louisiana	1400	Case # Parish	2800
Entity	Ratio (approx.)									
United States	1200									
Louisiana	1400									
Case # Parish	2800									
Ratio of Population to Mental Health Providers	Represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care.	<p>Ratio of population to mental health providers</p> <table><tr><th>Entity</th><th>Ratio (approx.)</th></tr><tr><td>United States</td><td>350</td></tr><tr><td>Louisiana</td><td>300</td></tr><tr><td>Case # Parish</td><td>450</td></tr></table>	Entity	Ratio (approx.)	United States	350	Louisiana	300	Case # Parish	450
Entity	Ratio (approx.)									
United States	350									
Louisiana	300									
Case # Parish	450									
Percentage of the Population without Health Insurance	Lack of health insurance coverage is a significant barrier to accessing needed healthcare and to maintaining financial security. Uninsured people receive less preventative care, which can result in serious illness or other health problems. Being uninsured can also have serious financial consequences, with many unable to pay their medical bills, resulting in medical debt.	<p>Percentage of the population without health insurance</p> <table><tr><th>Entity</th><th>Percentage (approx.)</th></tr><tr><td>United States</td><td>11%</td></tr><tr><td>Louisiana</td><td>10%</td></tr><tr><td>Case # Parish</td><td>11%</td></tr></table>	Entity	Percentage (approx.)	United States	11%	Louisiana	10%	Case # Parish	11%
Entity	Percentage (approx.)									
United States	11%									
Louisiana	10%									
Case # Parish	11%									

Social & Economic Factors	Description	Graph								
Child Poverty Rate	Children (under age 18) in poverty captures an upstream measure of poverty that assesses both current and future health risk. Children in poverty may experience lasting effects on health and income into adulthood. Children living in poverty have an increased risk of injury as a result of unsafe environments and are susceptible to more frequent and severe chronic conditions and their complications.	<p>Child poverty rate</p> <table><thead><tr><th>Entity</th><th>Child poverty rate (%)</th></tr></thead><tbody><tr><td>United States</td><td>15%</td></tr><tr><td>Louisiana</td><td>23%</td></tr><tr><td>Case # Parish</td><td>28%</td></tr></tbody></table>	Entity	Child poverty rate (%)	United States	15%	Louisiana	23%	Case # Parish	28%
Entity	Child poverty rate (%)									
United States	15%									
Louisiana	23%									
Case # Parish	28%									
Childcare Cost Burden	Childcare costs for a household with two children as a percent of median household income. When much of a paycheck goes toward childcare expenses, households face difficult tradeoffs in meeting other basic needs such as rent, doctor visits, healthy foods, utility bills, and reliable transportation to work or school.	<p>Childcare cost burden</p> <table><thead><tr><th>Entity</th><th>Childcare cost burden (%)</th></tr></thead><tbody><tr><td>United States</td><td>22%</td></tr><tr><td>Louisiana</td><td>28%</td></tr><tr><td>Case # Parish</td><td>25%</td></tr></tbody></table>	Entity	Childcare cost burden (%)	United States	22%	Louisiana	28%	Case # Parish	25%
Entity	Childcare cost burden (%)									
United States	22%									
Louisiana	28%									
Case # Parish	25%									
High School Completion Rate	A high school degree correlates strongly with higher life expectancies and improved quality of life. Adults with high school degrees are more likely to be employed and earn more, on average, than their less educated counterparts.	<p>High school completion rate</p> <table><thead><tr><th>Entity</th><th>High school completion rate (%)</th></tr></thead><tbody><tr><td>United States</td><td>88%</td></tr><tr><td>Louisiana</td><td>85%</td></tr><tr><td>Case # Parish</td><td>82%</td></tr></tbody></table>	Entity	High school completion rate (%)	United States	88%	Louisiana	85%	Case # Parish	82%
Entity	High school completion rate (%)									
United States	88%									
Louisiana	85%									
Case # Parish	82%									
Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all fulltime, year-round workers, presented as "cents on the dollar." Unequal pay by gender can harm women’s health and wellbeing. Larger gaps in pay and gender inequities are associated with worse mortality outcomes, poorer self-rated health, and increased disability.	<p>Gender pay gap</p> <table><thead><tr><th>Entity</th><th>Gender pay gap (cents on the dollar)</th></tr></thead><tbody><tr><td>United States</td><td>0.82</td></tr><tr><td>Louisiana</td><td>0.75</td></tr><tr><td>Case # Parish</td><td>0.72</td></tr></tbody></table>	Entity	Gender pay gap (cents on the dollar)	United States	0.82	Louisiana	0.75	Case # Parish	0.72
Entity	Gender pay gap (cents on the dollar)									
United States	0.82									
Louisiana	0.75									
Case # Parish	0.72									

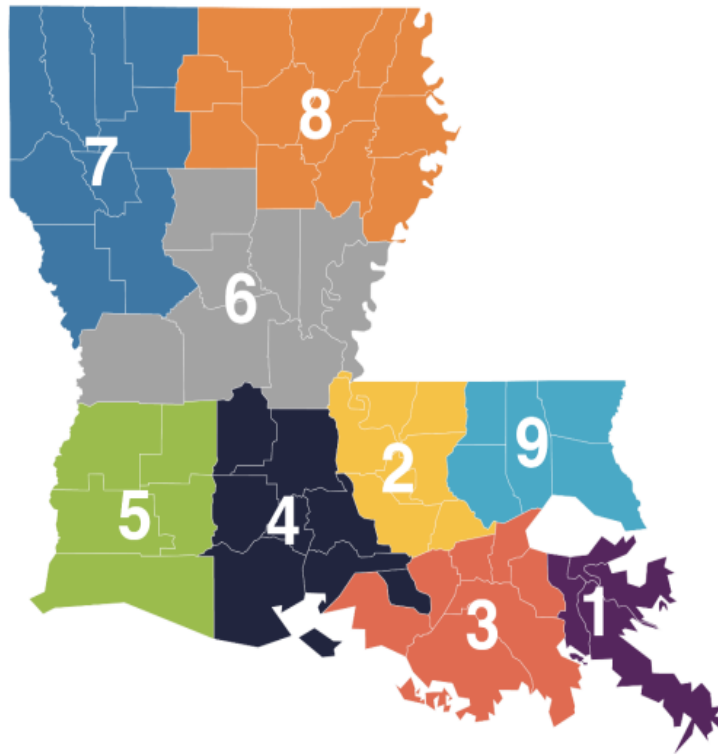
Health Behaviors	Description	Graph								
Food Insecurity	Percentage of the population who lack adequate access to food. Besides physical hunger, there are physical, psychological, and social consequences of food insecurity. Research has linked food insecurity to intimate partner violence.	<p>Food insecurity</p> <table><thead><tr><th>Entity</th><th>Food Insecurity Rate (%)</th></tr></thead><tbody><tr><td>United States</td><td>~12%</td></tr><tr><td>Louisiana</td><td>~15%</td></tr><tr><td>Case # Parish</td><td>~18%</td></tr></tbody></table>	Entity	Food Insecurity Rate (%)	United States	~12%	Louisiana	~15%	Case # Parish	~18%
Entity	Food Insecurity Rate (%)									
United States	~12%									
Louisiana	~15%									
Case # Parish	~18%									
Drug Overdose Mortality Rate	Number of drug poisoning deaths per 100,000 population. Opioids contribute largely to drug overdose deaths.	<p>Drug overdose mortality rate</p> <table><thead><tr><th>Entity</th><th>Drug Overdose Mortality Rate (per 100,000)</th></tr></thead><tbody><tr><td>United States</td><td>~22</td></tr><tr><td>Louisiana</td><td>~32</td></tr><tr><td>Case # Parish</td><td>~42</td></tr></tbody></table>	Entity	Drug Overdose Mortality Rate (per 100,000)	United States	~22	Louisiana	~32	Case # Parish	~42
Entity	Drug Overdose Mortality Rate (per 100,000)									
United States	~22									
Louisiana	~32									
Case # Parish	~42									
Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted). Excessive drinking is a risk factor for a number of adverse outcomes, including suicide and interpersonal violence, among many others.	<p>Excessive drinking</p> <table><thead><tr><th>Entity</th><th>Excessive Drinking Rate (%)</th></tr></thead><tbody><tr><td>United States</td><td>~12%</td></tr><tr><td>Louisiana</td><td>~15%</td></tr><tr><td>Case # Parish</td><td>~18%</td></tr></tbody></table>	Entity	Excessive Drinking Rate (%)	United States	~12%	Louisiana	~15%	Case # Parish	~18%
Entity	Excessive Drinking Rate (%)									
United States	~12%									
Louisiana	~15%									
Case # Parish	~18%									

Physical Environment	Description	Graph								
Home Ownership	Percentage of owner-occupied housing units. Homeownership is associated with better health, fewer illnesses, and lower rates of depression and anxiety. High levels of homeownership are associated with more stable housing and more tightly knit communities.	<p>Home ownership</p> <table><tr><th>Entity</th><th>Percentage</th></tr><tr><td>United States</td><td>65%</td></tr><tr><td>Louisiana</td><td>68%</td></tr><tr><td>Case # Parish</td><td>70%</td></tr></table>	Entity	Percentage	United States	65%	Louisiana	68%	Case # Parish	70%
Entity	Percentage									
United States	65%									
Louisiana	68%									
Case # Parish	70%									
Percent Rural	Percentage of the population living in a rural area. People in rural areas have less access to healthcare and social services, and tend to experience higher rates of poverty.	<p>Percent rural</p> <table><tr><th>Entity</th><th>Percentage</th></tr><tr><td>United States</td><td>20%</td></tr><tr><td>Louisiana</td><td>25%</td></tr><tr><td>Case # Parish</td><td>40%</td></tr></table>	Entity	Percentage	United States	20%	Louisiana	25%	Case # Parish	40%
Entity	Percentage									
United States	20%									
Louisiana	25%									
Case # Parish	40%									
Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing. As housing costs outpace local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult tradeoffs in meeting other basic needs. This can lead to increased stress levels and emotional strain.	<p>Severe housing cost burden</p> <table><tr><th>Entity</th><th>Percentage</th></tr><tr><td>United States</td><td>13%</td></tr><tr><td>Louisiana</td><td>12%</td></tr><tr><td>Case # Parish</td><td>12%</td></tr></table>	Entity	Percentage	United States	13%	Louisiana	12%	Case # Parish	12%
Entity	Percentage									
United States	13%									
Louisiana	12%									
Case # Parish	12%									
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Housing measures can also be considered proxy indicators of more general socioeconomic circumstances, which can lead to increased stress and emotional strain.	<p>Severe housing problems</p> <table><tr><th>Entity</th><th>Percentage</th></tr><tr><td>United States</td><td>15%</td></tr><tr><td>Louisiana</td><td>12%</td></tr><tr><td>Case # Parish</td><td>15%</td></tr></table>	Entity	Percentage	United States	15%	Louisiana	12%	Case # Parish	15%
Entity	Percentage									
United States	15%									
Louisiana	12%									
Case # Parish	15%									

Quality of Life	Description	Graph								
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted). Self-reported health status is a general measure of health-related quality of life. Research finds that people who report “poor” self-rated health have a mortality risk twice as high as people who report “excellent” self-rated health.	<p>Poor or fair health</p> <table><tr><th>Entity</th><th>Percentage</th></tr><tr><td>United States</td><td>18%</td></tr><tr><td>Louisiana</td><td>22%</td></tr><tr><td>Case # Parish</td><td>24%</td></tr></table>	Entity	Percentage	United States	18%	Louisiana	22%	Case # Parish	24%
Entity	Percentage									
United States	18%									
Louisiana	22%									
Case # Parish	24%									
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). This measure captures the percentage of people experiencing chronic and likely severe physical health issues.	<p>Frequent physical distress</p> <table><tr><th>Entity</th><th>Percentage</th></tr><tr><td>United States</td><td>12%</td></tr><tr><td>Louisiana</td><td>14%</td></tr><tr><td>Case # Parish</td><td>15%</td></tr></table>	Entity	Percentage	United States	12%	Louisiana	14%	Case # Parish	15%
Entity	Percentage									
United States	12%									
Louisiana	14%									
Case # Parish	15%									
Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). This measure captures the percentage of people experiencing chronic and likely severe mental health issues.	<p>Frequent mental distress</p> <table><tr><th>Entity</th><th>Percentage</th></tr><tr><td>United States</td><td>14%</td></tr><tr><td>Louisiana</td><td>18%</td></tr><tr><td>Case # Parish</td><td>19%</td></tr></table>	Entity	Percentage	United States	14%	Louisiana	18%	Case # Parish	19%
Entity	Percentage									
United States	14%									
Louisiana	18%									
Case # Parish	19%									

Community Safety	Description	Graph								
Violent Crime Rate	Number of violent crimes per population (age-adjusted). Violent crime includes murder and non-negligent manslaughter, rape, robbery, and aggravated assault.	<p>Violent crime rate</p> <table><thead><tr><th>Entity</th><th>Violent crime rate</th></tr></thead><tbody><tr><td>United States</td><td>400</td></tr><tr><td>Louisiana</td><td>550</td></tr><tr><td>Case # Parish</td><td>850</td></tr></tbody></table>	Entity	Violent crime rate	United States	400	Louisiana	550	Case # Parish	850
Entity	Violent crime rate									
United States	400									
Louisiana	550									
Case # Parish	850									
Suicide Rate	Number of deaths due to suicide per 100,000 population (age-adjusted).	<p>Suicide rate</p> <table><thead><tr><th>Entity</th><th>Suicide rate</th></tr></thead><tbody><tr><td>United States</td><td>13.5</td></tr><tr><td>Louisiana</td><td>14.5</td></tr><tr><td>Case # Parish</td><td>15.5</td></tr></tbody></table>	Entity	Suicide rate	United States	13.5	Louisiana	14.5	Case # Parish	15.5
Entity	Suicide rate									
United States	13.5									
Louisiana	14.5									
Case # Parish	15.5									
Homicide Rate	Number of deaths due to homicide per 100,000 population (age-adjusted).	<p>Homicide rate</p> <table><thead><tr><th>Entity</th><th>Homicide rate</th></tr></thead><tbody><tr><td>United States</td><td>6.5</td></tr><tr><td>Louisiana</td><td>13.5</td></tr><tr><td>Case # Parish</td><td>11.5</td></tr></tbody></table>	Entity	Homicide rate	United States	6.5	Louisiana	13.5	Case # Parish	11.5
Entity	Homicide rate									
United States	6.5									
Louisiana	13.5									
Case # Parish	11.5									
Firearm Fatality Rate	Number of deaths due to firearms per 100,000 population. Studies show that rates of gun ownership are significantly associated with firearm and overall homicide rates. Guns are by far the most common weapon used in intimate partner homicides, and abusers who own guns are five times more likely to kill the person they are abusing.	<p>Firearm fatality rate</p> <table><thead><tr><th>Entity</th><th>Firearm fatality rate</th></tr></thead><tbody><tr><td>United States</td><td>12.5</td></tr><tr><td>Louisiana</td><td>22.5</td></tr><tr><td>Case # Parish</td><td>20.5</td></tr></tbody></table>	Entity	Firearm fatality rate	United States	12.5	Louisiana	22.5	Case # Parish	20.5
Entity	Firearm fatality rate									
United States	12.5									
Louisiana	22.5									
Case # Parish	20.5									

## Appendix H: Louisiana Department of Health Regional Map



Region	Area	Parishes within Region
1	New Orleans	Jefferson, Orleans, Plaquemines, St. Bernard
2	Baton Rouge	Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
3	Houma	Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne
4	Lafayette	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
5	Lake Charles	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
6	Alexandria	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn
7	Shreveport	Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, Webster
8	Monroe	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll
9	Hammond/ Slidell	Livingston, St. Helena, St. Tammany, Tangipahoa, Washington



## References

1. Tulane University Newcomb Institute. New statewide research reveals the staggering economic cost of intimate partner violence in Louisiana. April 17, 2024. Page 2. Retrieved from: <https://sph.tulane.edu/print/pdf/node/14903>
2. Violence Policy Center. "When Men Murder Women: An Analysis of 2020 Homicide Data." September 2022. Retrieved from: <https://vpc.org/when-men-murder-women-louisiana/>
3. The National Domestic Violence Hotline. Identify Abuse. Abuse Defined. Retrieved from <https://www.thehotline.org/identify-abuse/understand-relationship-abuse/>
4. Office on Violence Against Women (OVW). U.S. Department of Justice. Focus Areas. Domestic Violence. Retrieved from: <https://www.justice.gov/ovw/domestic-violence>
5. Black, MC. Intimate partner violence and adverse health consequences: implications for clinicians. *Am J Lifestyle Med* 2011; 5:428-439
6. Breiding MJ, Black MC, Ryan GW. Chronic disease and health risk behaviors associated with intimate partner violence—18 U.S. states/territories, 2005. *Ann Epidemiol* 2008;18:538-544.
7. National Center for Injury Prevention and Control. "The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report." (Atlanta: National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention, 2011). Retrieved from [https://www.cdc.gov/violenceprevention/pdf/nisvs\\_report2010-a.pdf](https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf)
8. Louisiana Coalition Against Domestic Violence. Domestic Violence Fact Sheet. April 2022.
9. Centers for Disease Control and Prevention. CDC's National Violent Death Reporting System (NVDRS) Overview Fact Sheet. Retrieved from: [https://www.cdc.gov/violenceprevention/pdf/nvdrs/NVDRS-Overview\\_factsheet.pdf](https://www.cdc.gov/violenceprevention/pdf/nvdrs/NVDRS-Overview_factsheet.pdf)
10. AbiNader, M.A., Graham, L.M. & Kafka, J.M. "Examining Intimate Partner Violence-Related Fatalities: Past Lessons and Future Directions Using U.S. National Data." *J Fam Viol* 38, 1243–1254 (2023). Retrieved from: <https://doi.org/10.1007/s10896-022-00487-2>
11. Louisiana Coalition Against Domestic Violence. Louisiana Domestic Violence Fatalities. Retrieved from: <https://lcadv.org/domestic-violence-fatality-tracking/>
12. Rowh A., Jack S. Notes from the Field. Intimate Partner Homicide Among – Women – United States, 2018-2021. *MMWR Morb Mort Wkly Rep* 2024;73:754-756. Retrieved from: <http://dx.doi.org/10.15585/mmwr.mm7334a4>
13. Kafka JM, Moracco KE, Graham LM, AbiNader MA, Fliss MD, Rowhani-Rahbar A. Intimate Partner Violence Circumstances for Fatal Violence in the US. *JAMA Netw Open*. 2023 May 1;6(5):e2312768. 10.1001/jamanetworkopen.2023.12768. PMID: 37163268; PMCID: PMC101730
14. Dank M., Lachman P., Zweig J. M., Yahner J. (2014). Dating violence experiences of lesbian, gay, bisexual and transgender youth. *J Youth Adolescence*, 43, 21-24. Retrieved from <https://doi.org/10.1007/s10964-013-9975-8>.
15. Cattaneo L., Goodman L. (2015). What is empowerment anyway? A model for domestic violence practice, research, and evaluation. *Psychology of Violence*, 5(1), 84-94. Retrieved from

<https://academic.oup.com/bjsw/article-abstract/39/2/211/1642149?redirectedFrom=fulltext&login=true>

16. Jain S., Singh S. (2016). Prerna: Engendering empowerment through girl education. *International Journal of Educational Management*, 31(4), 518-529. Retrieved from <https://journals.sagepub.com/doi/10.1177/15248380211052244?icid=int.sj-abstract.citing-articles.12#bibr37-15248380211052244>
17. Black MC, Basile KC, Breiding MJ, et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2011. Retrieved from: [www.cdc.gov/ViolencePrevention/pdf/NISVS\\_Report2010-a.pdf](http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf)
18. Halpern CT, Spriggs AL, Martin SL, Kupper LL. Patterns of intimate partner violence victimization from adolescence to young adulthood in a nationally representative sample. *Juvenile Adolescent Health* 2009;45:508–516
19. Violence Policy Center, “American Roulette Murder-Suicide in the United States,” editions 4–8, <https://vpc.org/revealing-the-impacts-of-gun-violence/murder-suicide/>. A five-year average was developed using 2011, 2014, 2017, 2019, and 2021 data.
20. Louisiana Emergency Response Network. What is the Louisiana Emergency Response Network? Retrieved from: [www.lern.la.gov](http://www.lern.la.gov).
21. Louisiana Emergency Response Network. Stop the Bleed. Retrieved from: <https://lern.la.gov/wp-content/uploads/STOP-THE-BLEED-one-pager-FINAL-v2.pdf>.
22. Louisiana Firefighters Foundation. Retrieved from: <https://louisianafirefighters.com/>
23. The U.S. Department of Health and Human Services, Health Resources and Services Administration. The HRSA Strategy to Address Intimate Partner Violence 2017-2020 Summary Report. August 2021. Page 14. Retrieved from: <https://www.hrsa.gov/sites/default/files/hrsa/owh/ipv-strategy-2021-summary-report.pdf>
24. Louisiana Coalition Against Domestic Violence. About us. Retrieved from: <https://lcadv.org/about-lcadv/>
25. Futures without Violence. Bidirectional Partnerships Infographic. Retrieved from: <https://healthpartnersipve.org/wp-content/uploads/2024/02/Bidirectional-Partnerships-Infographic.pdf>
26. National Library of Medicine. Journal of the Royal Society of Medicine. 2008. Acknowledging a Persistent Truth: Domestic Violence in Pregnancy. Retrieved from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC2442136/>
27. Legal Services Corporation. How Legal Aid Helps Domestic Violence Survivors. <https://www.lsc.gov/our-impact/publications/other-publications-and-reports/how-legal-aid-helps-domestic-violence>
28. Atlanta Office of the Public Defender. Holistic Services We Provide. <https://atldefenders.atlantaga.gov/services-we-provide>
29. The Advocates for Human Rights. Batterers’ Intervention Programs. March 2019. [https://www.stopvaw.org/batterers\\_intervention\\_programs](https://www.stopvaw.org/batterers_intervention_programs)

30. Vera Institute of Justice. Supervised Visitation and Exchange. Keeping Survivors of Domestic Violence and Their Children Safe. August 2018. <https://www.vera.org/publications/supervised-visitation-and-exchange>
31. Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Intimate Partner Violence Prevention Resource for Action: A Compilation of the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from [https://www.cdc.gov/violenceprevention/pdf/IPV-Prevention-Resource\\_508.pdf](https://www.cdc.gov/violenceprevention/pdf/IPV-Prevention-Resource_508.pdf)
32. Imani Evans, MPH, Rachel Hyde, RN, MPH, Veronica Gillespie-Bell, MD, MAS, Medical Director. Louisiana Department of Health, Office of Public Health, Bureau of Family Health. Louisiana Pregnancy Associated Mortality Review, 2017-2019 Report. August 2022. Retrieved from [https://partnersforfamilyhealth.org/wp-content/uploads/2022/09/2017-2019\\_PAMR\\_Report\\_08.17.2022\\_FINAL.pdf](https://partnersforfamilyhealth.org/wp-content/uploads/2022/09/2017-2019_PAMR_Report_08.17.2022_FINAL.pdf)
33. Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion (2020, February 4). Pregnancy Mortality Surveillance System. Retrieved from [https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-mortality-surveillance-system.htm](https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-mortality-surveillance-system.htm)
34. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. National Violent Death Reporting System Web Coding Manual Version 6. [online]. 2022. [cited 2022 MON DAY]. Available from URL: <https://www.cdc.gov/violenceprevention/datasources/nvdrs/resources.html>
35. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525344/>