LOUISIANA DEPARTMENT OF HEALTH
Office of Public Health

PARTNERS FOR FAMILY HEALTH LOUISIANA

2020-2023

Louisiana Domestic Abuse Fatality Review

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 Domestic Abuse Fatality Review Panel. Amy Zapata, MPH, is the director of the Bureau of Family Health. Key Bureau of Family Health contributors include Dawn Joseph, BA, Louisiana Domestic Abuse Fatality Review coordinator; Kristen Sanderson, MPH, Violence and Injury Prevention manager; Lauren Dyer, MPH, mortality and morbidity epidemiology supervisor; and Rebecca Majdoch, MPH, Data to Action team lead.

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We honor the women, men, and children affected by an act of domestic abuse in Louisiana, their loved ones, and those who work diligently and persistently 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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Table of Contents

Executive Summary 5

Introduction 8

Domestic Abuse in the United States vs. Louisiana 15

Domestic Abuse Fatalities Statewide Data Summary 18

Domestic Abuse in Louisiana, Case Review Data 2020-2022 24

Contributing Risk Factors to Intimate Partner Violence 34

From Review to Action: Louisiana Domestic Abuse Fatality Review Panel Recommendations 39

- Summary of Recommendations 40
- Healthcare Professionals Response 43
- Criminal Justice Systems Response 47
- Civil Justice Systems Response 51
- Community-Based Organizations Response 59
- Louisiana Laws and Legislation Response 64

Conclusion 73

Appendix 74

- Appendix A: Types of Domestic Abuse 75
- Appendix B: Louisiana Domestic Abuse Fatality Review Panel and Authorized Agents 76
- Appendix C: Louisiana Statute 40:2024.1-2024.6 78
- Appendix D: Louisiana Domestic Abuse Fatality Review Process Map 85
- Appendix E: Louisiana Domestic Abuse Fatality Review Community Profile 86
- Appendix F: Louisiana Department of Health Regional Map 92
- Appendix G: Law Enforcement Training Modules and Resources 93
- Appendix H: Key Defintions 99
- References 101

Executive Summary



Executive Summary

The Louisiana Domestic Abuse Fatality Review

The Louisiana Department of Health, Office of Public Health, Bureau of Family Health, Louisiana Domestic Abuse Fatality Review report examines the scope and nature of domestic abuse fatalities, identifies data trends, and provides recommendations to help prevent and reduce domestic abuse and intimate partner violence in the future.

This report reflects statewide intimate partner violence mortality data from 2020-2023. Data includes the number of intimate partner violence cases per year, demographics, and summary information about these fatal incidents. The report also includes case review data for 56 cases reviewed in 2022-2024 and recommendations developed in 2024 from the review of 26 fatal incidents due to domestic abuse that occurred in 2022.

Summary of Data and Statistics

- From 2020-2023, **244** Louisiana residents died due to intimate partner violence.[1]
    - Firearms were the leading cause of intimate partner violence deaths. **Firearms were involved in approximately 87% of intimate partner homicides**, which is significantly higher than the national average.[1]
- **Half of Louisiana adults** have encountered some form of violence from a current or former intimate partner, with more than 200,000 adults experiencing such violence within the past year. [2]
- **Women are three times more likely** than men to experience severe and potentially fatal forms of intimate partner violence.[2]
- In 2020, **Louisiana had the fifth-highest rate of women murdered by men** in the United States.
    - Many victims (approximately 56%) knew their assailants, often being wives, common-law wives, ex-wives, or girlfriends of the offenders.[3]
- From 2022-2024, the Louisiana Domestic Abuse Fatality Review Panel **examined 56 of the 181** intimate partner violence-related fatal incidents that occurred statewide in 2020-2022.
    - The Panel reviewed **15 maternal fatalities** and a convenience **sample of homicide-suicides and other homicides** linked to domestic abuse.
    - Cases reviewed were from all nine Louisiana Department of Health administrative regions and 25 of Louisiana's 64 parishes.
- In 2024, the Louisiana Domestic Abuse Fatality Review Panel **reviewed 26 of the 58** cases due to domestic abuse that occurred in 2022.
    - The review included all four maternal fatalities linked to domestic abuse, seven single-victim suicides, one multiple-victim suicide, 13 single-victim homicides, and one multiple-victim homicide.
    - Cases reviewed were from eight of the nine Louisiana Department of Health administrative regions and 15 of the state's 64 parishes.

[1] (The Louisiana Violent Death Reporting System)
[2] (Plaisance, 2024)
[3] (Violence Policy Center, 2022)

Key Recommendations from the Domestic Abuse Fatality Review Panel

- **Healthcare providers** should screen every patient with validated tools, make warm referrals during appointments, and offer maternal, infant, and early childhood home visiting services to support pregnant and postpartum families that qualify.
- **Law enforcement** should complete recurring, victim-centered domestic violence training and apply it. They should identify the predominant aggressor, document strangulation, enforce protective orders and firearm transfer; develop trusting relationships in the communities they serve; and immediately connect victims of abuse to services.
- **Criminal courts** should incorporate behavioral health interventions when sentencing offenders of domestic abuse with co-occurring behavioral health issues in order to stop intimate partner violence before it escalates.
- **Civil courts** should centralize domestic violence matters, screen early, route high-risk cases to supervised exchanges and trauma-informed processes, and issue clear, enforceable orders transmitted to the Louisiana Protective Order Registry with compliance reviews on the calendar.
- **Community-based organizations** should make help visible everywhere, teach bystander skills, and create warm-handoff pathways that move people from concern to care in minutes, not weeks.
- **Legislators** should standardize firearm-transfer procedures with verification, establish uniform batterer intervention program standards with court monitoring, mandate recurring domestic violence skills checks for officers, and provide dedicated, recurring funding so every parish has real coverage – not just paper protections.



Introduction



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 reviews cases of death from domestic abuse, identifies and characterizes the scope and nature of domestic abuse fatalities, and provides recommendations for actions to prevent future fatalities. The Bureau's broader mission is to promote the health of Louisiana families throughout their lifetime through programs and initiatives to support 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 to 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. The Louisiana Domestic Abuse Fatality Review Panel 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 children and youth 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.[4]

Domestic violence can be physical, sexual, emotional, economic, psychological, 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, dating, or share a child. 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.[5]

See Appendix A for definitions and types of domestic abuse.

[4] (The National Domestic Violence Hotline, n.d.)
[5] (Office on Violence Against Women, n.d.)

Introduction

Legislative Mandate

Investigation of domestic abuse fatalities in the state has been a part of the state's public health activities since 2021, when the legislature enacted **Louisiana Revised Statutes 40:2024.1-2024.6**. The law established a domestic violence fatality review team within the Louisiana Department of Health, defined the required representation, and defined the panel's functions, duties, and authorities. The primary goal of these case reviews is not to evaluate the investigations or handling of specific cases, but to analyze these deaths to identify trends or patterns in the data observed in domestic abuse fatalities, identify opportunities for improving public and private systems serving victims of domestic abuse, and enhance future prevention efforts. This includes healthcare, criminal and civil justice, community, and legislative systems.

The review panel is made up of 20 multidisciplinary members representing public health, healthcare, social service agencies, law enforcement, and 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. As of 2025, the panel has appointed eight authorized agents.

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

Louisiana Domestic Abuse Fatality Review

Through a 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.
- Suicides, other than the suspect's, which may be a response to a current or past experience with domestic abuse.

Note: In this report, "victim" means the person who lost their life in a domestic violence-related incident, and "suspect" means the person believed to have caused their death, regardless of the case's eventual outcome in court. In some cases, the person labeled as the suspect may have been a victim of abuse themselves and may have acted in self-defense. The term "offender" is used when someone has been convicted by a court.

Operating Principles of Louisiana Domestic Abuse Fatality Review Panel

- The prevention of domestic abuse fatalities is a community responsibility.
- Domestic abuse fatality is an event that should urge communities to identify 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 lead to effective recommendations and actions to prevent fatalities due to domestic abuse and keep people healthy, safe, and protected.

Objectives of Louisiana Domestic Abuse Fatality Review Panel

- 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 and linkages among local and state agencies and enhance coordination of efforts.
- 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 expanded community efforts to prevent domestic abuse.
- Increase public awareness and advocacy against domestic abuse.
- Improve investigations of domestic abuse fatalities.

Data Sources and Methodology

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 from the Louisiana Violent Death Reporting System, the Bureau of Family Health may request records from a variety of individuals and organizations. Information may be requested from:

- Advocacy centers
- Civil, criminal, and municipal court records
- Coroners
- District attorneys
- Judicial reports
- Law enforcement (police departments and sheriff's 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 requests 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 determine 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 must have a signed confidentiality statement on file in order to 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

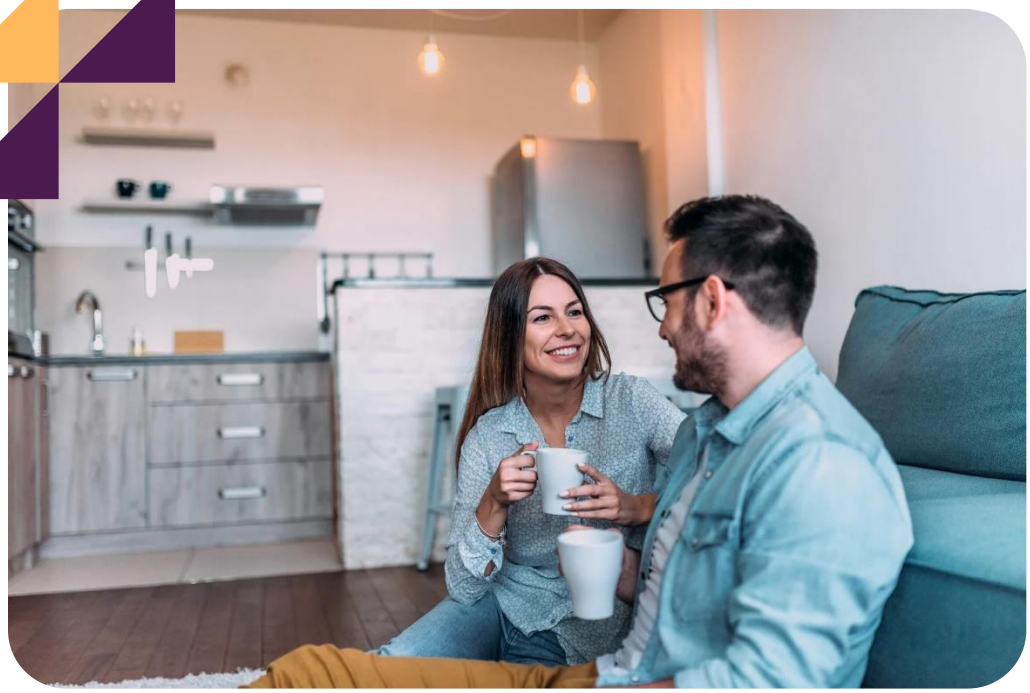
The Louisiana Domestic Abuse Fatality Review Panel meets quarterly (or more frequently as determined by the Review Panel) to review cases. The Review Panel Chair and Bureau of Family Health staff facilitate all case review meetings. Case review is closed to the public to protect sensitive information 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 the 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, the Louisiana Domestic Abuse Fatality Review Panel develops recommendations based on case review findings. These findings are shared in this report, are submitted to the legislature, and shared with partners that can implement the recommendations to better support victims of domestic abuse, mitigate harm, and prevent future fatalities.

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



Expanding Access and Addressing Everyday Barriers to Health: Louisiana Domestic Abuse Fatality Review Community Profiles

To identify local gaps in services and inform community- and societal-level recommendations, Maeve Wallace, PhD, an authorized agent to the Louisiana Domestic Abuse Fatality Review Panel and an epidemiologist and associate professor in Health Promotion Sciences at the University of Arizona's Mel and Enid Zuckerman College of Public Health, develops community profiles for the case reviews.

Each profile summarizes indicators across six areas—**access to clinical care, social and economic conditions, health behaviors, physical environment, quality of life, and community safety**—and presents the **parish value** alongside **Louisiana** and **U.S.** benchmarks. These profiles give panel members essential context on community needs and barriers, help interpret risk factors linked to each fatality, and guide targeted community-level recommendations. Sub-categories within each category include:

- **Clinical healthcare**: 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, child care 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 in the United States vs. Louisiana

Domestic abuse is a significant health problem and has lifelong consequences.[6, 7] 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.[8, 9] 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.[9]

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.[10] 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.[11]

Louisiana consistently **leads the nation in domestic homicides** and **has ranked among the top five almost every year since 1997.**[12] 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:

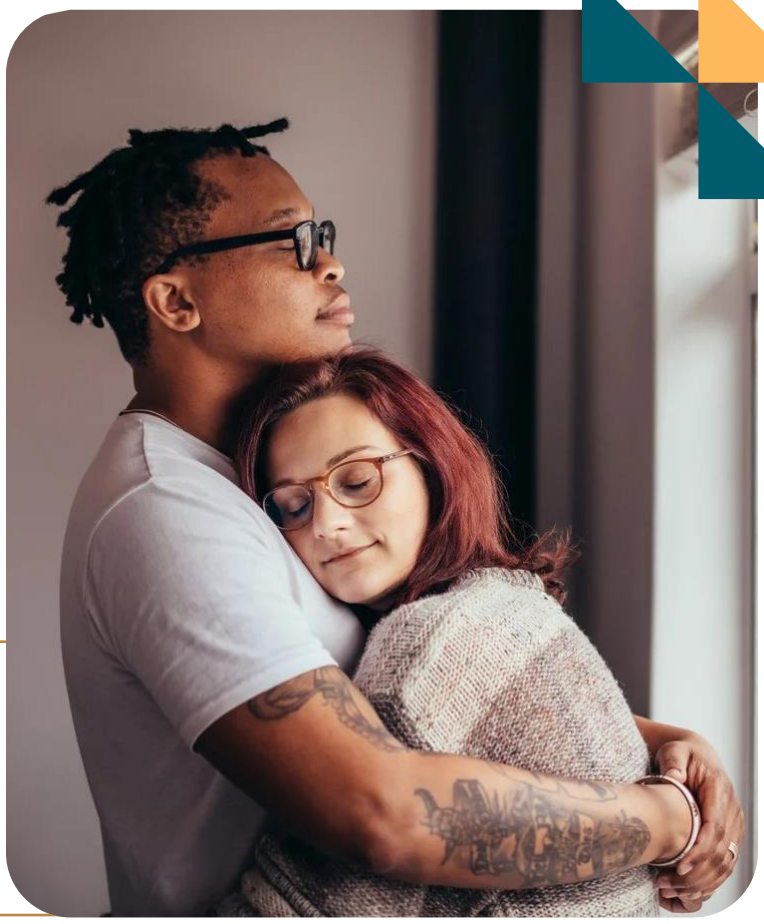
- For homicides in which the victim-to-offender relationship could be identified, **98% of female victims (39 out of 40) were murdered by someone they knew**.
- Of the victims who knew their offenders, 56% (22 victims) were wives, common-law wives, ex-wives, or girlfriends of the offenders.[13]

[6] (Black, 2011)
[7] (American College of Epidemiology, 2008)
[8] (Louisiana Coalition Against Domestic Violence, 2022)
[9] (Centers for Disease Control and Prevention)
[10] (National Coalition Against Domestic Violence, 2015)
[11] (Office on Violence Against Women, n.d.)
[12] (Louisiana Coalition Against Domestic Violence, 2022)
[13] (Violence Policy Center, 2022)

Domestic Abuse in the United States vs. Louisiana

The U.S. Centers for Disease Control and Prevention (CDC) 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.[14] 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 244 deaths due to intimate partner violence were identified from 2020-2023. 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 times 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.



[14] (Centers for Disease Control and Prevention)

Domestic Abuse Fatalities Statewide Data Summary

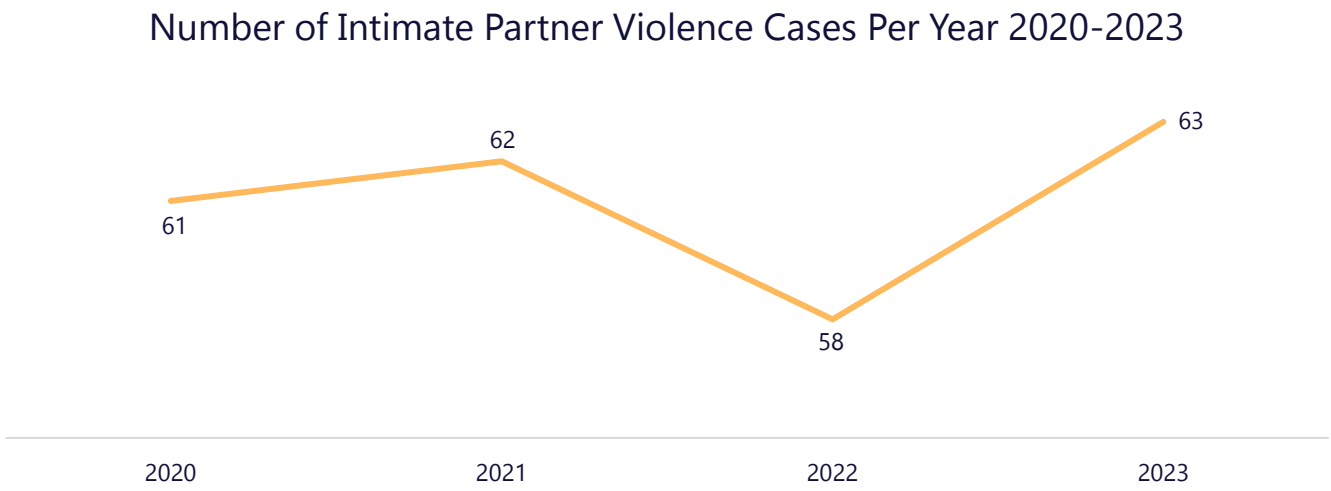


Defining Intimate Partner Violence

In 2024, the Louisiana Domestic Abuse Fatality Review and Louisiana Violent Death Reporting System teams updated the case definition of intimate partner violence fatality to ensure the cases identified by both meet the same case definition.[15] The case definition 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 ex-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 determines the manner of death is homicide. Data reported prior to 2024 used different case criteria, therefore the estimates should not be used to identify trends, and do not indicate a noteworthy change in rates of fatalities due to intimate partner violence in Louisiana.

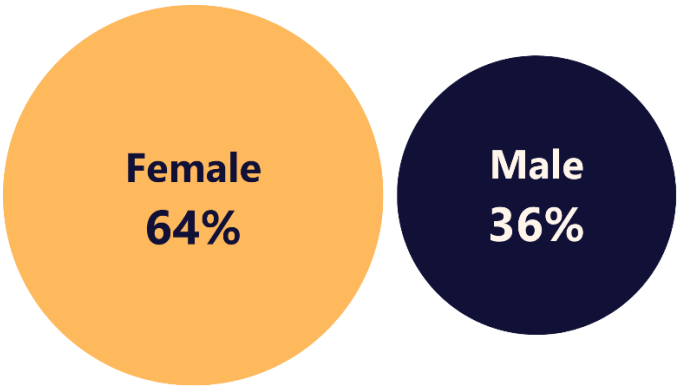
Domestic Abuse in Louisiana, Statewide Statistics 2020-2023

According to the Louisiana Violent Death Reporting System – the state's public-health surveillance system for violent deaths – **244 intimate partner violence–related deaths were identified statewide from 2020-2023.**

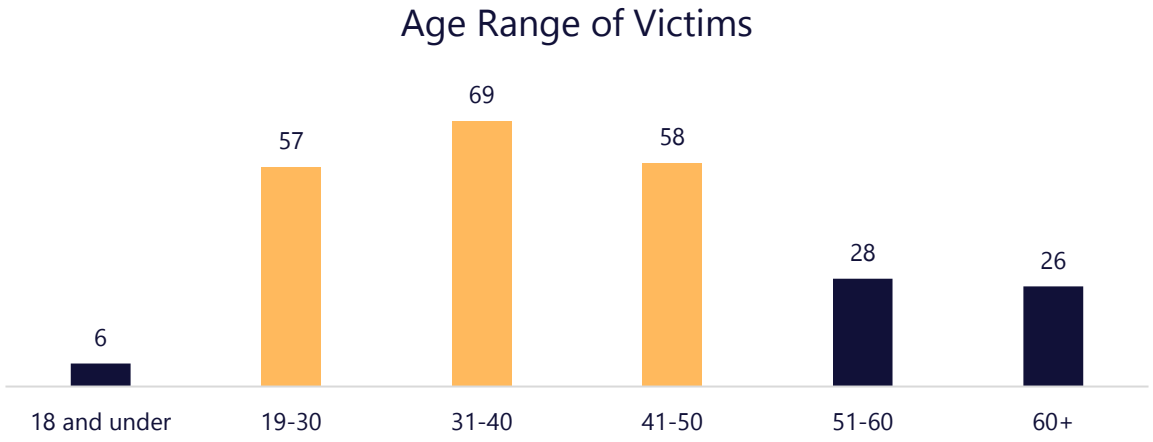


[15] (Louisiana Coalition Against Domestic Violence)

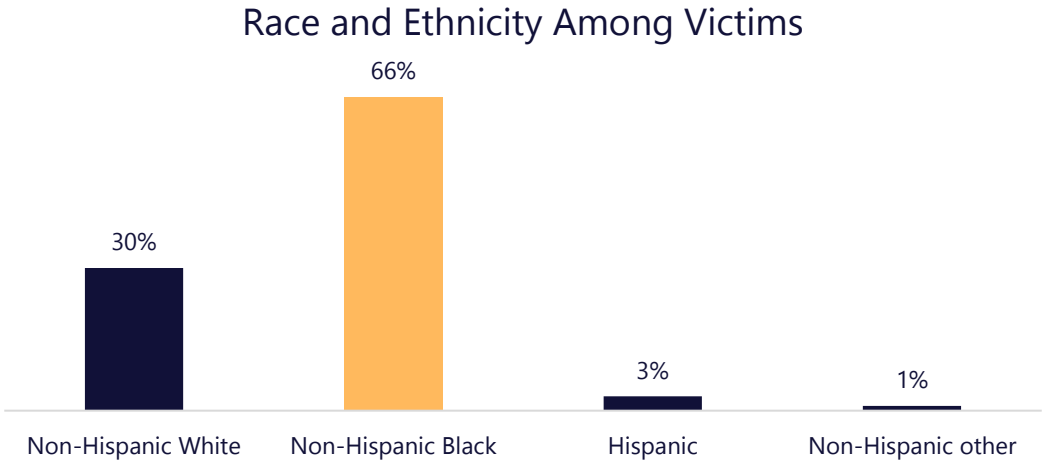
Women accounted for 64% of victims, signaling elevated risk of homicide for women in intimate partner violence cases.



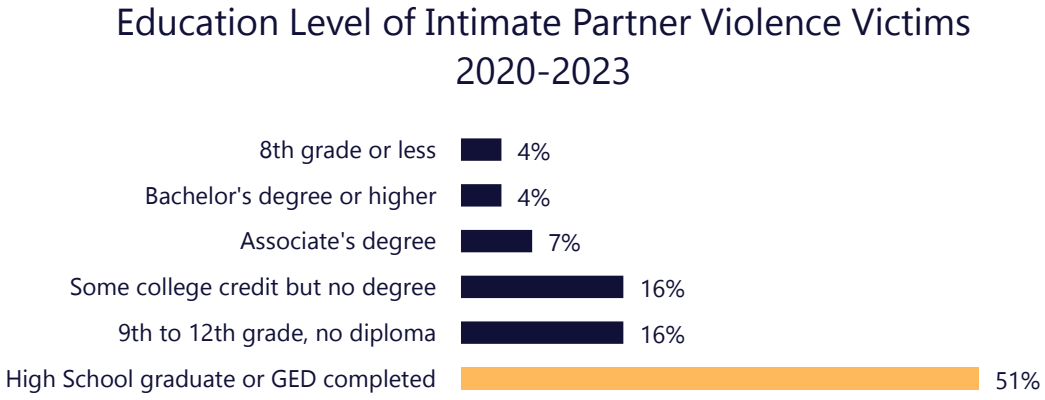
Adults ages 19-50 accounted for the highest share of intimate partner violence-related deaths.



Domestic violence disproportionately affects women of color. **In more than half (66%) of intimate partner violence related deaths, victims were Non-Hispanic Black.**

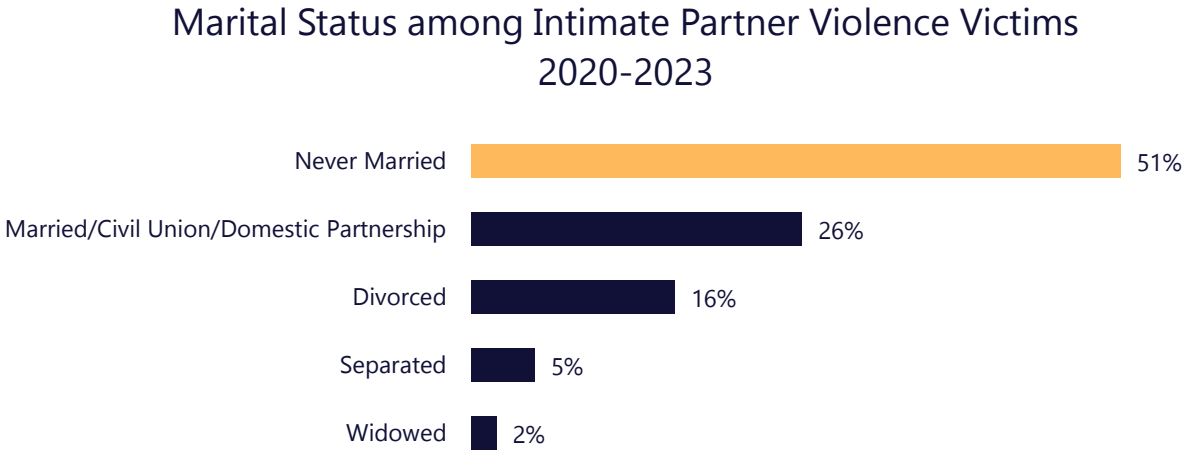


Studies show that education is one of the most powerful protective factors against intimate partner violence and the strongest tool available to empower people to overcome domestic violence trauma.[16, 17, 18] Among Louisianans who died in intimate partner violence-related incidents (2020-2023), only **12%** obtained a college degree.



Completing college typically **expands job options and earnings**, which can **reduce economic dependence on an abusive partner** and improve the capacity to leave safely—especially around separation, a high-risk period. Higher education helps to reduce exposure to abuse and improves pathways to safety for survivors and their children.

Never-married decedents accounted for over half of intimate partner violence deaths, compared with 26% who were married, in a civil union/domestic partnership, or separated.

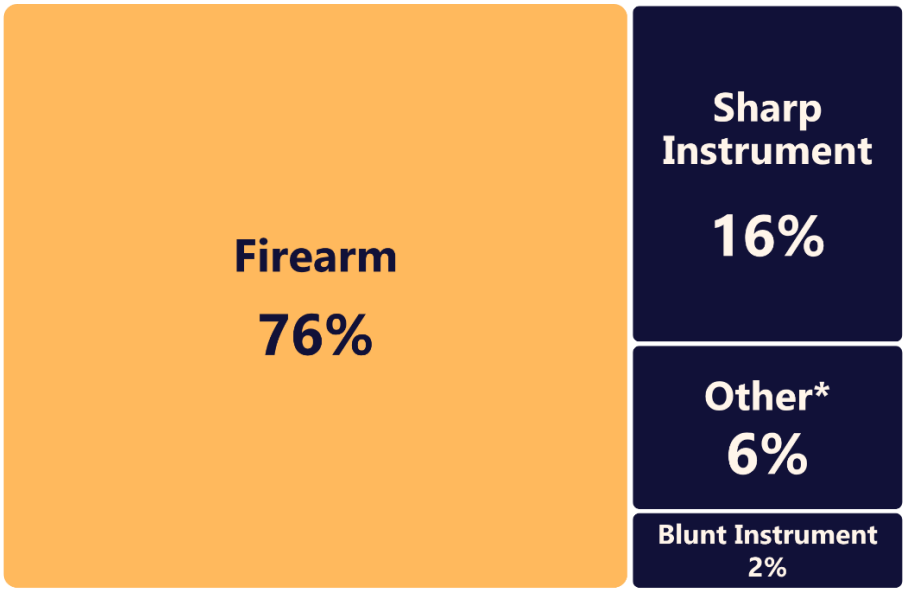


[16] (Dank, Lachman, Zweig, & Yahner, 2014)
[17] (Cattaneo & Goodman, 2015)
[18] (Jain & Singh, 2016)

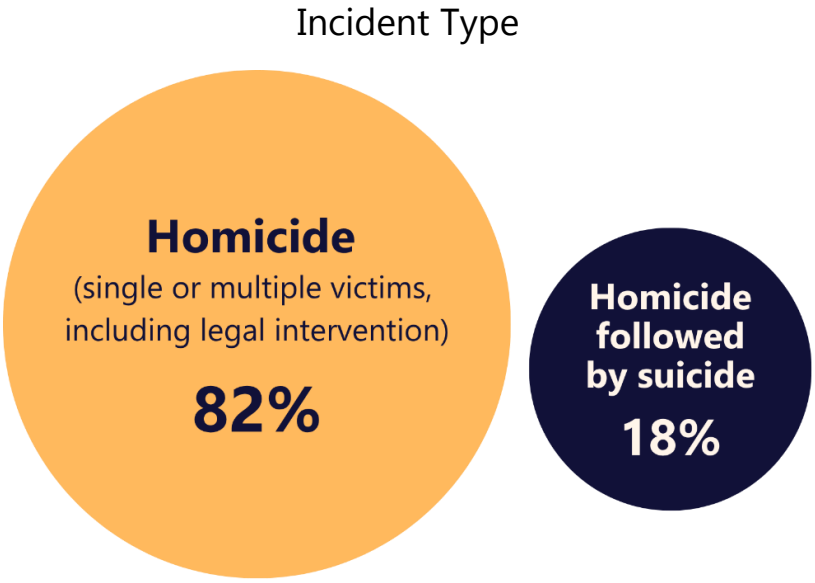
Domestic Abuse Fatalities Statewide Data Summary

Pregnancy can be an especially risky period for intimate partner violence, as many women report that abuse started or intensified when they became pregnant.[19] The Louisiana Domestic Abuse Fatality Review and Louisiana Pregnancy-Associated Mortality Review teams identified **15 intimate partner violence cases** occurring during pregnancy or within one year postpartum. Among the pregnancy-associated mortality cases reviewed, **only eight** documented that a healthcare provider screened for intimate partner violence.

From 2020-2023, **76% of domestic abuse homicides were committed with a firearm,** and 18% ended with the suspect's suicide.



*Including hanging/strangulation/suffocation, fire/burns, motor vehicle, and intentional neglect



[19] (National Partnership for Women and Families, 2021)

Intimate Partner Mortality Rates by Region

Region	1	2	3	4	5	6	7	8	9	Louisiana
Regional Intimate Partner Violence Mortality Rates per 100,000 (Based on Census Population) 2020-2023	1.7	1.8	0.7	0.9	1	1.2	1.3	1.6	1.1	1.3

Regional rates of intimate partner violence mortality were calculated by dividing the combined number of deaths in the region from 2020-2023 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 counts of deaths but have large differences in total population. In this way, although regions seven and eight 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 one and two, which include more urban parishes.

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

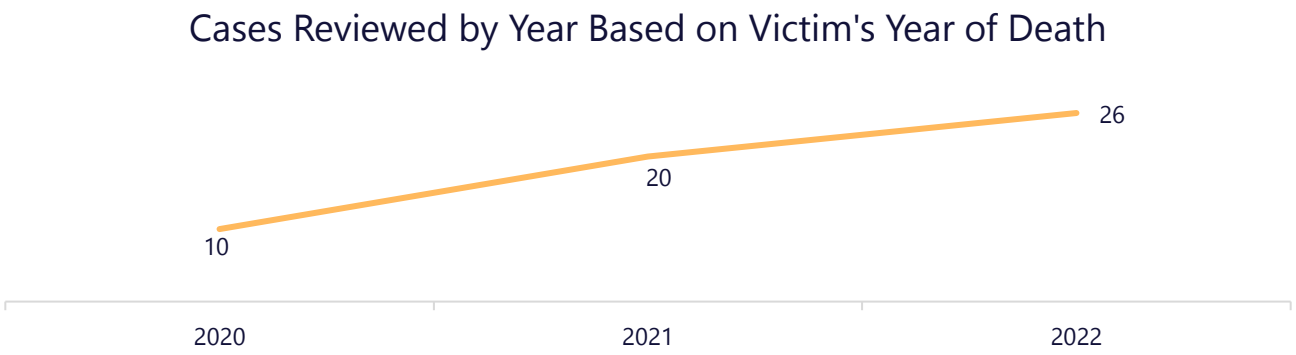


Domestic Abuse in Louisiana, Case Review Data 2020-2022



Domestic Abuse in Louisiana, Case Review Data 2020-2022

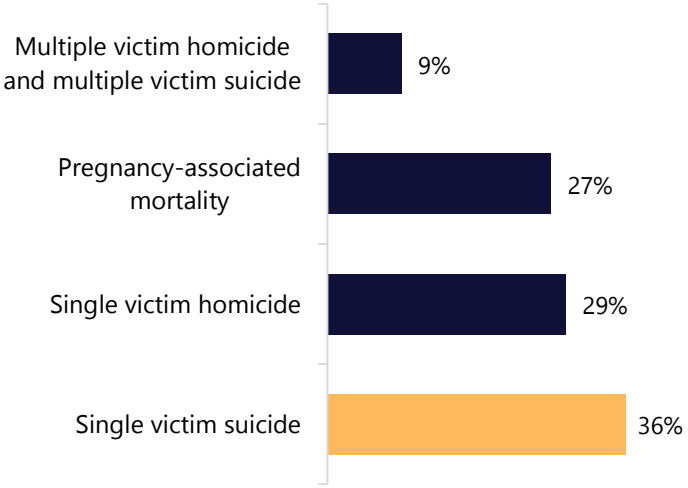
The Louisiana Domestic Abuse Fatality Review Panel examined 56 of the 181 intimate partner violence related fatal incidents that occurred statewide from 2020-2022.



The review encompassed all maternal fatalities and a convenience sample of homicide-suicides and other homicides linked to domestic abuse. Cases reviewed were from all nine Louisiana Department of Health administrative regions and 25 of Louisiana's 64 parishes.

Region	1	2	3	4	5	6	7	8	9
Cases Reviewed by Region	13	15	1	7	2	1	5	7	5

Type of cases reviewed 2020-2022



Single victim-homicide: One person is killed in an incident related to intimate partner violence (intimate partner violence).

Single victim-suicide: One person is killed in an intimate partner violence-related incident, followed by the suspect's suicide.

Multiple victim-homicide: Two or more people are killed in the same intimate partner violence-related incident.

Multiple victim-suicide: Two or more people are killed in the same intimate partner violence-related incident, followed by the suspect's suicide.

Pregnancy-associated mortality: Death during pregnancy or within one year postpartum in which intimate partner violence is a contributing factor.

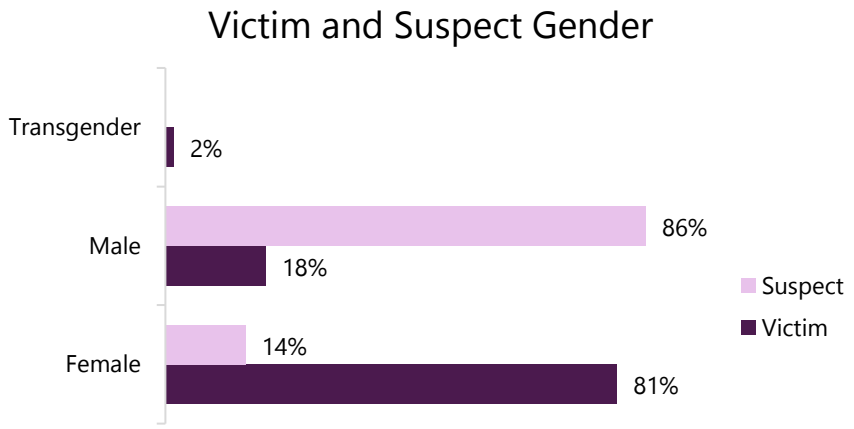
Case Review Demographics

81%
of victims were **female**

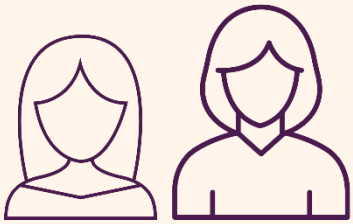
86%
of suspects were **male**

Victim and suspect gender:

Domestic abuse has long been identified as the most widespread form of gender-based violence. Consistent with national research on gender-based violence, **Louisiana's 2020-2022 cases show 81% victims were female and 86% of suspects were male.**

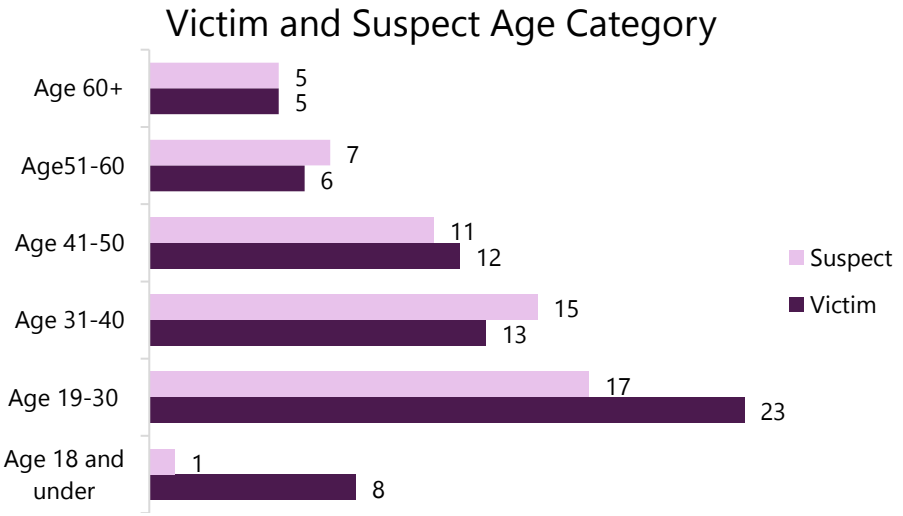


Ages 19-30
had the highest number of domestic abuse deaths



Age range of victims and suspects:

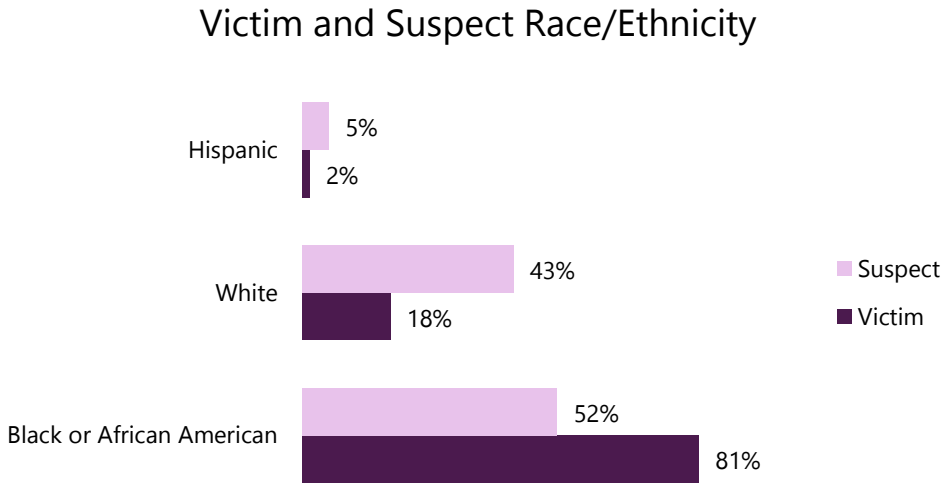
Victims between the ages of 19 and 30 had the highest number of domestic abuse deaths. Suspects in the same age group were most likely to murder their partners and family/friends of their intimate partners.



81% of victims and 52% of suspects were Black

Victim and suspect race/ethnicity:

Eighty-one percent of victims killed in domestic abuse homicides and 52% of suspects were African American reflecting a disproportionate impact on Black families.

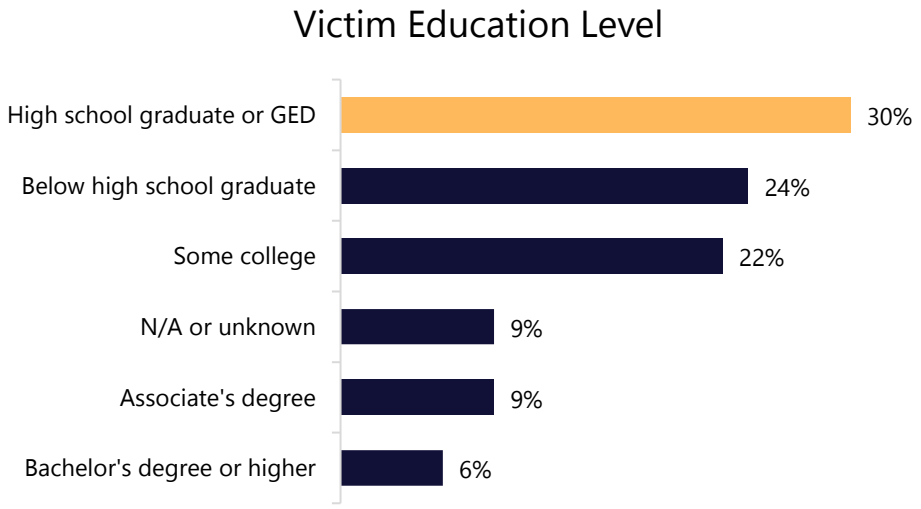


30% of victims had a high school diploma

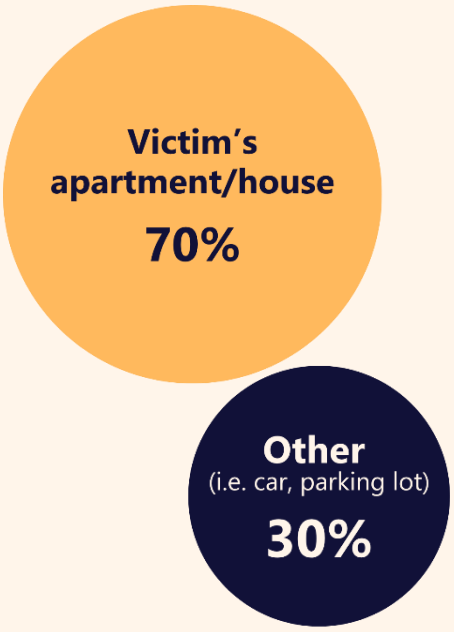


Victim education level:

Fifteen percent of victims had an associate's degree or higher, compared with 30% with only high school diploma or General Educational Development (GED) test, underscoring how education can lower risk and support victim safety.



Location of Incident

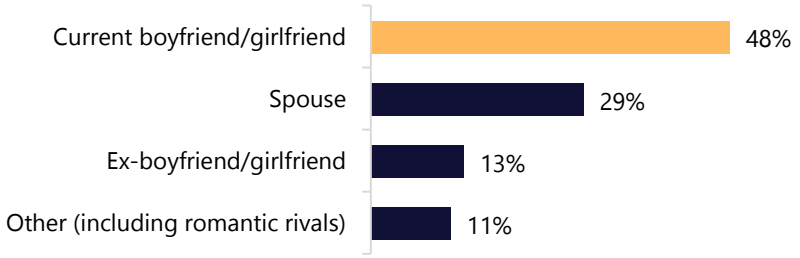


Additional Recurring Factors in Domestic Abuse Homicides

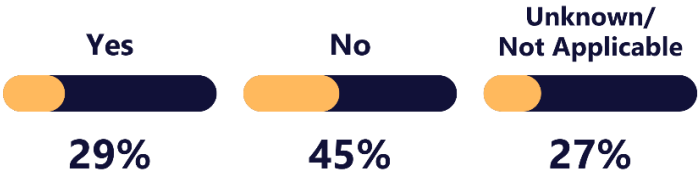
Who, where, and when:

In **48% of reviewed cases, the victim was killed by a current boyfriend**. Seventy percent of homicides occurred in the victim's home. Twenty-eight percent followed a recent separation between the victim and suspect.

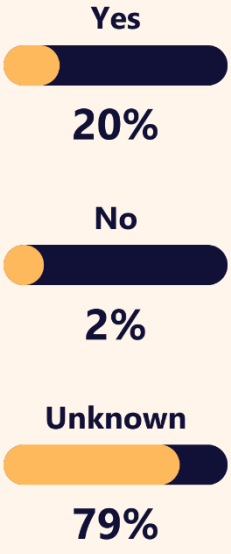
Suspect's Relationship to Victim



Did the Victim and Suspect Recently Separate?

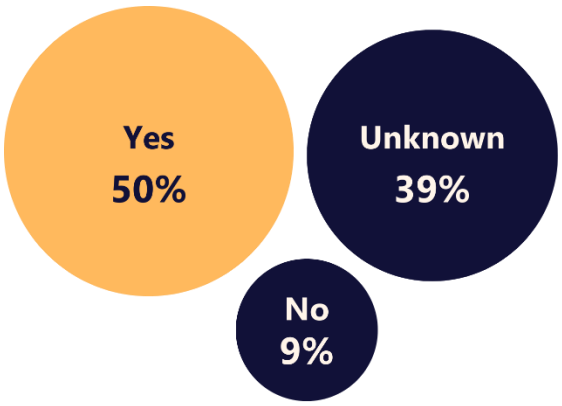


Did the suspect have a history of domestic violence with a previous partner (as a perpetrator)?



History of violence:

Fifty percent of couples had a known history of domestic violence. Twenty percent of suspects had a history of domestic violence with a previous intimate partner.

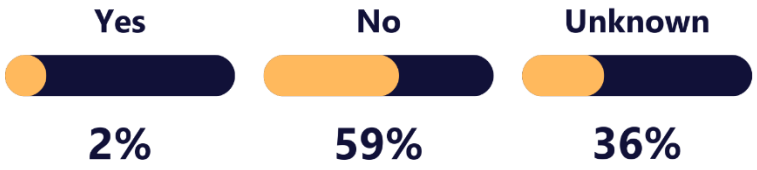


60% of cases missed opportunity for help

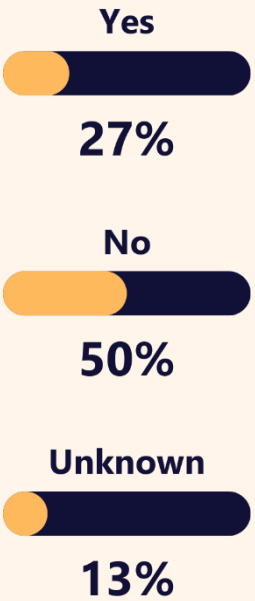
Missed opportunity for help:

In nearly 60% of the cases reviewed, there was **no indication that the victim accessed domestic violence specific services** before the homicide.

Is there any indication the victim sought domestic violence-specific services such as case management or counseling?

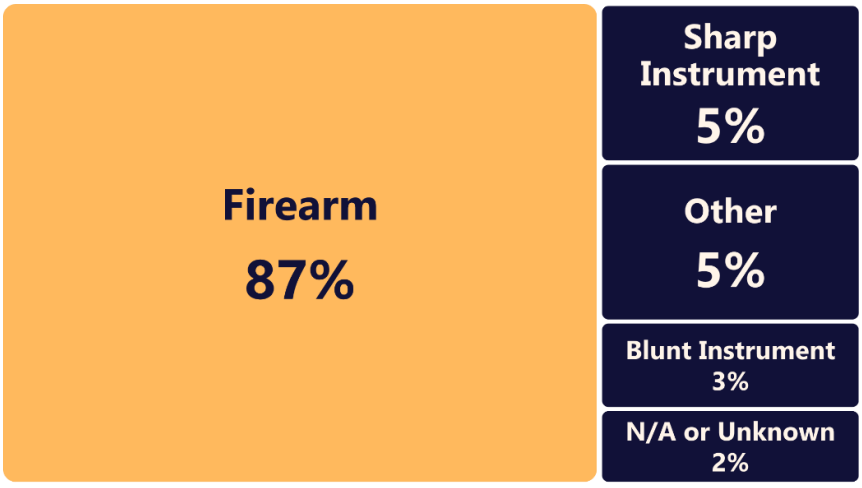


Had the person in possession of the gun ever been a respondent to a domestic violence protection order? (not No Contact Order or Restraining Order)

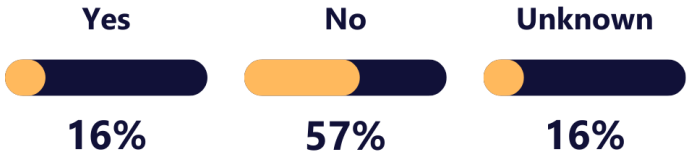


Increased risk of death from firearms:

Eighty-seven percent of victims in cases reviewed died by firearm. Among armed suspects, **27%** had previously been respondents to a domestic violence protection order, and 16% a prior domestic violence misdemeanor or felony.



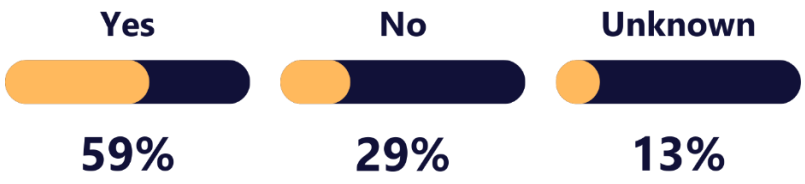
Had the person in possession of the gun ever been convicted of a domestic violence misdemeanor or felony?



25% of suspects had a history of domestic abuse battery

Criminal history:

Twenty-five percent of suspects had a history of domestic abuse battery. Nearly 60% had other prior criminal offenses and/or charges.



1 in 15 children in the United States are exposed to domestic abuse each year

Domestic abuse and its impact on children:

Approximately one in 15 children in the United States are exposed to domestic abuse each year. Adverse outcomes resulting from intimate partner violence include an increased risk of developing psychological, social, emotional, and behavioral problems, including mood and anxiety disorders, post-traumatic stress disorder, substance abuse, and school-related problems.[20,21] Of the cases reviewed, 50 children either witnessed or were present in the home at the time of the homicide. Forty-four children (17 years of age and under) lost one or both parents due to domestic abuse homicide, homicide-suicide, or due to a domestic abuse-related conviction.

[20] (Howell, Barnes, Miller, & Graham-Bermann, 2016)
[21] (Wathen & MacMillan, 2013)

New Orleans Domestic Abuse Fatality Review Team

Beginning in 2019, the New Orleans Health Department's Domestic Violence and Sexual Assault Program began reviewing domestic fatality characteristics to contextualize and document this issue in Orleans Parish. In 2022, the New Orleans City Council and the Mayor of New Orleans established a formal domestic abuse fatality review team with the passage of an ordinance to ordain **Article XIV of Chapter 82 of the Code of the City of New Orleans** and designated the New Orleans Health Department to coordinate this effort. In January 2023, the Louisiana Domestic Abuse Fatality Review Panel voted to include the New Orleans Domestic Abuse Fatality Review Team as a local domestic abuse fatality review panel for the state of Louisiana per **Louisiana Revised Statute 40:2024.4(B)(1)**.

The New Orleans Domestic Abuse Fatality Review Team categorizes domestic abuse fatalities (or "domestic fatalities") into two categories: family violence and intimate partner violence.

A **domestic abuse fatality rooted in family violence** ("family violence fatality") is when a victim was having relationship problems with a family member (other than an intimate partner) that appear to have contributed to the death. Family members can include parents and step-parents, children and stepchildren, siblings, grandparents, and extended family. While some family violence fatalities may have been rooted in coercive control – a pattern of acts and behaviors that an abuser uses to take away a person's freedom and control their life – or abuse committed by one family member, not all family violence fatalities are rooted in histories of abuse or violence. Some examples of precursors to family violence fatalities may include a family member's history of untreated or unmanaged severe mental illness or substance use, historical disagreements or altercations, or financial issues. Although many family violence incidents do not follow typical patterns associated with intimate partner violence, it is important to review these incidents to better understand what the patterns of family violence are and how to prevent family violence fatality incidents from occurring in the future.

Intimate partner violence includes physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner. Intimate partners can include spouses, boyfriends/girlfriends, dating partners, or ongoing sexual partners. Intimate partner violence occurs within the context of coercive control, which describes the purposeful and systematic pattern of behaviors a partner who is abusive uses with the goal of maintaining control and power over their intimate partner. Those who cause abuse in intimate relationships often do so because they believe it is their right and entitlement to maintain the power and control in their relationship.[22]

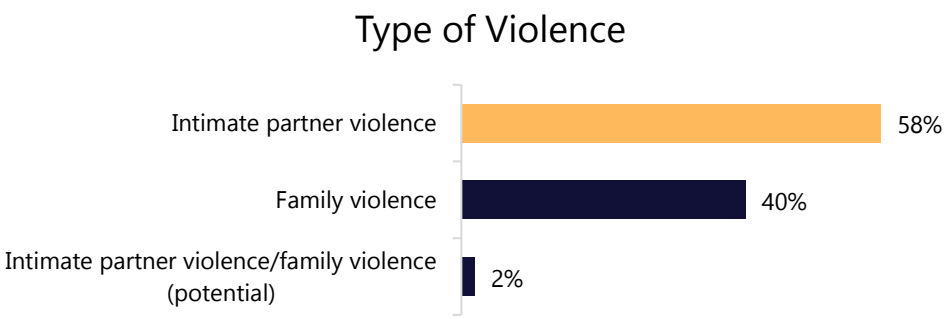
From 2020-2023, the New Orleans Domestic Abuse Fatality Review Team documented a total of **53 domestic abuse homicides**.

[22] (New Orleans Health Department, 2024)

60% of cases were related to intimate partner violence

Type of violence:

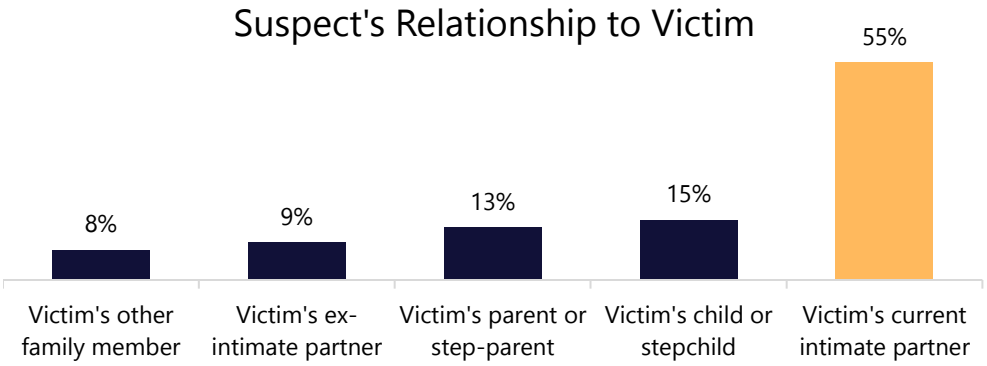
Nearly 60% of cases reviewed by the New Orleans Domestic Abuse Fatality Review Team were related to intimate partner violence.



54% of victims were killed by a current intimate partner

Suspect relationship to victim:

In over half of cases reviewed (54%), the victim was killed by a current intimate partner.



76% of domestic abuse homicides statewide were due to guns

Victim cause of death:

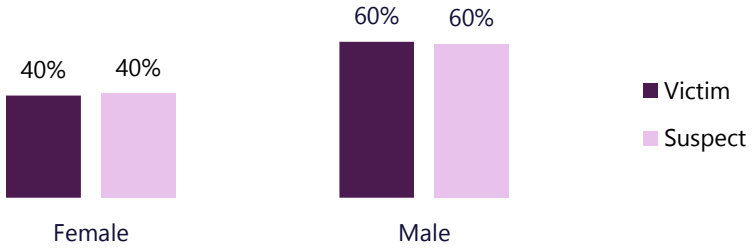
Firearms were the leading cause of death (66%) for victims. This is consistent with statewide patterns, where guns account for 76% of domestic abuse homicides.



Demographics

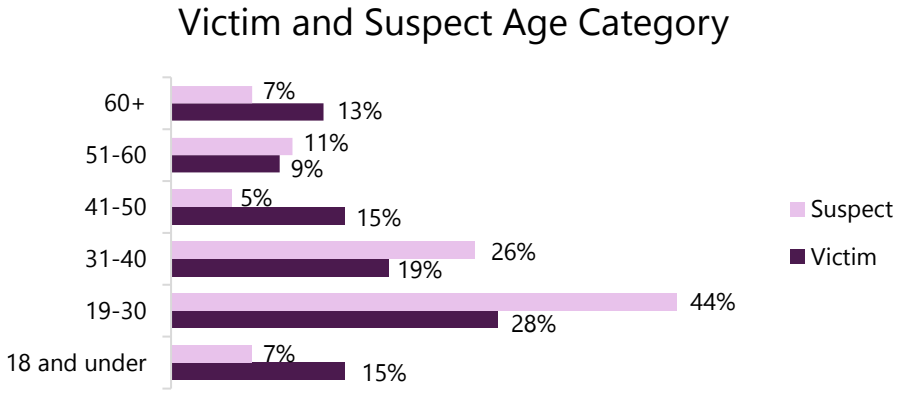
60% of both victims and suspects were male.

Victim and suspect gender: Among the New Orleans Domestic Abuse Fatality Review Team reviewed cases, about 60% of both victims and suspects were male.



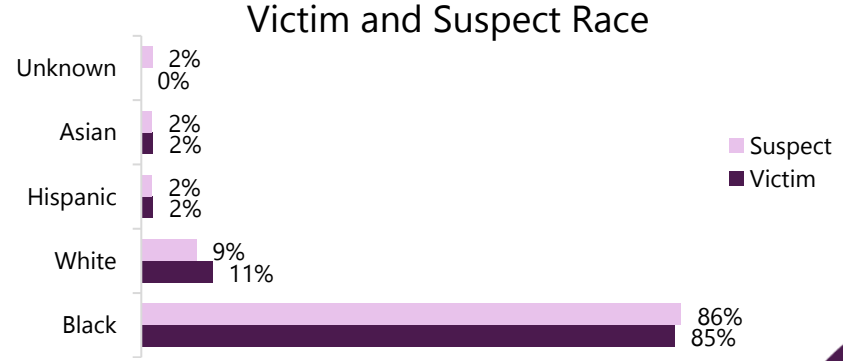
Ages 19-40 were most vulnerable to intimate partner homicide.

Age range of victims and suspects: Victims between the ages of 19-40 were most vulnerable to intimate partner homicide in Orleans parish.



85% of victims & 86% of suspects were African American

Victim and suspect race/ethnicity: In Orleans Parish, between 2020 and 2022, nearly 85% of people killed in domestic abuse homicides and 86% of suspects were African American, mirroring state and national patterns of disproportionate intimate partner violence homicide in Black communities.



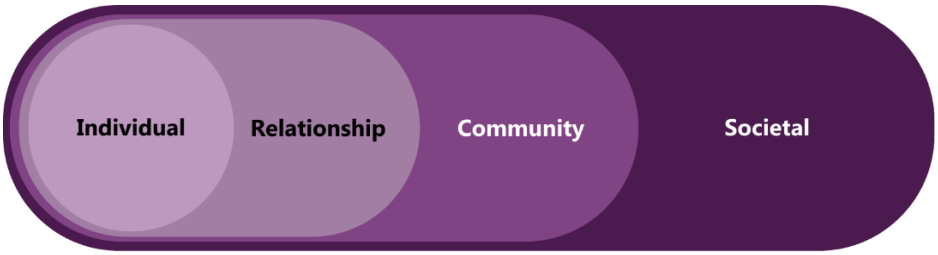
For detailed analysis, additional findings, and recommendations, see the New Orleans Domestic Abuse Fatality Review **2020** and **2021** annual reports or visit the **New Orleans Office of Violence Prevention: Program Reports and Impact Studies**.

Contributing Risk Factors to Intimate Partner Violence



The Social Ecological Model: A Framework for Prevention[23]

The U. S. Centers for Disease Control and Prevention (CDC) uses a four-level social-ecological model to illustrate the factors affecting violence and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to understand the range of factors that could cause someone to be at higher risk for violence, or protect them from experiencing or perpetrating (carrying out) violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level. In addition to clarifying these factors, the model also suggests that to prevent violence, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time and achieve population-level impact. Find **a complete list of intimate partner violence risk factors** on the CDC website.



Individual Level

The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse. Prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence. Specific approaches may include conflict resolution and life skills training, social-emotional learning, and safe dating and healthy relationship skill programs.

Relationship Level

The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator (committer). A person's closest social circle – peers, partners, and family members – influences their behavior and contributes to their experience. Prevention strategies at this level may include parenting or family-focused prevention programs and mentoring and peer programs designed to strengthen parent-child communication, promote positive peer norms, problem-solving skills, and promote healthy relationships.

[23] (Dahlberg LL, 2002)

Community Level

The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence. Prevention strategies at this level focus on improving the physical and social environment in these settings (e.g., by creating safe places where people live, learn, work, and play) and by addressing other conditions that give rise to violence in communities (e.g., neighborhood poverty, residential segregation, instability, and high density of alcohol outlets).

Societal Level

The fourth level encompasses the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Factors in this level include the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society. Prevention strategies at this level include efforts to promote societal norms that protect against violence as well as efforts to strengthen household financial security, education and employment opportunities, and other policies.

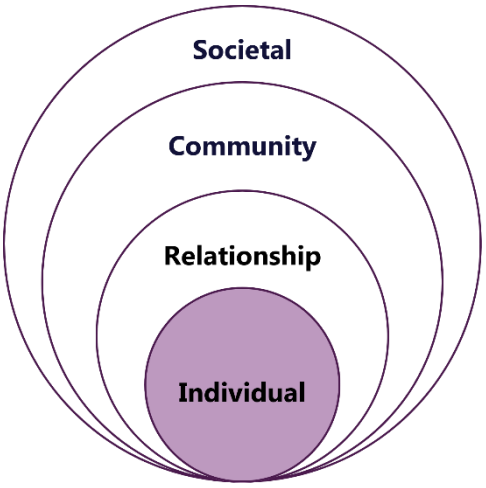
More information on evidence-based prevention strategies developed to address intimate partner violence risk factors on all levels of the Social Ecological Model can be found in the **Intimate Partner Violence Prevention Resource for Action**.

Risk Factors Observed During Case Review

In the 26 cases reviewed by Louisiana Domestic Abuse Fatality Review Panel in 2022, the Panel considered key risk factors that, according to the **Centers for Disease Control and Prevention**, are linked to a greater likelihood of intimate partner violence perpetration. These risk factors are contributing factors, but do not necessarily mean they are direct causes. These findings highlight risk factors that were most prevalent among victims and suspects of domestic abuse fatalities.

Contributing Risk Factors to Intimate Partner Violence

Individual Level Risk Factors



In 73% of victims, being a previous victim of physical or psychological abuse was a risk factor. In 93% of suspects, anger and hostility were a risk factor. Eighty-five percent of suspects displayed poor behavioral skills and impulsiveness, lacked non-violent social problem-solving skills, and had a history of being physically abused. Seventy-three percent of suspects had attitudes accepting or justifying violence and aggression, displayed hostility towards women, and displayed a pattern of using psychological aggression against the victims. Nearly 70% of suspects displayed a desire for power and control in relationships, and 80% had a history of physical and emotional abuse. In both victims and suspects, low education or income, young age, lack of non-violent problem-solving skills, as well as economic stress are shared.

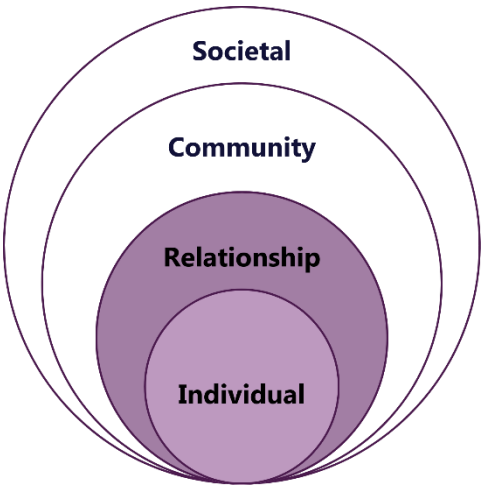
Victim Risk Factors
31% Low self-esteem
50% Low education or income
31% Young age
31% Lack of non-violent problem solving skills
34% Economic stress
73% Being a victim of physical or psychological abuse

Suspect Risk Factors
39% Low education or income
31% Young age
38% Aggressive or delinquent behavior as a youth
46% Heavy drug and alcohol use
85% Lack of non-violent social problem-solving skills
38% Depression and suicide attempts
85% History of being physically abusive
93% Anger and hostility
31% Antisocial personality traits and conduct problems
35% Economic stress
69% Desire for power and control in relationships
73% Hostility towards women
73% Attitudes accepting or justifying violence and aggression
81% History of physical and emotional abuse
73% Perpetuating psychological aggression

Contributing Risk Factors to Intimate Partner Violence

Relationship Level Risk Factors

Out of 26 cases, the primary risk factor in both victims and suspects were unhealthy relationships and interactions. In 62% of suspects, jealousy and possessiveness was a risk factor. In both victims and suspects, tension of divorce or separations, and children or in-laws were risk factors.

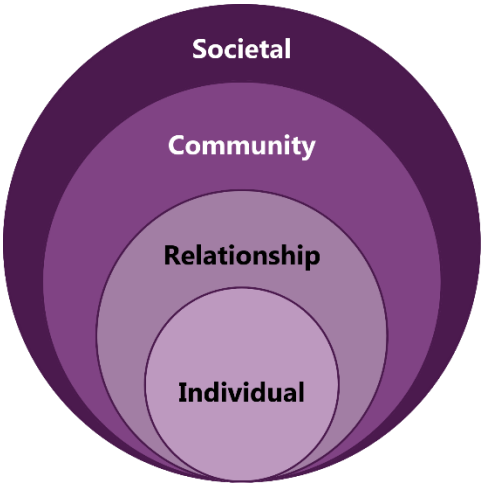


Victim Risk Factors
50% Tension of divorce or separations
34% Children or in-laws
77% Unhealthy relationship interactions

Suspect Risk Factors
62% Jealousy and possessiveness
62% Tension and divorce or separations
30% Sex and/or infidelity
35% Money and/or distribution of family resources
34% Children or in-laws
88% Unhealthy relationship interactions

Community and Societal Level Risk Factors

The top risk factors in both victims and suspects overlap at the community and societal levels.



Victim and Suspect Risk Factors
81% Communities with high rates of poverty and limited educational and economic opportunities
50% Communities with high unemployment rates
81% Communities with high violence and crime
88% Communities with easy access to drugs and alcohol
65% Poverty and associated factors (e.g. overcrowding)
46% Families experiencing economic stress

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



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

Recommendations were developed with committee consensus following an in-depth review of 26 cases due to domestic abuse in 2022 and were drawn from both individual case reviews and overall data and findings. Recommendations are classified by point of intervention and include the response to victims of domestic abuse by healthcare professionals, criminal justice systems, civil justice systems, domestic violence service providers, community-based organizations, and Louisiana laws and legislation.

Summary of Recommendations



Healthcare Professional Response:

- Identify individuals experiencing abuse by effectively screening in healthcare settings.
- Use validated domestic violence screening tools and standardize staff training to create opportunities for intervention.
- Provide warm referrals (personally and directly connect the person to a person at the resource) to domestic violence service providers by establishing a bi-directional referral system.
- Incorporate evidence-based home-visiting programs such as the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs, Nurse-Family Partnership and Parents as Teachers, to provide opportunities for safety assessment and referral for pregnant and post-partum women.
- Build collaborative pathways by integrating behavioral health services to increase access to mental health and substance use services to increase detection of intimate partner violence and improve overall health outcomes for victims of abuse.



Criminal Justice Systems Response:

- Require comprehensive, victim-centered domestic violence training for all officers covering predominant-aggressor determination, a process that law enforcement officers use to figure out who is the primary aggressor in a domestic violence incident to identify who is truly causing the harm versus acting in self-defense.
- Require lethality screening, a short set of questions to check if the victim is at high risk of being seriously hurt or killed, with immediate warm referrals to the people in victim safety services who can keep them safe; require strangulation recognition and collection of medical evidence.
- Develop protective-order enforcement and firearm surrender procedures.
- Use trauma-informed interviewing techniques to strengthen cases and survivor safety.
- Police work with the community, not just in it, by engaging in relationship-based policing so victims feel safe reporting, witnesses cooperate, and repeat calls drop because victims are proactively connected to services (advocacy, housing, legal aid).
- Direct criminal courts to pair sentences with behavioral-health and batterer intervention services to interrupt the cycle of abuse before it escalates.

- Direct criminal courts to evaluate how likely a person who committed intimate partner violence is to reoffend or seriously harm someone prior to setting bond and before sentencing.



Civil Justice Systems Response:

- Create specialized civil domestic violence courts to centralize protective orders, custody, and visitation for couples with histories of abuse, and related services to enhance victim safety, offender accountability, consistent rulings, and efficient use of court resources.
- Require recurring domestic violence training for judges, hearing officers, clerks, and court staff; prioritize safety in family cases; screen early, document risk findings on the record, and route high-risk cases away from standard joint processes, such as joint hearings or other collaborative practices that require both parties to be present at the same time.
- Supervised exchanges and trauma-informed courtroom practices to avoid re-traumatization.
- Get protective orders right by completing forms and critical fields correctly and transmitting to the Louisiana Protective Order Registry on time, include behavior-specific terms (e.g. no contact, tech-abuse bans, stay-away distances), firearm relinquishment when authorized, and set compliance-review dates to close gaps that may occur when filing and enforcing the order.



Community-Based Organizations Response:

- Provide domestic violence education for community members that includes trauma-informed listening, clear bystander intervention steps, and how to access help hotlines and local services so that all members of the community can play a positive role in keeping the community safe.
- Domestic violence service providers must increase domestic violence awareness; make help visible, immediate, and routine to improve access to services to reduce risk; strengthen safety for children and families; and help the entire community prevent domestic abuse and domestic abuse fatality.



Louisiana Laws and Legislation Response:

- Standardize firearm transfer procedures, processes, and forms to make compliance consistent, immediate, and verifiable statewide. A firearm transfer procedure is a process where a person who is legally required to give up access to firearms must arrange for their firearms to be transferred to law enforcement or another approved third party to document the firearm(s), verify the transfer, and confirm that the person no longer has access to it/them.
- Create a uniform state-approved batterer intervention program framework with court monitoring to support a coordinated, accountable, and evidence-driven system that improves program quality and outcomes.
- Mandate recurring domestic violence training and skills checks for law enforcement to ensure victims are safer, offenders are held accountable, and protective orders and criminal laws work as intended.
- Dedicate recurring state funding for domestic violence service providers in order to guarantee parish-level coverage, increase rural access, stabilize core domestic violence services, and measure results transparently to effectively close lethal gaps in resources and services and save lives.

Healthcare Professionals Response

Effective Screening for Domestic Abuse in Healthcare Settings

Intimate partner violence is a significant public health problem. Data shows 35.6% of women and 28.5% of men in the U. S. have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.[24] Intimate partner violence contributes to injuries, chronic health issues, and high risk health behaviors.[25] Studies have shown an association between intimate partner violence and a wide range of chronic health conditions such as heart attacks, high cholesterol, cancer, diabetes, respiratory conditions, and neuromuscular conditions.[26] Women who experience intimate partner violence also experience higher instances of stress and anxiety disorders, are more likely to suffer from depression and substance abuse, and are at a greater risk of unintended or unwanted pregnancy than those women with no history of abuse.[27]

Healthcare providers are in a unique position to identify individuals experiencing abuse and provide them with referrals and support, including counseling, referrals, and interventions.[28] Healthcare settings are often the first – and sometimes only – point of contact for people at immediate risk. Trauma- and violence-informed care, screening for domestic violence in safe private spaces, implementing bi-directional referral systems between healthcare and domestic service providers, home-visiting for pregnant and postpartum women, fostering connections to behavioral health services, and increasing healthcare access in rural parishes reduces barriers for those seeking help, increases opportunities for safety planning, and supports early intervention that can prevent escalation to fatal outcomes. Bi-directional referral systems are agreements between healthcare and social service agencies to refer clients to each other if a medical or social service need is identified, and stay in communication with each other to ensure the person gets the help they need. Addressing domestic abuse can also improve health outcomes and reduce healthcare costs.

The Louisiana Domestic Abuse Fatality Review Panel developed the following recommendations to aid healthcare providers in establishing policies when recognizing and responding to patients experiencing domestic abuse.

[24] (Centers for Disease Control and Prevention, 2010)
[25] (Futures Without Violence, n.d.)
[26] (National Center on Domestic Violence, 2014)
[27] (World Health Organization)
[28] (Futures Without Violence)



Healthcare Professionals

1. **Provide *warm referrals* to domestic violence service providers.**
   Warm referrals – when a provider directly connects and introduces the victim to a domestic violence advocate or assists with booking a same-day appointment or call, this increases the chance that victims of abuse access services when compared to handing the patient a referral list to contact support services themselves. Connections to services such as bi-directional referral systems connect healthcare and community organizations by creating a two-way flow of information and referrals. This allows healthcare providers to refer patients for domestic violence assessment and intervention, while domestic violence advocates can refer clients for necessary medical care. These systems are central to a coordinated, victim-centered response. Healthcare and domestic violence service providers are natural partners given their shared mission to improve the health, wellness, and safety of their clients and to prevent violence before it begins.[29]
   Contact the **Louisiana Coalition Against Domestic Violence** at 225-752-1296 for assistance with establishing a formal bi-directional referral system.

2. **Implement standardized domestic violence screening and staff training.**
   Routine, confidential screening using validated brief tools increases detection of intimate partner violence and creates opportunities for intervention. Screenings must be done in a safe, private space without others present. The **Hurt, Insult, Threaten, Scream (HITS) tool** is a validated four-item screen used in many clinical settings.[30] Universal education using an evidence-based intervention such as **Confidentiality, Universal Education + Empowerment, Support (CUES)** plus screening is recommended to reduce reliance on disclosure alone. Healthcare providers should do the following:
   - Perform routine, confidential screening using validated tools to increase the detection of domestic abuse and create opportunities for intervention. Screenings must be done in a safe, private space without the suspected abuser present.
   - Train clinical and frontline staff (including emergency department staff, triage, registration, and interpreters) on how to ask the questions safely, respond with empathy, and immediately offer safety planning and warm referrals. Staff should also complete required documentation and mandatory reporting when necessary.

[29] (IPV Health, n.d.)
[30] (Amer Shakil, 2005)

- Pair screening with **Confidentiality, Universal Education + Empowerment, Support (CUES) script,** so victims of domestic abuse receive information even if they do not disclose the abuse. With this intervention, healthcare professionals talk with all patients about how relationships can affect health and how to get support. Unlike traditional methods, this does not rely on disclosure of abuse to provide a patient with information and resources.[31]

3. **Integrate maternal, infant, and early childhood home visiting programs for pregnant and postpartum victims who qualify.**
   Pregnancy and the postpartum period are high-risk times for victims of intimate partner violence. Trauma and violence-informed care reduces re-traumatization, increases engagement, and improves clinical outcomes. Evidence-based home-visiting, such as the **Bureau of Family Health's Maternal, Infant, and Early Childhood Home Visiting Program**, improve maternal and infant outcomes and provide opportunities for safety assessment and referral to services.

4. **Incorporate integrated behavioral health care by addressing behavioral and medical problems together.**
   Integrated behavioral health care blends care in one setting for medical conditions and related behavioral health factors that affect health and well-being. **Integrated behavioral health care is a part of "whole-person care"** and is a rapidly emerging shift in the practice of high-quality healthcare. Providers practicing integrated behavioral health care recognize that both medical and behavioral health factors are important parts of a person's overall health.[32] Collaborative care with behavioral health service providers increase access to mental health and substance use services and improve outcomes.
   There is strong evidence that patient experience and outcomes improve and costs are contained when behavioral and medical problems are addressed together.[33] **Up to 75% of primary care visits include mental or behavioral health components.**[34] This includes behavioral factors related to chronic disease management, mental health issues, substance use, smoking, or other tobacco use, and the impact of stress, diet, and exercise on health. Behavioral health factors have an outsized influence on morbidity and mortality, and are the source of a large portion of family physicians' frustrations with the healthcare system. It is common to have patients who are unable to access care for mental health or substance use due to lack of insurance coverage or access.[35] **Community health partnerships create an easier "warm referral" process, allowing providers to facilitate the connection between victims of abuse and community resources.**

[31] (Futures Without Violence National Health Resource Center on Domestic Violence)
[32] (Agency for Healthcare Research and Quality, n.d.)
[33] (Butler M, 2008)
[34] (Robinson PJ, 2007)
[35] (Schrager, 2021)

These warm referrals increase the likelihood that survivors will use available services and supports.[36] The Louisiana Domestic Abuse Fatality Review Panel recommends that healthcare providers:

- Build collaborative care pathways by creating direct scheduling privileges or warm handoffs to behavioral health staff (co-located or telehealth) and create triage protocols for high risk patients.
- Designate a behavioral health consultant – a psychologist, licensed clinical social worker, or other behavioral health professional – as a member of the healthcare team. This brings a team-based approach that supports the work of the primary care physician. See the **GATHER (Generalist, Accessible, Team-based, High productivity, Education, Routine) Behavioral Health Integration Model** for additional information.[37]

5. **Increase access to health services in rural parishes.**

Rural victims of intimate partner violence face significant barriers – longer distances from resources and services, limited service availability, lack of public transportation, and greater social isolation – all factors that increase risk and reduce help-seeking. Rural women reported significantly higher severity of physical abuse (22.5%) than their urban counterparts (15.5%). The mean distance to the nearest intimate partner violence resource was three times greater for rural women than for urban women, and rural intimate partner violence programs served more counties and had fewer on-site shelter services.[38] Transportation is a significant barrier in rural communities. The availability of reliable transportation impacts a person's ability to access appropriate and well-coordinated healthcare, purchase nutritious food, sustain social networks, and care for themselves.[39] **Transportation assistance, telehealth, mobile clinics, and partnerships with local community agencies reduce these barriers and increase service access**. Targeted rural access solutions are essential to the prevention of domestic abuse. The Louisiana Domestic Abuse Fatality Review Panel recommends that healthcare providers:

- Create policies to provide transportation support (rideshare vouchers, dedicated clinic shuttles, gas cards, coordinated medical transport) when travel time to safety services or appointments is more than 30 minutes. Include these services in care plans. See the **Rural Transportation Toolkit** for guidance, resources, and model programs to aid the development, implementation, and evaluation of transportation programs to support rural communities.[40]
- Expand telehealth options for confidential counseling and safety planning, including ensuring safety protocols for digital privacy.

[36] (Miller E, 2015)
[37] (Robinson PJ, 2007)
[38] (Journal of Women's Health, 2011)
[39] (Rural Health Information Hub, n.d.)
[40] (Journal of Women's Health, 2011)

- Provide mobile outreach or rotating clinic days in underserved parishes through partnerships with domestic violence service providers.

The steps below outline how healthcare systems can operationalize the above recommendations:

Implementation Checklist for Healthcare Systems

☑ **Leadership and policy:** Adopt an intimate partner violence policy requiring private screening, staff training, warm referral pathways, documentation standards, and data tracking.

☑ **Partnerships:** Contact the Louisiana Coalition Against Domestic Violence to create bi-directional referral systems with domestic violence service providers in your area. Provide a named contact and hours for warm handoffs. Implement a secure referral platform if feasible.

☑ **Workforce:** Train all staff in domestic violence screening, trauma-informed response, and Confidentiality, Universal Education + Empowerment, Support (CUES). Ensure behavioral health and social work staff are engaged.

☑ **Pathways:** Create standing orders for immediate safety planning, include transportation support orders and referral checkboxes on electronic health records, and assist pregnant and postpartum women with enrollment in home visiting programs.

☑ **Rural access:** Budget for transportation vouchers, telehealth protocols, and mobile clinics for patients in rural communities.

Criminal Justice Systems Response

Criminal justice systems are vital for domestic violence prevention and reduction by holding offenders accountable, offering victims of domestic abuse legal protection and restoring safety and security. A coordinated criminal-justice response – built on trained officers, verified enforcement of protective orders and firearm transfer, relationship-based policing, and court-ordered behavioral-health and batterer interventions – turns calls for help into safer communities and enhanced accountability. To operationalize this across Louisiana, the Louisiana Domestic Abuse Fatality Review Panel developed the following recommendations to aid criminal justice systems in protecting and supporting victims of domestic abuse.



Criminal Justice Systems

1. **Law enforcement officers should regularly participate in comprehensive "victim-centered" domestic violence training and education to effectively support victims of abuse and hold offenders accountable.**

   Calling the police is one of the most commonly employed help-seeking strategies by women in abusive relationships.[41] Law enforcement professionals have the ability to support victims, hold offenders accountable, and prevent future acts of violence.[42] When officers responding to domestic violence calls are trained to reliably identify the *predominant aggressor*, screen for *lethality* (who is at highest risk of severe injury or death), and understand and enforce *protective-order* law and firearm transfer procedures, they make safer arrest decisions, connect victims to lifesaving services immediately, reduce the chance an abuser will remain armed and dangerous, and increase victims' willingness and ability to seek protection – all of which reduce fatal and near-fatal outcomes. Proper training on how to respond to a call for domestic abuse changes how calls for help are identified, triaged, and managed so the immediate risk to people in our communities declines. Trainings should include the following:

   - Predominant-aggressor identification: Shows officers how to avoid mutual-assault arrests and correctly identify the primary perpetrator based on context, injuries, escalation history, and controlling behavior. Proper predominant-aggressor assessment reduces improper arrests and improves victim safety.

[41] (Jill Theresa Messing, 2014)
[42] (International Association of Chiefs of Police, 2017)

- Lethality assessment and immediate warm referrals: Use the Ontario Domestic Assault Risk Assessment (ODARA) and implement the Lethality Assessment Protocol Program, to quickly identify high-risk victims and connect them with a domestic-violence service provider.
- Strangulation recognition and medical evidence: Strangulation is a strong predictor of lethality. Training to identify and document strangulation can improve prosecutions, risk assessment, and health outcomes for victims by promoting immediate medical assessment and treatment in strangulation cases.
- Orders of protection and firearm transfer procedures: Train officers in forms, evidence submission for ex parte orders, protection order service and enforcement, Louisiana Protective Order Registry access, and procedures for firearm relinquishment when required. When officers are trained to correctly verify and enforce orders of protection – and to implement clear, safe firearm transfer procedures – victims of domestic abuse are safer, prosecutions are stronger, and officer safety improves.
- Firearm divestiture training: Officers trained in firearm transfer will know how to confirm compliance, safely oversee the transfer of weapons, and coordinate with courts to prevent future homicides. More than half of all intimate partner homicides involve a firearm and firearms are frequently used by perpetrators of intimate partner violence to injure and threaten victims of abuse.43 Current state law requires firearm transfer from the offender in many domestic violence cases, and proper enforcement of this law removes the most lethal means of domestic violence fatality, guns, from high- risk situations and makes civil protections meaningful and enforceable.
- Trauma-informed interviewing: Trauma-informed approaches improve victim cooperation and reduce re-traumatization; cultural and language access should also be incorporated into trainings.

For detailed guidance, step-by-step procedures, and links to training resources and tools, see Appendix G: Law Enforcement Training Modules and Resources.

2. Law enforcement agencies should adopt community relationship-based policing practices.

Domestic abuse often occurs behind closed doors, hidden by fear, stigma, or mistrust.
When victims do not trust law enforcement – or when bystanders fear retaliation or believe "police will not help" – abuse goes unreported until it escalates to severe injury or homicide. According to the U.S. Bureau of Justice Statistics **2023 National Crime Victimization Survey**, about half of intimate partner violence and domestic violence victimizations were NOT reported to police.[44]

[43] (Tobin-Tyler, 2003)
[44] (Bureau of Justice Statistics, 2024)

Building genuine, long-term relationships between officers and the communities they serve helps break the silence, allowing early intervention before violence turns fatal. To build trusting relationships in your community, officers should do the following:

1. **Be consistent and have a positive presence**: Officers who routinely engage residents outside of crises (e.g., at schools, community meetings, local events) humanize policing and increase approachability.
2. **Partner with local advocates and service providers**: Collaborate with shelters, faith leaders, hospitals, and advocacy groups; invite advocates to participate in joint community forums and develop coordinated community response teams.
3. **Use culturally and linguistically responsive policing**: Train officers to understand the cultural, linguistic, and socioeconomic barriers that prevent reporting, employ interpreters or bilingual officers, and connect with cultural community leaders to foster trust among groups historically underserved by the justice system.
4. **Follow-up and collect feedback**: Officers should re-engage with victims after a call to check safety, explain next steps, and offer referrals. Documenting and communicating progress reinforces to victims that their safety matters, which encourages others to come forward.
5. **Use problem-solving policing**: Use calls for service data to identify repeat calls or high-risk households and proactively engage them. Call data can be gathered by tracking repeat calls to the same address or individuals within a determined timeframe. Include details such as:
    - Type of incident: Verbal disturbance, assault, strangulation, weapon present
    - Persons involved: Victim, suspect, witnesses
    - Prior orders of protection

This helps identify patterns where escalation is likely. Problem-solving also builds accountability and signals that police care about long-term safety, not just single arrests. Community relationship-based policing means that law enforcement officers focus less on responding only to emergencies and safety violations and more on building relationships to prevent problems before they happen. With this approach, police become a trusted part of the community's safety network, not just the people who enforce the law.

3. **Judges should incorporate behavioral health interventions in addition to batterer intervention programming when sentencing offenders of domestic abuse with co-occurring behavioral health issues to stop intimate partner violence before it escalates.**

Every year across Louisiana and the U.S., domestic abuse cases often escalate into fatal or near-fatal violence when underlying behavioral health issues – such as untreated mental illness, substance misuse, trauma, or impulsivity – remain unaddressed. Studies show that offender intervention programs that include evidence-based behavioral health components reduce the likelihood of re-arrest.

A recent meta-analysis of intimate partner violence interventions found that such programs cut rates of re-offense by about 48% within one year, and by about 40% over the next two years, compared to no treatment.[45] In Louisiana, nearly 22% of adults experience a diagnosable mental illness annually, and about 8% live with a substance use disorder.[46] This indicates large segments of the population are at elevated risk unless treatment is part of sentencing. Incorporating mandated rehabilitation into sentencing not only supports offender accountability, but also improves victim safety, reduces repeat abuse, and can prevent the most severe outcomes of domestic violence. Behavioral health assessment and rehabilitation for domestic abuse offenders has the following effects:

- **Addresses proximate causes of violent behavior.** Substance use, untreated mental illness, trauma histories, and poor impulse control, while not root causes of intimate partner abuse, commonly co-occur with intimate partner violence. Treating these disorders reduces the immediate risk factors that contribute to violent episodes.[47]
- **Improves long-term accountability when paired with supervision.** Treatment alone has limited impact if offenders are not monitored. Combining treatment with specialized probation, court monitoring, drug testing, and swift responses to non-compliance makes behavior change more likely.[48, 49]
- **Reduces re-victimization and escalation to fatal outcomes.** Programs that integrate treatment for offenders with careful monitoring or supervision (e.g., specialized domestic violence courts, probation, and offender-focused deterrence) have been shown in multiple studies to reduce reductions in recidivism or repeat offenses, helping keep victims safer.[50, 51]
- **Improves evidence and prosecution outcomes.** Court mandates for intervention programming, behavioral health treatment, and supervision create records of noncompliance that prosecutors can use. Victims are less likely to be the sole source of evidence if the court documents repeated violations.[52]

For offenders whose violence is strongly linked to substance misuse or acute mental-health issues, evidence-based treatment (e.g. **Rhode Island Specialized Probation**) for those conditions reduces future violence and improves engagement in other programs. The U.S. Department of Health and Human Services **Substance Abuse and Mental Health Services Administration guidance** recommends integrated, coordinated service plans for offenders with co-occurring disorders.

[45] (Travers, 2021)
[46] (Louisiana Deparatment of Health, n.d.)
[47] (Center for Substance Abuse Treatment, 1997)
[48] (Gondolf, 2002)
[49] (Schaefer, 2022)
[50] (Tutty, 2016)
[51] (Gutierrez, Blais, & Bourgon, 2017)
[52] (Klein, Wilson, Crowe, & Demichele, 2005)

Civil Justice Systems Response

Civil domestic violence courts are specialized courts that handle non-criminal cases related to domestic violence, usually related to protective orders, family safety, or custody issues. These courts present an opportunity to improve court response in the area that frequently matters most to victims: safety and security for both themselves and their children. The civil justice system plays a pivotal role in safeguarding the lives and well-being of individuals and families impacted by domestic violence. Beyond resolving legal disputes, family and civil courts are uniquely positioned to serve as critical points of intervention – where decisions can either mitigate risk and promote healing or unintentionally perpetuate cycles of harm. Judges, clerks, and court staff often become the first line of defense in ensuring victims and their children are protected through accurate protective orders, trauma-informed communication, and fair custody determinations.

When courts are equipped with specialized training in domestic violence dynamics, trauma responses, and the complexities of child custody in abusive relationships, they can prevent re-victimization and enhance safety outcomes. Equally important, the civil justice system has the capacity to connect offenders with rehabilitative services, ensuring accountability while addressing the root causes of violence. To meet this responsibility, courts must remain current in their training, processes, and interventions, so that justice is not only delivered but also serves as a bridge to safety, stability, and long-term recovery.

The Louisiana Domestic Abuse Fatality Review Panel developed the following recommendations to aid civil justice systems in protecting and supporting victims of domestic abuse.



Civil Justice Systems

1. **Establish civil domestic violence courts.**

   While many criminal courts across the country established specialized dockets (the court's official schedule and case list) to respond to domestic violence, especially intimate partner violence, few civil courts have followed suit. Even fewer have taken a specialized approach to handling custody and visitation cases that allege (claim) domestic violence. Civil domestic violence courts present an opportunity to improve court response in the area that frequently matters most to victims: safety and security for both themselves and their children. Civil domestic violence courts are specifically designed to promote victim safety and respondent accountability, informed judicial decision-making, consistent handling of civil protective orders, efficient use of court resources, and a concentration of social services for victims and their children.

Among other strategies, specialized civil courts can develop policies to coordinate protective orders with criminal domestic violence/sexual assault cases, implement firearm protections, and increase interaction with supervised visitation and exchange programs.[53]

According to the **Center for Justice Innovation**, a technical assistance provider for the U.S. Department of Justice's Office on Violence Against Women, domestic violence civil courts should include seven principles:

- **Dedicated court or docket for all civil domestic violence cases:** One or more dedicated judges preside over all civil intimate partner domestic violence or sexual assault cases, including protective order applications, child custody, visitation, child support, and divorce proceedings.
- **Comprehensive resources for families:** Families in domestic violence courts are frequently in crisis. Often, each member of the family needs some type of service. In civil domestic violence courts, both victims and offenders may be connected with appropriate services.
- **Offender accountability**: Frequent court appearances – relying on increased communication and coordination between the court and service providers – are key to improving accountability. In some jurisdictions, court-employed resource coordinators facilitate the court's order of programs for perpetrators, including batterers' intervention programs and substance abuse treatment.
- **Advocacy for domestic violence victims:** Domestic violence courts work with independent, community-based victim service providers and civil legal services in their jurisdictions to ensure that coordinated services are available to every victim.
- **Judicial and court staff training:** Judges presiding in civil domestic violence courts should receive special training, which covers operational and legal matters pertaining to the domestic violence court, the dynamics of domestic violence, and the impact of domestic violence on children. Court personnel, such as clerks and court security, should also attend trainings, ensuring that all individuals staffing a dedicated domestic violence court are sensitive to the unique dynamics surrounding domestic violence cases.
- **Community partner involvement:** Civil domestic violence courts work closely with a network of constituents, including criminal courts, police, defense counsel, civil attorneys, victim service agencies, batterers' program staff, mental health and substance abuse treatment providers, children's services, and lawyers for children. It is critical that the court provide a continuous forum for communication through regular meetings after implementation of the specialized court. These meetings are an important avenue for information sharing and checking in; the meetings can be a venue for ongoing education as well.

[53] (Center for Court Innovation)

- **Measure outcomes:** The active collection and analysis of data that measures outcomes and processes, costs, and benefits are crucial tools for evaluating the effectiveness of operations and encouraging continuous improvement.[54]

2. **Require comprehensive domestic violence training for judges, clerks, and court staff.**

Comprehensive domestic violence training for all court staff – including clerks, magistrates, hearing officers, bailiffs, and intake workers – ensures consistent, informed, and compassionate responses to families in crisis. Training should include trauma-informed communication practices to help prevent re-traumatization of victims of abuse and ensure victims feel heard and supported rather than silenced or dismissed. In addition, judges who preside over family court cases benefit from regular, evidence-based domestic violence training to avoid decisions that inadvertently place victims or children at further risk.

According to an article published by Chicago Appleseed Center for Fair Courts, domestic and sexual violence advocates, who often enter the courtroom with victims, have reported experiencing harmful and victim-blaming comments from judges, such as offensive assumptions regarding the extent of violence in non-heterosexual relationships and the dismissals of cases due to insufficient physical evidence. Additionally, judges and court staff have treated victims of color with disbelief and aggression, sometimes blaming them for not leaving their perpetrator sooner. A former legal advocate and owner of a counseling service in Chicago stated, "There's a lot of focus on the victims' actions: 'Why didn't you call the police? Why didn't you proceed with charges?' as opposed to, 'Why did you abuse this person?' Like the accountability is …put on the victim as opposed to the actual abuser."[55] This instance emphasizes the need for both domestic violence and trauma-informed communication practices for both judges and court staff.

Comprehensive domestic training for civil court staff should include the following:

- **The fundamentals of domestic violence:**
    - Dynamics and prevalence: Covers the nature, extent, and causes of domestic violence, including understanding power and control tactics.
    - Victim experiences: Explores the psychological and emotional impacts on victims, including the cycle of abuse and reasons victims may not leave abusive relationships.
    - Perpetrator behavior: Focuses on perpetrator motivations and intervention strategies to hold abusers accountable and promote behavioral change.
- **The effects of trauma:**
    - Trauma-informed courts: Trains staff on practices that help minimize further trauma to individuals interacting with the court system.

[54] (Logan & Walker, 2009)
[55] (Piehl & Leone, 2021)

  - Impact on children: Educates on how children experience and are affected by domestic violence.
- **Cultural awareness and sensitivity:**
  - Understanding cultural context: Recognizes that culture influences how individuals perceive domestic violence, trust the justice system, and seek help.
  - Identifying and mitigating bias: Focus on how unconscious biases – unintentional mental shortcuts, often based on stereotypes or past experiences that influence how we perceive, judge, and act toward people without our awareness – can affect decision-making and case management. Training should help staff recognize their own cultural influences and prejudices.
  - Addressing systemic barriers: Identify and help overcome specific barriers that culturally diverse victims face when accessing the court, such as lack of education, legal resources, language access, or the presence of children.
  - Promoting culturally responsive practices: Incorporate practices that affirm a victim's culture, which can lead to higher engagement and better outcomes.
  - Building empathy and trust: Cultivate an environment that emphasizes empathy and respect for survivors' experiences, recognizing that there is no one-size-fits-all approach to addressing domestic violence.
- **Legal procedures and issues**:
  - Protective orders: Provides instruction on the legal standards and best practices for issuing and enforcing protective orders. This training should also address legal protections for those filing protective order petitions, such as inability to charge filing fees, inability to refuse paperwork to petitioners, and related access issues.
  - Safety protocols: Trains on procedures designed to promote the safety of the victim, children, and other household members while in court and afterward.
  - Evidence assessment: Offers guidance on conducting judicial fact-finding in complex domestic violence cases.
- **Community resources**:
  - Available resources: Provides information on local and national resources for victims (e.g., shelters, advocacy groups) and perpetrators (e.g., batterer intervention programs).
  - Coordinated community response: Emphasizes the importance of communication and collaboration between the court and community-based agencies.

A domestic violence advocate summed up the importance of this essential training by stating, "After hours and days and weeks of navigating the legal system and preparing for court, [victims] are likely to be re-traumatized... They relive their stories to judges who may not be trained or sensitive to interpersonal issues, to interpreters who are impatient, and to the people who have harmed them. [Victims] tell their story of trauma to a room full of strangers, one of whom holds the fate of the [victim] in their hands and may have both inadequate options for resolving the case and may be inadequately invested in the need to create meaningful solutions."[56]

For tips and technical assistance on planning your domestic violence training, see the Center for Justice Innovation's **Tip Sheet for Planning Court-Based Domestic Violence Training**. To enhance your staff's response to domestic violence, see **Training Tools: Helping Court Staff Understand Domestic Violence Cases** for training videos on the dynamics of domestic violence, responding to challenging cases of intimate partner violence, a procedural fairness. For judge-specific training and resources, visit the **National Judicial Institute on Domestic Violence**. The Louisiana Coalition Against Domestic Violence also offers **in-person domestic violence training** for legal systems across the state.

Data to Action Highlight

In May 2025, **the Louisiana Supreme Court mandated one hour of domestic violence and trauma-informed courts training every other year for all judges**, effective immediately. Trainings will be offered by the Louisiana Judicial College and Louisiana Protective Order Registry to ensure judges have access to the latest information and best practices on domestic violence issues, including protective orders, the special needs of domestic violence victims, and evidence-based practices to minimize or eliminate further trauma to children and families. For course availability, visit the **Louisiana Judicial College events webpage**.

[56] (Piehl & Leone, 2021)

3. **Civil court staff should adopt a "safety-first" custody protocol for cases with a history or risk of domestic abuse.**

   Precise estimates are difficult to obtain, but research suggests that domestic violence is an issue in 25-50% of custody cases.[57] When custody disputes involve a history of domestic abuse, civil courts must prioritize the safety of both the child and the non-abusive parent by ensuring interventions and safeguards are built into custody arrangements. Research confirms that child custody cases often move through court systems without regard for peoples' real-life experiences of domestic violence, often resulting in parenting arrangements that can expose victimized parents and their children to further abuse. Children and the non-abusive parent are impacted in many ways when a parent or guardian uses violence in the home. When deciding child custody and visitation, most state courts must consider domestic violence; however, it can be difficult to clearly show how the domestic violence affects parenting and the child's safety.

   Making the connection between intimate partner violence and parenting in child custody cases is critical for the safety and wellbeing of both the children and the non-abusive parent.[58] When custody cases involve a history or risk of domestic abuse, judges and court staff should:

   - **Review Louisiana's specific legal protection for victims of abuse in custody proceedings:** The **Post Separation Family Violence Relief Act** outlines specific considerations that must be taken into account when determining or modifying custody or visitation orders in cases where domestic abuse is a factor.
   - **Prioritize safety**: Use safety checklists at every stage, not just at trial. Use bench tools such as the National Council of Juvenile and Family Court Judges' **A Judicial Guide to Child Safety in Custody Cases** so intake, temporary orders, status hearings, and final orders all run through safety questions (risk cues, safe visitation options, firearms, strangulation, stalking). Include explicit safety findings on the record, stating which danger factors are present and how those findings shaped the order to create accountability and guide enforcement.

[57] (Sicafuse, 2016)
[58] (Battered Women's Justice Project, n.d.)

- **Screen early for intimate partner violence, do not rely on self-disclosure alone**: Implement validated screening tools such as the **Mediator's Assessment of Safety and Concerns (MASIC)** to ask each party, one-on-one and privately, about behaviors linked to intimate partner violence and coercive control (e.g., threats, stalking, strangulation, technology monitoring) at the points of intake and again at mediation triage. Intake involves collecting of contact information, case history, existing orders, screening for domestic violence or coercive control (for intimate partner violence cases), stalking, firearm access, etc. Mediation triage is making the decision on how mediation happens – whether to proceed with standard joint mediation or modified mediation. Use screening results to exclude or modify standard joint mediation when coercive control is present and record results in case routing.
- **Use trauma-informed courtroom practices**: Standardize plain-language scripts, avoid "why didn't you…?" questions and explain next steps. Train staff in all roles (clerks, bailiffs, navigators) on trauma cues and de-escalation. See the National Council of Juvenile and Family Court Judges', **Trauma-Informed Courtroom Practices Bench Card** for guidance.
- **Prioritize lethality and other high-risk indicators for intimate partner violence when preparing custody and protection orders**: Ask specifically about homicide predictors – prior strangulation, firearms, stalking, and instances of violence after separation. Ensure these are reflected in custody and visitation terms, safe exchange logistics, technology abuse prohibitions, no-contact provisions, and firearm relinquishment.
- **Ensure custody and visitation include protective safeguards:** Exchange of children for visitation can present an opportunity for continuation of the abuse. The **Model Code on Domestic and Family Violence of the National Council of Juvenile and Family Court Judges (1994)** recommends that the perpetrator of domestic violence be granted child visitation only if the safety of the child and victimized parent can be protected through arrangements like supervised visitation or exchange of the children in a protected setting. [59] In addition, the **Post-Separation Family Violence Relief Act (R.S. 9:361)** requires strict limitation of child visitation under many circumstances, when a parent has a history of committing domestic abuse. In a study involving 242 women from New York City Family Courts and supervised visitation centers entitled, **Supervised and Unsupervised Parental Access in Domestic Violence Cases: Court Orders and Consequences** submitted to the National Institute of Justice, the following recommendations were developed to increase safety for victims of abuse and their children:
    - When there has been severe injury to the mother and when children have been exposed to severe threats, courts should order supervised visitation.
    - There is a pressing need for more funding for visitation centers with weekend hours.

[59] (O'Sullivan, King, Levin-Russell, & Horowitz, 2006)

- There should be instructions and guidelines for family members who supervise visits.
- Unsupervised visits and family supervised visits need to be monitored for compliance with conditions on visits.[59]

In custody disputes with a history or risk of intimate partner violence, courts must put safety first and act early to avoid reinforcing dangerous dynamics and re-traumatization. For additional resources, training, and technical assistance with issues related to family court, child welfare, and child support, contact the **National Legal Center on Children and Domestic Violence**.

4. **Require regular, up-to-date training on protective orders for judges and court staff to strengthen victim safety.**

Civil protective orders are a court order that bars someone from being near, contacting or other rules intended to keep the victim safe from future abuse. These are not criminal charges, but they are legally enforceable and the most common court response to domestic violence, both intimate partner and intra-family.[60] Civil protective orders are associated with meaningful reductions in abuse and fear. In a 12-month study of 698 women, about 40% reported no violence after issuance, and many others still experienced declines, with most rating their orders as fairly or extremely effective.[61, 62] Despite this, errors in filing or service and enforcement gaps undermine their effectiveness. Accuracy and timeliness in issuing, serving, and enforcing restraining (ex parte) and protective orders are vital to safeguarding victims. Thus, courts must remain vigilant in training and protocols to ensure these tools are effective.

Annually, the **Louisiana Protective Order Registry (LPOR)** trainers conduct live webinars to explain how the registry works, to educate those with a need-to-know about state and federal laws related to issuing and enforcing orders of protection, and to disseminate the most current standardized forms that are mandated for use by all courts.[63] The Louisiana Protective Order Registry 2025 Legal Seminar recording can be found at **lasc.org/LPOR-Training**.

Family court judges can contact the **Family Court Enhancement Project**, a demonstration initiative funded by the Department of Justice, Office on Violence Against Women to request training and technical assistance to improve responses from the court in response to custody cases and parenting decisions involving domestic violence. This initiative includes national partner organizations like the National Council for Juvenile and Family Court Judges, the Battered Women's Justice Project, and the Center of Justice Innovation.

[60] (Center for Court Innovation)
[61] (Logan & Walker, 2009)
[62] (Logan & Walker, 2010)
[63] (Louisiana Supreme Court, n.d.)

Community-Based Organizations Response

Preventing domestic abuse and domestic violence homicide is a community responsibility. The U.S. Centers for Disease Control's public-health model shows that community-level strategies (bystander empowerment and education, protective environments, and intimate partner violence victim supports) reduce harm. Rigorous trials demonstrate that bystander training lowers perpetration of dating and sexual violence among youth.[64] Intimate partner violence carries a $3.6 trillion lifetime U.S. economic burden, and over half of female homicides are intimate partner violence–related. Most of these homicides involve firearms–making neighborhood-level outreach and direct pathways to resources and services not just compassionate, but essential public-safety work.[65,66] Programs like the **Lethality Assessment Program** and **Domestic Violence Housing First** show that coordinated screening, warm handoffs between the referring and receiving agencies, and housing supports increase safety and stability for victims of abuse and their families.[67,68] The Louisiana Domestic Abuse Fatality Review Panel developed the following recommendations for community-based organizations and domestic violence advocates:



Community Based Organizations

1. **Increase domestic violence education in communities.**

   Domestic violence education is how a neighborhood learns to notice warning signs, respond with care, and connect victims of abuse to help before harm escalates. When community members understand what domestic abuse really looks like (including **coercive control**, **technology abuse**, and **isolation**), communities are better equipped to check-in safely, interrupt harmful situations, and guide families to local resources. This knowledge reduces fear and stigma for victims, builds confidence for bystanders, and strengthens safety for children, elders, and neighbors alike. Education turns compassion into action, helping victims feel seen and supported while making communities safer places to live, learn, work, and worship. With simple tools – trauma-informed listening, clear bystander steps, and access to help hotlines and local services – every congregation, workplace, and neighborhood-based groups can play a positive role in keeping the community safe. Domestic violence education for members of the community should include the following:

[64] (Niolon P. H., et al., 2017)
[65] (Peterson, et al., 2018)
[66] (Petrosky, et al., 2017)
[67] (National Institute of Justice, 2018)
[68] (Sullivan, Simmons, Guerrero, & al., 2023)

- **Domestic violence 101 and coercive control:** It is important to recognize warning signs beyond bruises. Domestic violence also involves patterns of isolation, surveillance, financial control, and threats. Facilitators should highlight myths versus facts, how abuse escalates around separation, and why "just leave" can be dangerous.
- **Lethality and high risk indicators:** Learn how to identify red flags that raise domestic violence homicide risks. This includes non-fatal strangulation, gun threats and access, stalking, threats to kill, separation violence, and increased risk for pregnant and postpartum women.
- **Trauma-informed assistance and confidentiality:** Learn how to respond to victims of abuse without re-traumatizing them. When victims disclose instances of abuse, community members should respond with compassion ("I am glad you told me"), offer options for assistance (such as the domestic violence hotline, 1-888-411-1333), and familiarize themselves with mandatory reporting requirements.
- **Bystander intervention training**: Community members, including youth and volunteers, should learn how to safely interrupt harassment, misconduct, or violence that might occur. Teach the **five D's of bystander intervention**:[69]
    - **D**istract – Distraction is a subtle and creative way to intervene. Its aim is simply to derail the incident of harassment by interrupting it.
    - **D**elegate – Delegation is asking a third party for help with intervening in harassment.
    - **D**ocument – Documentation involves either recording or taking notes on an instance of harassment.
    - **D**elay – Even if no action is taken in the moment, members can still make a difference for someone who's been harassed by checking in on them after the fact.
    - **D**irect – Sometimes community members want to respond directly to the harassment by naming the inappropriate behavior and confronting the person doing harm. Members should use this strategy cautiously, because direct intervention can be risky. The person harassing may redirect their abuse towards the intervening bystander/community member, or it may escalate the situation in another way.[70]

  For sample scenarios for each of these five methods, visit **RightToBe.org**.

- **Technology safety basics:** Reduce digital surveillance and harassment. Teach the signs of phone and spyware tracking, location sharing, smart-home misuse, safe account practices, and device safety if the abuser has had access to the technology devices. For more information on developing a technology safety plan, visit **The Safety Net Project**.

[69] (Giffords Law Center to Prevent Gun Violence, 2023)
[70] (Right To Be, n.d.)

- **Protective orders and warm referrals:** Teach what a protective order does, how to connect with local advocates and legal aid, what to expect in court, and how to assist with safety planning by directly connecting the victim(s) of abuse with services.
- **Children and youth safety:** Support kids who witness domestic violence and reduce teen dating violence. Teach the signs of trauma in children, healthy and unhealthy relationship skills, and reporting pathways in schools and churches.

For assistance with developing and implementing local domestic violence training programs (for adult learners), see the Center for Justice Innovation's, **Planning Domestic Violence Training Programs for Your Community: A Practice Guide**.

2. **Domestic violence advocates must make help easy to find and fast to reach through sustained outreach, co-located services, 24/7 warm handoffs, and increased rural mobile advocacy.**

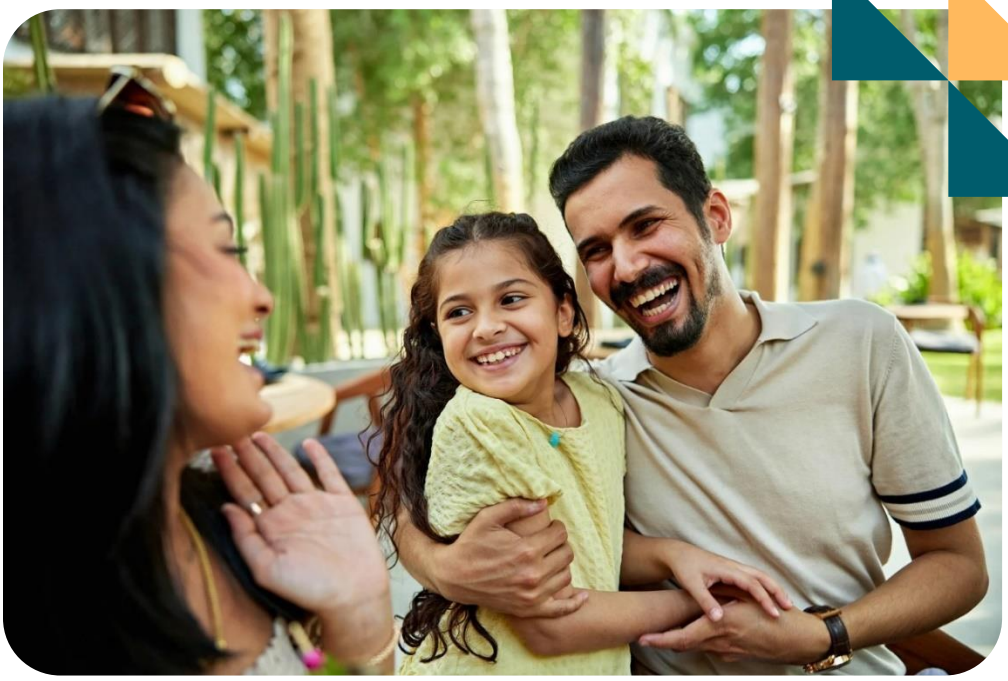
When communities recognize the warning signs of domestic abuse and know exactly where to turn, victims can get help sooner. The role of communities is to make domestic violence visible and help easy to find and reach. Teach members of communities what abuse really looks like, post clear "where to get help" pathways in everyday places, and create warm handoffs so victims can reach out to an advocate for help in real time. Pair awareness with easy access, including, but not limited to, confidential hotlines, text/chat, language access, safe transportation, supervised-exchange and shelter referrals, civil protective-order guidance, and housing support, so no victim is left to navigate danger alone. By turning knowledge into swift connections, advocates reduce risk, strengthen safety for children and families, and help the entire community prevent domestic abuse and domestic abuse fatality. Engage community members and organizations by using the following tools and tactics:

- **Who, Where, How – Your Outreach Map:** List the top places where your neighbors already gather – churches, clinics, schools, libraries, food pantries, barber/beauty shops, and workplaces. Identify who controls each space (pastor, principal, human resources, shop owner) and the easiest entry point (newsletter, bulletin board, staff meeting).
- **Create a simple awareness toolkit:** Create flyers with warning signs, local hotline numbers, and QR codes. Include a wallet card that fits behind an ID or badge, and a quick reference sheet with local resources and services for victims looking to escape abuse.
- **Make help visible everywhere**: Place domestic violence education and awareness posters with QR codes in bathrooms, break rooms, school nurse offices, clinic exam rooms, church pew racks, buses, and transit shelters. Refresh postings regularly so materials remain visible and do not fade into the background.
- **Host short community sessions**: Include domestic violence education for communities, with identified topics listed above and offer daytime and evening options for trainings, provide child care and snacks, and capture registrations with a QR code.

- **Build a warm-handoff network**: Sign simple memoranda of understanding with churches, clinics, schools, human resource managers, and campus security that outline the steps to take/people who should be notified when someone discloses intimate partner violence, like contacting local authorities and domestic violence shelters. A memorandum of understanding should include the following:
    - **Purpose and scope**: Explain why the memorandum of understanding exists (e.g. warm handoffs for disclosures of domestic violence).
    - **Definitions for commonly used terms**: Warm handoff – a person-to-person connection; imminent danger – threats with a weapon; strangulation incident; credible homicide and suicide threats, etc.; consent – voluntary, confirmed "yes," without pressure, etc.
    - **Roles and contacts**: Name primary and backup contacts with 24/7 or on-call windows.
    - **Step-by-step flow**: How to initiate the handoff (call or text), and the expected response time (e.g., within 15 minutes).
    - **Information sharing**: What can be shared with written consent; attach a one-page consent form.
    - **Privacy and records**: Cite applicable laws – the **Health Insurance Portability and Accountability Act (HIPAA)**, **Family Educational Rights and Privacy Act (FERPA)**, the **Violence Against Women Act (VAWA)**, **Victims of Crime Act (VOCA)** and the **Family Violence Prevention and Services Act (FVPSA)**; no survivor data should be in email or text unless a secure server is used; outline record storage and retention procedure. Visit **victimrights.org** for a confidentiality law comparison chart for VAWA, VOCA, and FVPSA prepared by the Victim Rights Law Center.
    - **Mandatory reporting**: Include when it applies (e.g., child abuse, elder abuse) and who makes the report. For more information, see the Victim Rights Law Center's resource, **Frequently Asked Questions: Privacy Laws Impacting Survivors – Louisiana**.
    - **Safety and escalation**: Assess the victim's risk level – red (immediate danger), yellow (high risk, not imminent), or green (not high risk today) – and implement level-specific safety steps depending on the victim's risk for injury (e.g. call 911, same-day handoff to services, assistance with filing a protective order, provide resources such as the domestic violence hotline number, etc.).
    - **Training and refresh**: Brief annual cross-training on domestic violence and include any updates to law – update contacts when necessary.
    - **Term and termination**: Effective date, review date (e.g., annually), and how either party can end it.

- **Partner with healthcare providers and schools:** Choose a centrally located health clinic, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) office, college health center, and/or school family center to host in-house advocacy hours where community members can meet with an advocate one-on-one.
- **Engage faith and cultural leaders:** Provide leaders with a tip-sheet that explains how to respond safely, what *not* to do (no couple's counseling when intimate partner violence and/or coercive control is present), and includes a script to help them make a warm-handoff to a resource. Ask if the leaders can designate a "domestic violence safety liaison"– a trusted congregant who will receive regular domestic violence training – and provide the domestic violence advocate's name and contact number for same-day consults.
- **Engage employers to make workplaces safer:** Offer a 30 minute lunch-and-learn for employers to discuss sample policy, safety planning at work, leave options, and how human resources does warm handoffs. Provide break-room posters and other domestic violence resources.
- **Ensure language access and inclusivity:** Translate resource materials into multiple languages used by residents in your community (e.g. Spanish, Vietnamese, American Sign Language, etc.).

By pairing clear domestic violence education with visible awareness campaigns and easy, confidential access to services, businesses, faith and cultural groups, and domestic violence advocates create a safety net that catches families before violence escalates. The charge is simple: make help visible, make help immediate, and make help routine–so every neighbor, workplace, and congregation becomes a pathway to safety and prevents domestic abuse in your community.



Louisiana Laws and Legislation Response

Louisiana continues to lose residents to intimate partner violence at unacceptable rates, and firearms drive most of these deaths. From 2020–2023, the Louisiana Violent Death Reporting System documented **244 intimate partner violence fatalities**, with **87% involving a firearm**–a pattern consistent with CDC findings that over half of female homicides nationally are intimate partner violence-related and frequently firearm-enabled.[71] Louisiana laws already contain critical foundations, such as protective orders, firearm transfer authority, peace officer standards and training. However, inconsistent implementation and gaps – especially around standardized firearm transfer, uniform offender intervention standards, sustainable funding, and required skills checks for law enforcement – leave victims, children, and first responders exposed. Targeted, practical legislative updates can save lives across all 64 parishes. Thus, the Louisiana Domestic Abuse Fatality Review Panel developed the following recommendations for Louisiana laws and legislation:



Louisiana Laws and Legislation

1. **Establish a statewide standard operating procedure for firearm transfer.**

   Laws that prevent people with significant histories of domestic violence and abuse from accessing firearms are vital to ensuring victims' safety. For the millions of Americans affected by domestic violence every year, an abusive intimate partner's access to firearms can mean the difference between life and death. In fact, when an abusive partner has access to a gun, a domestic violence victim is five times more likely to be killed. Firearms are used to commit more than three in five of all intimate partner homicides in the U. S. and women are the victims in more than three in four intimate partner homicides with a gun.[72] The 2018 firearm transfer law (**Louisiana Code of Criminal Procedure Article 1002**) was a critical advance for Louisiana's safety, but uneven implementation has left significant gaps that still put families at risk. The **2021 Louisiana Legislative Audit, Challenges in Louisiana's Efforts to Address Domestic Violence report** explained that while Louisiana has strong laws to prohibit certain individuals from possessing firearms, these laws may not always be enforced across the state. For example, not all sheriff's offices have developed policies and procedures for the firearm relinquishment process as required by law.[73]

[71] (International Association of Chiefs of Police)
[72] (Giffords Law Center to Prevent Gun Violence, n.d.)
[73] (Waguespack, et al., 2021)

Currently the **Louisiana Code of Criminal Procedure Article 1004** requires the sheriff, clerk of court, and district attorney of each parish to develop forms, policies, and procedures for the acceptance, storage, return, and sale of transferred firearms. In 2021, the legislative auditor contacted 16 sheriffs across the state and found that, while most sheriffs had firearm relinquishment forms, they did not always have policies and procedures on how to receive or transfer firearms. Specifically, five (31.3%) provided copies of the policy, five (31.3%) stated they had policies, but did not provide copies, four (25.0%) did not have policies, and two (12.5%) were unsure whether they had policies. In addition, the Louisiana Domestic Violence Prevention Commission recommended that data should be collected and analyzed statewide to monitor the consistent implementation of the firearm transfer law. The audit also found that not all sheriff's offices kept statistics regarding the number of firearms they had collected or assisted in transferring or selling.[74,75] In order to close procedural and enforcement gaps with the transfer of firearms, legislators should do the following:

- **Establish a single statewide firearm relinquishment protocol:** Require the sheriff, clerks of court, and district attorneys in every parish to use a uniform state-issued procedure and forms for accepting, storing, returning, and selling firearms when courts order surrender (protective orders, qualifying convictions). Mandate timelines, receipts, storage options, and verification on return; require reporting to the court and Louisiana Protective Order Registry where relevant. Ensure sheriffs collect standardized data points to monitor the effectiveness of the law per **Louisiana Code of Criminal Procedure Article 1005**.
- **Close the verification gap on firearms**: Another critical gap is that courts often rely on self-reports from offenders about firearm possession. Current practice takes respondents at their word. Legislation should require law enforcement firearm checks, at minimum for individuals on probation, instead of self-disclosure alone. To make this change, amendments to the **Louisiana Code of Criminal Procedure Article 1003** should include:
    - **Mandatory verification of firearm possession following issuance of a protective order or conviction**: For any qualifying protective order or domestic violence conviction, the supervising agency (e.g., sheriff/probation) shall **verify firearm possession and surrender** within **72 hours** of the court's order, including a records check (NICS/NCIC/state registries), query of purchase/permit databases, and on-site verification when legally authorized.
    - **Verification of firearm possession with probation cases:** For respondents on probation/parole, officers shall conduct an initial verification and periodic compliance checks as a condition of supervision.

[74] (National Institute of Justice, 2018)
[75] (Louisiana Domestic Violence Prevention Commission, 2019)

- **Proof to court:** The agency must file written proof of surrender/non-possession (with serial numbers, receipt, or a sworn no-possession affidavit plus verification results) within five business days.
- **Noncompliance protocol:** Failure to verify or surrender a firearm should trigger an immediate compliance hearing and may result in sanctions, warrant, or seizure consistent with the law.
- **Data and accountability:** Law enforcement agencies should submit quarterly compliance metrics (orders issued, checks completed, surrenders, violations) to the state administering authority, rather than the current requirement of annual data.

Standardizing firearm transfer procedures across all 64 parishes, backed by one set of forms, timelines, and chain-of-custody rules, will close the parish-to-parish gaps that let armed respondents slip through the cracks and remain dangerous. Pairing this uniform process with mandatory verification of firearm possession and surrender – rather than taking an offender's word – turns "paper" protections into real-world safety. When every court orders the same steps, every sheriff follows the same protocol, and every verification is documented on the same timeline, guns are quickly transferred and secured, orders are enforceable everywhere in Louisiana, and lives are saved. This is a practical, evidence-driven fix that reduces domestic abuse fatalities by making compliance consistent, immediate, and verifiable statewide.

2. **Create a uniform, state-approved batterer intervention program framework with court monitoring.**

Many states have formal certification, program content standards, monitoring, and audit requirements for batterer intervention programs for offenders of domestic abuse. The U.S. landscape is variable and Louisiana relies largely on local approval and guidance rather than uniform statutory certification and centralized audits at the state level. This produces inconsistent program content that weakens the overall effectiveness of batterer intervention programs. A statewide framework provides high-quality, consistent programming and treatment. Gaps identified within current batterer intervention program requirements outlined in **Louisiana Revised Statute 14:35.3(3)** and recommendations to address these gaps are described below.

- **Adopt minimum standards for programs and facilitators:** While the current statute does specify certain requirements for batterer intervention programs (e.g., the length of the program, experience working directly with perpetrators and victims of domestic abuse, training in the causes and dynamics of domestic violence, characteristics of a batterer, and victim safety and sensitivity to victims), it does not include curriculum content, mandatory risk screening using a validated tool such as the **ODARA** (Ontario Domestic Assault Risk Assessment), mandatory facilitator qualifications or background checks. Batterer intervention program standards should be developed based on evidence-based models such as **Duluth** or **Emerge**.

- The Louisiana Coalition Against Domestic Violence revised its **Minimum Standards for Batterer Intervention Programs** in February 2015 – a practical guide for developing batterer intervention program standards. Developed by the Louisiana Coalition Against Domestic Violence Research Consortium, the standards spell out the recommended program structure, format, content, and intervention techniques for programs serving perpetrators of domestic violence.[76]
- **Lack of required, standardized outcome evaluation and data collection:** Require batterer intervention programs to track, report, and publish standardized outcomes (e.g., attendance, risk level, completion, referrals to specialized treatments, re-offense rates, victim reports, risk reduction). National reviews of batterer intervention programs repeatedly note lack of evaluation as a key reason the evidence of treatment success is mixed.
- **Weak monitoring of compliance and enforcement:** While court monitoring occurs, there is currently no centralized system that tracks participant attendance, sanctions for noncompliance, or real-time notifications to victims or courts. Enabling integrated data systems helps with case-management and links batterer intervention program participation with court compliance, child welfare cases, and victim safety.
- **Mandate victim-centered safety protocols and communication:** Require batterer intervention programs to coordinate with local victim advocates and courts on safety planning, alert victims when noncompliance occurs, and ensure programs do not increase risk to victims.
- **Require integrated behavioral health intervention for offenders of domestic abuse with co-occurring problems such as substance use and mental health:** Batterers intervention programs should be required to screen and refer offenders for substance use, mental health, and other specialized treatment when appropriate. When necessary, require completion of specialized treatment as a condition of batterer intervention program completion.
- **Designate oversight of batterer intervention programs to a state agency:** Housing all batterer intervention programs under one state agency, such as the Department of Children and Family Services, would create statewide consistency, accountability, and stronger coordination between offender services and victim protection. Assigning oversight of batterer intervention programs to a single state agency can ensure every program across Louisiana follows the same standards, facilitators are well trained, providers are able to track who finishes the program, and victims and their children are protected. As the state's lead agency on family safety and child welfare, the Department of Children and Family Services already collaborates with law enforcement, courts, and victim advocates. They also already contract with the Louisiana Coalition Against Domestic Violence to monitor and enforce content standards on a small subset of existing batterer intervention programs.

[76] (LCADV Research Consortium, 2015)

- **Allocate state funding to keep batterer intervention programs compliant:** Funding that is tied to standards, oversight, and evaluation will incentivize programs to meet the state standards to be eligible for funding. Batterer intervention programs should be required to receive certification in order to operate as a court-monitored batterer intervention program provider and receive state funds. Certification should include a documented curriculum, staff qualifications, data reporting, and safety protocols. It can also fund a statewide data platform to track referrals, attendance, completion, and recidivism. Funding can also support facilitator training, periodic audits, and independent evaluators to support continuous quality improvement.

Strengthening oversight of batterer intervention programs through a state agency such as the Department of Children and Family Services would transform Louisiana's current patchwork of programs into a coordinated, accountable, and evidence-driven system. By ensuring that every program follows consistent standards, collects reliable data, and centers the safety of victims and their children, the state can hold offenders of abuse more accountable while promoting real behavior change. Centralized oversight would not only improve program quality and outcomes, it would also demonstrate Louisiana's commitment to breaking the cycle of abuse, protecting families, and preventing future domestic abuse fatalities.

3. **Mandate reoccurring domestic violence training and skills checks for law enforcement.**

Law enforcement officers are often the first and sometimes only people to see the warning signs that precede a domestic violence homicide. While Louisiana already requires domestic violence training for peace officers (law enforcement officials with the authority to make arrests) and trauma-informed content in both basic academies and in-service curricula via **R.S. 40:2405.8(E)** and **R.S. 40:2405.8(J)**, the law does not state how often training must be repeated or how agencies assess and verify that officers can actually perform the skills taught in domestic violence trainings. Without refreshers and skills checks, responses vary widely, leading to uneven practices across parishes when speed and accuracy is needed to save lives. Legislating what must be taught, how often, and how performance is verified can prevent deaths due to domestic abuse and improves public health across Louisiana. Legislation should also include:

- **Setting a recurrence schedule for training:** Currently, officers can take domestic violence training once and go years without an update, even as laws, evidence standards, and risk indicators evolve. Thus, it is suggested that officers be required to receive a minimum of four hours of domestic violence in-service training at least every two years.
- **Defining core skills for verification:** Predominant aggressor determinations, trauma-informed interviewing, non-fatal strangulation indicators and medical referral, Louisiana Protective Order Registry lookup and entry, violation of protective orders (**R.S. 14:79**), and firearm transfer procedures aligned with **Louisiana Code of Criminal Procedure Articles 1002–1003**.

- **Require skills checks:** Agencies track training hours, but Louisiana has no statewide requirement for scenario-based domestic violence evaluations, knowledge tests, or scored report-writing to verify officers' competence in victim safety and offender accountability.

Training is only the starting line. To save lives, Louisiana must ensure every officer can apply domestic-violence law by identifying the predominant aggressor, documenting strangulation, and enforcing protective orders and firearm transfer, correctly under pressure in the field. Mandating regular reoccurring training, scenario-based skills checks, and parish-level accountability turns classroom hours into consistent practice. When officers can translate statute into swift, lawful action, victims are safer, offenders are held accountable, and our protective orders and criminal laws work as intended – every time, in every parish.

4. **Dedicate recurring state funding for domestic violence service providers.**

Domestic violence services are a life-saving infrastructure, especially in rural parishes where a shelter or an advocate may be hours away. **Dedicated, recurring state funding for domestic violence service providers is essential to keep victims and children safe.** Current funding is not recurring. Sustained, dedicated funding would ensure access to 24/7 crisis lines, advocacy, supervised visitation and exchange centers, legal aid, protective order navigation, housing support, and advocacy outreach in clinics, schools, and churches across all 64 parishes. State investment expands victim access by increasing shelter bed availability, advocates, and warm handoffs, resulting in fewer deaths. Securing stable funding from the state is essential because:

- **Domestic violence has a high economic burden on states:** The CDC estimates the lifetime economic burden of intimate partner violence in the U.S. at $3.6 trillion, with the government absorbing 37% of costs. Funding prevention and services is fiscally responsible public health.[77]
- **Gaps in rural areas require targeted investment:** The **Office on Violence Against Women's Rural Program** was established because victims in rural areas receive fewer services, travel longer, and have limited forensic and advocacy resources. State dollars can stabilize what federal grants cannot.
- **Services change outcomes:** Safety planning, assistance with legal paperwork and systems navigation, warm handoffs to legal aid and supervised visitation and exchange centers, shelter and housing, counseling, assistance accessing social services and advocate support are all functions that Louisiana's domestic violence programs provide. These are services that prioritize and support domestic abuse victim safety.
- **Demand exceeds capacity:** The **National Network to End Domestic Violence's 19th annual Domestic Violence Counts report** captures over 14 thousand victims were turned away nationwide for lack of resources, funding, and staff. Sixty percent of these unmet requests were

[77] (Peterson, et al., 2018)

for emergency shelter or transitional housing[78] – stable state funding helps close these access gaps. View the **Louisiana Summary from the 2024 report**.

- **Investment pays off locally:** According to the Louisiana Illuminator, Louisiana shelters nearly doubled bed capacity from 335 to 663 between 2021 and 2025 when state funds were added to support services.[79] This is proof that dedicated appropriations expand life-saving access.

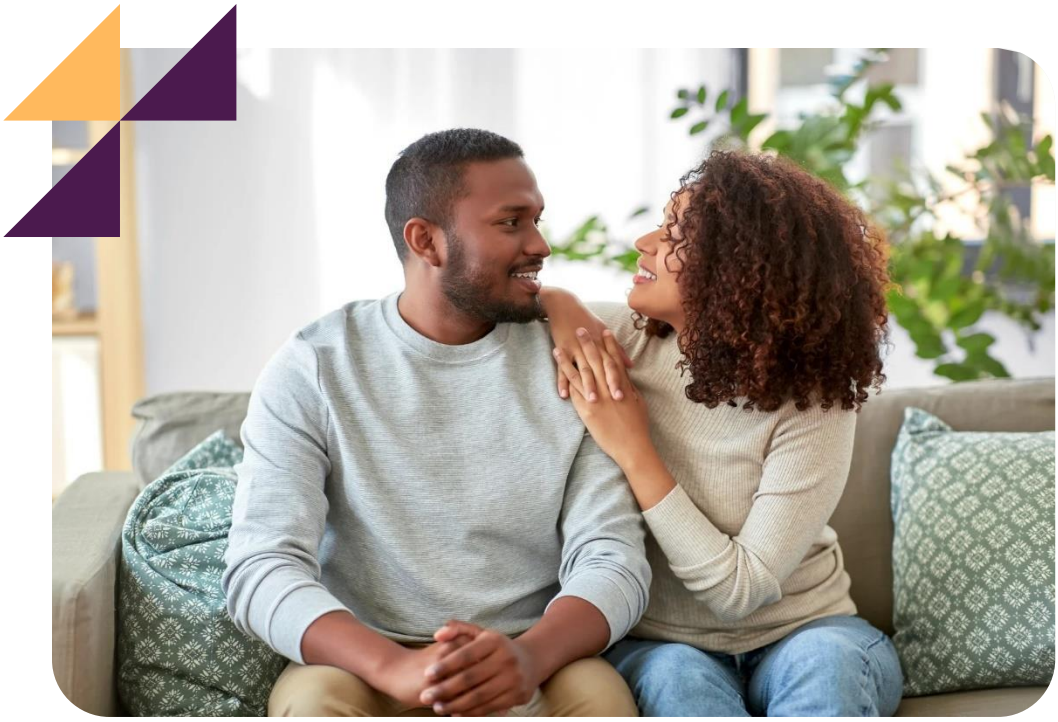
In addition, state funding is needed to support:

- **Rural access and mobile advocacy:** Funding for travel, set hours and days for domestic violence advocates to work on-site at local clinics and other social service offices, pop-up offices at courts and schools, and tele-advocacy with language access.
- **24/7 crisis response:** Funding for hotlines, text, and chat services so victims or concerned family and friends can reach a trained advocate any time, day or night, and on-call advocate accompaniment to the hospital and on-scene with law enforcement.
- **Legal help and protective-order navigation:** Funding for courthouse and legal advocates who assist victims with prepping for their case (timeline, incidents of abuse, witnesses, collection of photos/texts), helping victims with paperwork (supporting victims while completing petition forms, checking for completeness and clarity), and assisting victims when completing and filing protective orders and accompanying them at hearings.
- **Housing stability:** Flexible funding for security deposits, locks, phones, transportation, and rapid rehousing.
- **Lethality-informed services:** Funding for strangulation education and medical referrals, firearm-relinquishment coordination, and tech-safety clinics.
- **Data and quality:** Funding for basic outcome reporting (victims served, warm handoffs completed, housing retained, protective-order assistance, rural travel miles) to show impact and guide future appropriations.

[78] (National Network to End Domestic Violence, 2025)
[79] (O'Donoghue, 2025)

Therefore, the Louisiana Domestic Abuse Fatality Panel recommends that Louisiana **create a dedicated state domestic violence services fund with recurring appropriations**. This would stabilize core shelter operations, including funding for staff, mobile units, outreach days, and flexible victim assistance; require parish-level coverage plans requesting an after-hours protocol and a warm handoff agreement with law enforcement and hospitals; and track outcomes by requiring data documenting the number of interactions in rural areas, assistances with protective order filing, shelter beds available, rapid rehousing placements, and the number of victims turned away from shelters due to lack of resources.

From 2020-2023, there were 244 intimate partner violence fatalities documented in Louisiana, underscoring the need for fast access to advocacy and safe housing support statewide. Without dedicated state dollars, many parishes, especially rural ones, operate with minimal federal grant funding and donations, leading to limited hours, long drives, victims being turned away, and delays in protective-order assistance and safe housing. Those delays can be dangerous and make victims of domestic abuse vulnerable. State funding converts legal rights into immediate, local support and increased safety for victims of domestic abuse.



Conclusion



Conclusion

Domestic abuse, also known as domestic violence or intimate partner violence, represents a significant public health issue that has considerable societal costs.[80] Louisiana can prevent deaths due to domestic abuse by implementing the systems-level recommendations provided in this report.

- **Healthcare providers** must screen every patient with validated tools, make warm referrals on during appointments, and offer maternal, infant, and early childhood home visiting services to support pregnant and postpartum families that qualify.
- **Law enforcement** must complete recurring, victim-centered domestic violence training and apply it. They should identify the predominant aggressor, document strangulation, enforce protective orders and firearm transfer; develop trusting relationships in the communities they serve; and immediately connect victims of abuse to services.
- **Criminal courts** must incorporate behavioral health interventions when sentencing offenders of domestic abuse with co-occurring behavioral health issues in order to stop intimate partner violence before it escalates.
- **Civil courts** must centralize domestic violence matters, screen early, route high-risk cases to supervised exchanges and trauma-informed processes, and issue clear, enforceable orders transmitted to the Louisiana Protective Order Registry with compliance reviews on the calendar.
- **Community-based organizations** must make help visible everywhere, teach bystander skills, and create warm-handoff pathways that move people from concern to care in minutes, not weeks.
- **Legislators** must standardize firearm-transfer procedures with verification, establish uniform batterer intervention program standards with court monitoring, mandate recurring domestic violence skills checks for officers, and provide dedicated, recurring funding so every parish has real coverage – not just paper protections.

The recommendations provided by the Louisiana Domestic Abuse Fatality Review Panel are intended to improve the overall effectiveness of support systems and available resources to promote the long-term safety and well-being 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. **By working together and measuring what works, Louisiana will save lives, reduce trauma, and restore trust.**

The Charge

- Screen for domestic violence early.
- Act fast by referring victims to services.
- Enforce laws consistently.
- Provide funding for what works.
- Publish the results so every parish in Louisiana becomes a reliable pathway to a life free from domestic abuse.

[80] (Niolon P. H., et al., 2017)

Appendix



Appendix A: Types of Domestic Abuse

Domestic Abuse Shows Up in Many Forms:[81]	
Physical Abuse	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.
Sexual Abuse	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.
Emotional Abuse	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 their children.
Economic Abuse	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.
Psychological Abuse	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.
Technological Abuse	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 and imaging programs, apps, location tracking devices, communication technologies or any other emerging technologies.

[81] (U.S. Depatment of Justice: Office on Violence Against Women (OVW), 2025)

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, Louisiana Coroners' Association
Douglas Champlin	Paramedic, Emergency Medical Services (EMS) Exam Coordinator, Office of Public Health, Bureau of Emergency Medical Services	Director of the Bureau of Emergency Medical Services designee
Vandana Chaturvedi	Family Law Unit Leader, Senior Attorney, Acadiana Legal Service Corporation	Legal Services Program
Ellen Connor, MD, PhD	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, Louisiana 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, PhD	Criminal Justice Professor and Criminal Justice Program Coordinator, University of Louisiana Monroe	Authorized Agent to the Panel
Ramona Harris	Deputy Judicial Administrator, LA Protective Order Registry Director, LA Supreme Court	Louisiana 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, Louisiana Association of Chiefs of Police appointee
Jane Killen	Executive Management Officer, Office of the Surgeon General	State Health Officer designee
Christina Lafluer	Probation and Parole Supervisor, Probation & Parole Domestic Violence Unit, LA Dept. of Safety and Corrections	Authorized Agent to the Panel
Scott LeBleu	Choices Program Director, Clinician, The Family Tree Information, Education & Counseling Center, Acadiana Family Tree	Authorized Agent to the Panel
Leslie Lyons, LCSW	Child Welfare Southeast Regional Administrator, Dept. of Children and Family Services (DCFS)	Secretary of Department of Children and Family Services 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 LA-DAFR Chairperson	Domestic Violence Specialist, Office of Attorney General Liz Murrill	Attorney General designee

Appendix B: Louisiana Domestic Abuse Fatality Review Panel and Authorized Agents

Name	Role and Organization	Panel Position
Jemimah "Mimi" Mickel	Deputy State Registrar and Assistant Director, Bureau of Vital Records and Statistics	State Registrar of Vital Records, Office of Public Health
Joseph Patout	Captain- Commander of Special Investigations Division, La State Police	Superintendent of State Police Designee
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, LA Protective Order Registry	Authorized Agent to the Panel
Kristen Sanderson, MPH	Violence and Injury Prevention Manager, LA Department of Health, Office of Public Health, Bureau of Family Health	Secretary of Louisiana Department of Health designee
Jill M. Sessions	Clerk of Court, Bossier Parish, LA Clerks of Court Association	President of Louisiana Clerks of Court Association designee
Maeve Wallace, PhD, MPH	Epidemiologist and Associate Professor in Health Promotion Sciences at the University of Arizona's Mel & Enid Zuckerman College of Public Health	Authorized Agent to the Panel
Anna Watt, LCSW	Program Monitor, LA Department of Health, Office of Behavioral Health	Assistant Secretary of Office of Behavioral Health 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 Louisiana Coalition Against Domestic Violence
VACANT		Sheriff, Louisiana Sheriffs' Association

NOTE: §2024.1-2024.6 as enacted by Acts 2021, No. 320, eff. 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, eff. 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.

(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, eff. 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, eff. 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.

(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, 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, eff. 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.

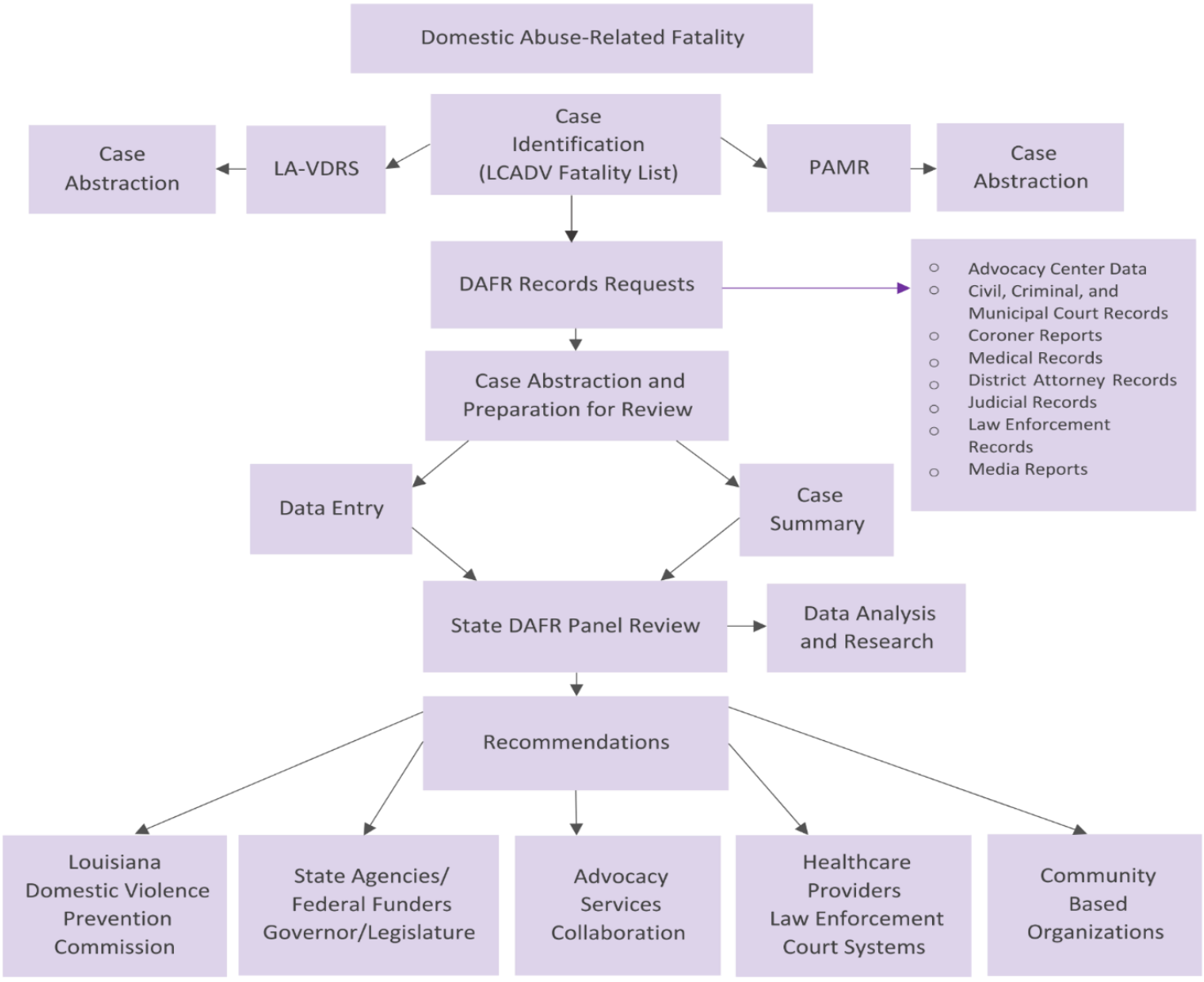
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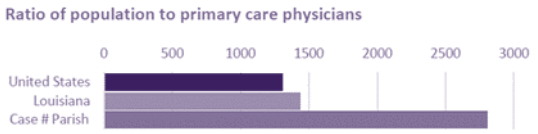
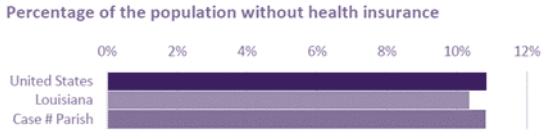
§2024.6. Reporting to the legislature; requirements

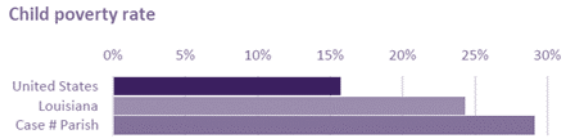
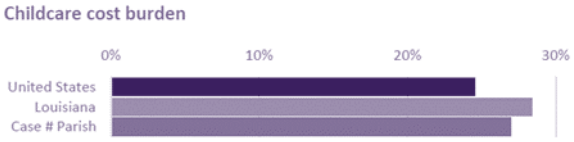
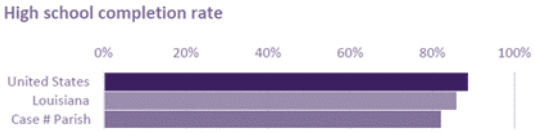
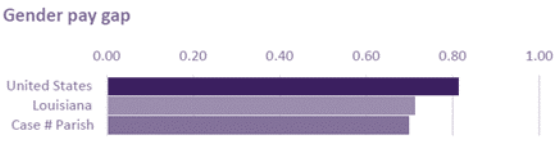
The review panel shall issue an annual report of its findings and recommendations to the governor, the speaker of the House of Representatives, and the president of the Senate. The report shall not contain information identifying any victim of domestic abuse or that victim's family members, an alleged 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.

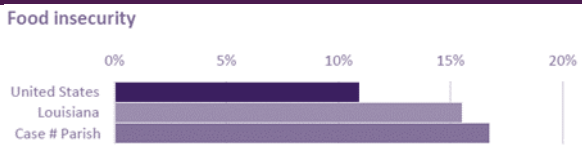
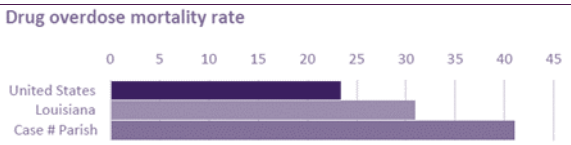
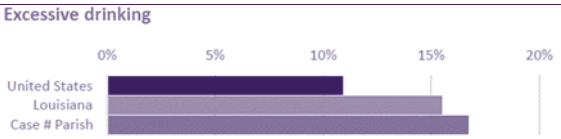
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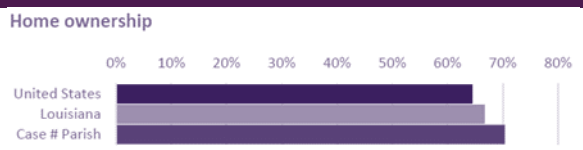
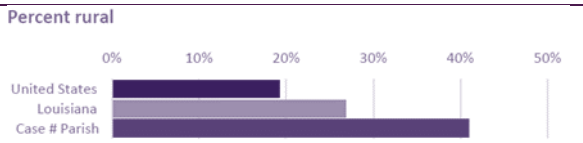
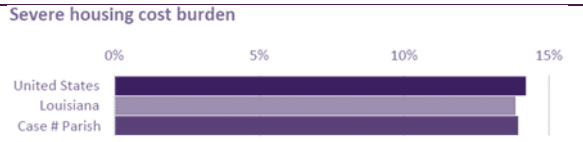
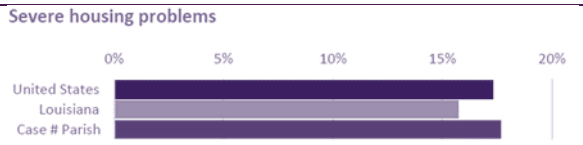
Appendix D: Louisiana Domestic Abuse Fatality Review Process Map

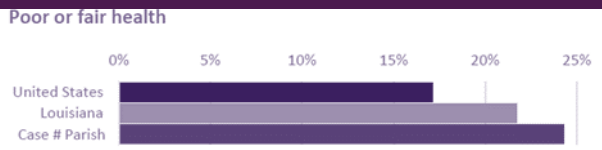
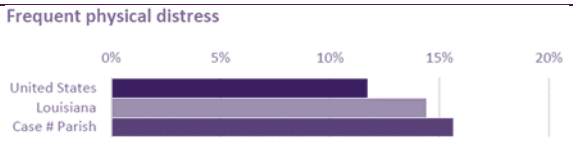
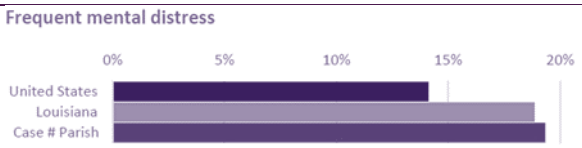


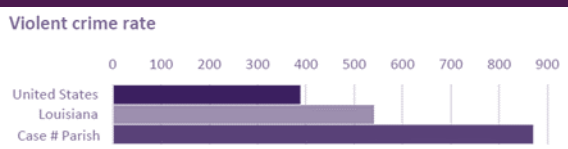
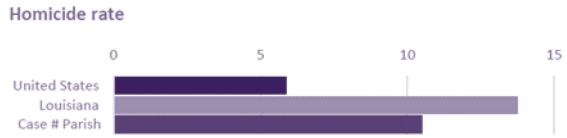
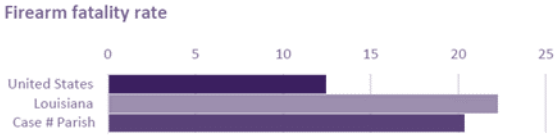
Clinical Care	Description	Graph
Ratio of Population to Primary Care Physicians	Represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. Sufficient availability of primary care physicians is essential for preventive and primary care and, when needed, referrals to appropriate specialty care.	
Ratio of Population to Mental Health Providers	Represents the number of individuals served by one mental health provider in a county, if the population was 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.	
Percentage of the Population without Health Insurance	Lack of health insurance coverage is a significant barrier to accessing needed health care 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.	

Social and 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.	
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 trade-offs in meeting other basic needs such as paying rent, affording doctor visits, healthy foods, utility bills, and reliable transportation to work or school.	
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.	
Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, 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.	

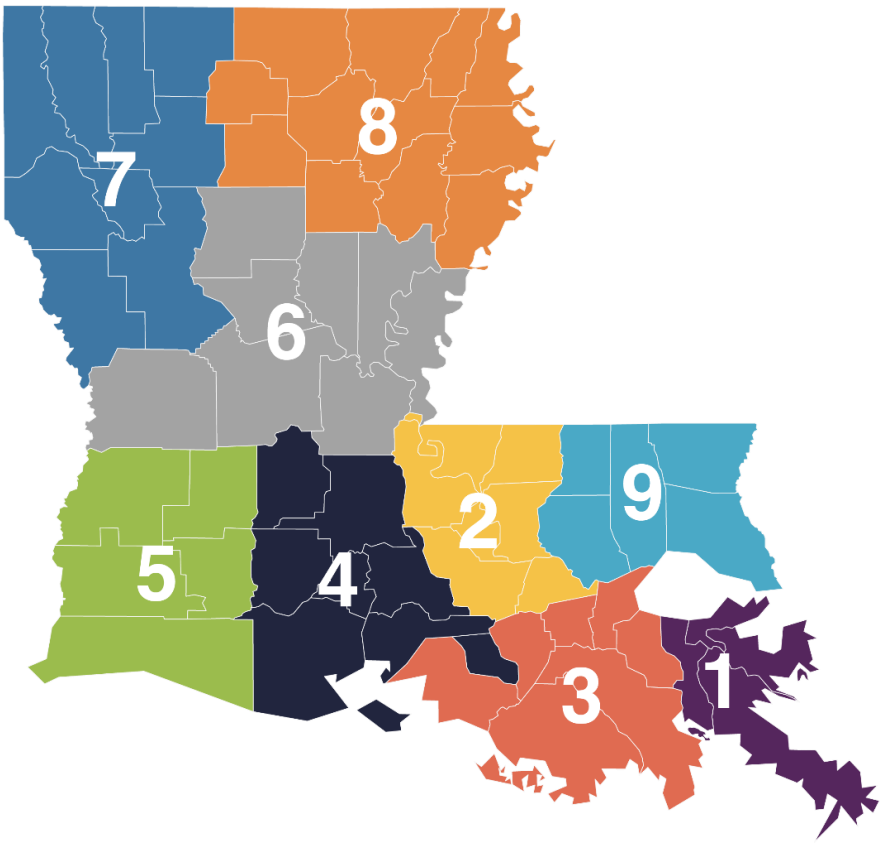
Health Behaviors	Description	Graph
Food Insecurity	Percentage of the population who lack adequate access to food. Besides physical hunger, there are physical, psychological, and social consequences of food insecurity. Research has linked food insecurity has been linked to intimate partner violence.	
Drug Overdose Mortality Rate	Number of drug poisoning deaths per 100,000 population. Opioids contribute largely to drug overdose deaths.	
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.	

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.	
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.	
Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. This can lead to increased stress levels and emotional strain.	
Severe Housing Problems	Percentage of households with at least one of four 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.	

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 live. 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.	
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.	
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.	

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.	
Suicide Rate	Number of deaths due to suicide per 100,000 population (age-adjusted).	
Homicide Rate	Number of deaths due to homicide per 100,000 population (age-adjusted).	
Firearm Fatality Rate	Number of deaths due to firearms per 100,000 population. Studies have shown 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.	

Appendix F: 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

This appendix expands each law-enforcement training module with evidence summaries, step-by-step procedures, checklists, and links to state and national resources.

Comprehensive domestic violence training and education should include the following topics:

1. **Predominant-aggressor identification:** This shows officers how to avoid mutual-assault arrests and correctly identify the primary perpetrator based on context, injuries, escalation history, and controlling behavior. Proper predominant-aggressor assessment reduces improper arrests and improves victim safety.
   Predominant-aggressor policies and training reduces harmful dual arrests that can re-victimize victims of abuse and impede prosecution and protection. Research and national guidance show properly implemented predominant aggressor policies lower dual arrest rates and improve victim safety. The International Association of Chiefs of Police (IACP) defines a predominant aggressor as the individual who poses the most serious, ongoing threat, which may not necessarily be the initial aggressor in a specific incident.[82] If the predominant aggressor is misidentified, there could be harmful legal consequences for the victim, including the denial of custody of children, of housing rights, and of immigration rights. Additionally, without being identified as a victim, a person may not be eligible for shelter or other forms of aid mandated by statute.[83]
   For more information on predominant aggressor determination, arrest decision and procedures, and factors that *should not* be considered in intimate partner violence cases, see the ***Intimate Partner Violence Response Policy and Training Content Guidelines*** **by the International Association of Chiefs of Police, pages 23-25**.

2. **Lethality assessment and immediate warm referrals:** Officers should use the Ontario Domestic Assault Risk Assessment (ODARA) Risk Assessment and implement the Lethality Assessment Protocol Program, to quickly identify high risk victims and connect them with a domestic-violence service provider.
   The ODARA Risk Assessment is the first empirically validated domestic violence risk assessment tool that assesses the risk of future domestic assault and the frequency and severity of future assaults.[84] Using multiple regression techniques, the developers of the assessment found 13 questions that were highly predictive of future violence. The 13 yes/no questions cover the accused person's history of violence and antisocial behavior (police record for domestic assault, non-domestic assault, prior correctional sentence, prior failure on conditional release, violence outside the home, domestic assault during pregnancy, substance abuse) details of the most recent assault (physical confinement, threats of harm, victim reported fearing future assaults at time of the assault), and the victim's personal

[82] (Intimate Partner Violence Response and Training Content Guidelines, 2017)
[83] (Determining the Predominant Aggressor, 2018)
[84] (The Louisiana Coalition Against Domestic Violence, 2024)

circumstances (number of children, children from a prior relationship, barriers to support). The risk of assault can be predicted with high accuracy using these questions alone, reducing the need for a comprehensive assessment in order to evaluate risk of re-offense.[85]

The Lethality Assessment Program, developed by the Maryland Network Against Domestic Violence in 2005, is an innovative strategy to prevent domestic violence homicides and serious injuries. It provides an easy and effective method for law enforcement and other community professionals – such as healthcare providers, clergy members, case workers, and court personnel – to identify victims of domestic violence who are at the highest risk of being seriously injured or killed by their intimate partners and immediately connect them to the local domestic violence service program. The Lethality Assessment Program is a multi-pronged intervention that consists of a standardized, evidence-based lethality assessment instrument (adapted from Dr. Campbell's Danger Assessment) and accompanying referral protocol that helps first responders make a differentiated response tailored to the unique circumstances of high danger victims. [86,87] Under a cooperative agreement with the Office on Violence Against Women, the Maryland Network Against Domestic Violence provides cost-free training and technical assistance to teams of community-based domestic violence service providers and partnering law enforcement agencies who want to implement the Lethality Assessment Protocol in their jurisdictions.[88]

3. **Strangulation recognition and medical evidence:** Strangulation is a strong predictor of lethality, and training to identify and document strangulation can improve prosecutions and risk assessment. Strangulation has been identified as one of the most lethal forms of domestic violence and sexual assault: unconsciousness may occur within seconds and death within minutes. Sixty-eight percent to 80% of abused women will experience near-fatal strangulation. When domestic violence perpetrators choke (strangle) their victims, not only is this felonious assault, but it may be an attempted homicide. Strangulation is an ultimate form of power and control where the batterer can demonstrate control over the victim's next breath. It may have devastating psychological effects or a potentially fatal outcome.[89] Strangulation frequently leaves few visible injuries, has delayed and subtle symptoms, and requires immediate medical evaluation and careful forensic documentation. Documenting the evidence of strangulation will help establish physical evidence, determine the severity of the injuries caused by the assault, and increase the victim's credibility.[90] When officers can recognize the signs of strangulation, secure medical evidence, and document it appropriately, victims of abuse are safer, prosecutions are stronger, and future lethal events are less likely.

[85] (Ontario Domestic Assault Risk Assessment (ODARA), 2022)
[86] (Maryland Network Against Domestic Violence, 2015)
[87] (VAWnet, n.d.)
[88] (Maryland Network Against Domestic Violence, 2015)
[89] (Alliance for HOPE International, n.d.)
[90] (180 Turning Lives Around, Inc., n.d.)

The Training Institute on Strangulation Prevention developed a **Quick Reference Guide for Strangulation** for law enforcement that includes the symptoms, signs, and stages of strangulation, as well as, indications of loss of consciousness, how to interview victims of strangulation, and what to do if a victim declines medical care. To schedule a training and access additional resources, visit **www.allianceforhope.org/training-institute-on-strangulation-prevention**.

4. **Orders of protection and firearm divestiture procedures:** Officers should be trained in forms, evidence submission for ex parte orders, protection order service and enforcement, and procedures for firearm relinquishment when required. When officers are trained to correctly verify, serve, and enforce orders of protection – and to implement clear, safe firearm transfer procedures – victims of domestic abuse are safer, prosecutions are stronger, and officer safety improves.
   Officers should be **trained in orders of protection**, including temporary restraining orders, protective orders, injunctions against abuse, and criminal orders of protection. These are life-saving legal tools designed to prevent further violence and, ultimately, domestic violence homicide. However, **their effectiveness depends on officers' ability to understand, verify, and enforce them in real time**. Research shows that protective orders significantly reduce the likelihood of future violence when they are properly enforced. Inconsistent or delayed enforcement weakens victims' trust, allowing abusers to test boundaries and escalate violence.
   According to the **International Association of Chiefs of Police**, law enforcement should take the following steps when a protection order (or any court-mandated restraining order) is in place:
   - Obtain a copy of the order. If no copy is available, the officer should use alternative means, such as the National Crime Information Center or local databases such as the Louisiana Protective Order Registry, to verify and establish the terms and conditions as well as service of the order. A copy of the order is not required for enforcement.
   - Enforce the terms and conditions of the order even if it was issued by another jurisdiction.
   - Comply with all laws, policies, and procedures of their own jurisdiction concerning violation of orders, such as mandatory arrest, if applicable.
   - Enforce custody provisions in accordance with jurisdictional law and language of the order.
   - Document the order information in the report, including verification and terms of order.
   - Document the order violation and prepare a report even if the suspect is not on scene. Attempts must be made to locate and arrest the suspect.
   - Verify that an order has been issued and make reasonable efforts to (1) inquire if the respondent on the order, if present or contacted during the investigation, possesses firearms; (2) inquire through local and federal databases to determine if any firearms are registered to the respondent; (3) inquire of the petitioner whether the respondent possesses any firearms; (4) seize prohibited firearms located in plain view or pursuant to a consensual or other lawful search; (5) request the respondent surrender firearms and ammunition; or (6) request a search warrant.

Responding and investigating officers should not do the following:

- Penalize or arrest the petitioner for violation of the restrictions detailed in the order.
- Refuse to document a report because the respondent is no longer on the scene.
- Take no action because the violation did not occur in the presence of the officer(s).

Annually, the Louisiana Protective Order Registry trainers conduct live webinars to explain how the Registry works, educate those with a need-to-know about state and federal laws related to issuing and enforcing orders of protection, and disseminate the most current standardized forms that are mandated for use by all courts.[91] The Louisiana Protective Order Registry 2025 Legal Seminar recording can be found at **www.lasc.org/LPOR-Training**.

It is important to note that officers should be familiar with the Domestic Abuse Assistance Act: **R.S. 46:2131-2136**. Officers should also pay special attention to the "does not expire" checkboxes found on the **Louisiana Uniform Abuse Prevention Order** located below directives one through five on page three of the order, in accordance with **R.S. 46:2136(F)(2)(a)**, which states the court may grant the order to be effective for an indefinite period of time…The indefinite period shall be limited to the portion of the protective order which directs the defendant to refrain from abusing, harassing, or interfering with the person as provided in R.S. 46:2135(A).

Officers **trained in firearm transfer** will know how to confirm compliance, safely collect weapons, and coordinate with courts to prevent future homicides. More than half of all intimate partner homicides involve a firearm and firearms are frequently used by perpetrators of intimate partner violence to injure and threaten victims of abuse.[92] It removes the most lethal means of domestic violence fatality, guns, from high risk situations and makes civil protections meaningful and enforceable.

In 2018, Louisiana adopted **SB231** requiring courts to order some people subject to domestic violence firearm prohibitions to surrender their firearms to local law enforcement or ask that they are transferred to a third party. The law requires courts to order surrender of firearms in two types of situations: (1) after the issuance of a domestic violence protective order that prohibits firearm possession; and (2) after specified types of domestic violence convictions, including domestic abuse battery, specified offenses of battery of a dating partner, and unlawful possession of a firearm by a person convicted of domestic abuse battery or certain offenses of battery of a dating partner. In 2019, Louisiana expanded the list of domestic violence offenses [by passing **Act 279**] for which this transfer is required, adding domestic abuse aggravated assault, aggravated assault on a dating partner, and certain felony convictions for crimes committed against family members, household members, and dating partners.

Under **Louisiana's surrender law**, when a person is convicted of a disqualifying domestic violence offense or becomes subject to a firearm-prohibiting protective order, the court must issue an order

[91] (Louisiana Supreme Court, n.d.)
[92] (Tobin-Tyler, 2003)

suspending that person's concealed carry permit, directing the person to surrender their firearms, and requiring that the person provide information about the number and location of firearms in their possession (or a declaration stating they do not possess any). The court must then inform the person in open court that they are required to transfer all firearms in their possession to the sheriff within 48 hours.

At the time of transfer, the sheriff and the person transferring their firearms are both required to complete a proof of transfer form, to be filed with the court. After firearms are transferred to the sheriff, the sheriff must give the transferor the option to allow a third party to receive and hold the transferred firearms, except that no firearm may be transferred to a third party living in the same residence as the transferor at the time of transfer. If the transferor does not elect to transfer firearms to a third party, the transferor has the option to store firearms with the sheriff or ask the sheriff to oversee the legal sale of the transferred firearms to a third party [for a fee, if applicable]. The law also specifies a process for return of firearms when the person is no longer prohibited from possessing a firearm under state or federal law.[93]

See **Louisiana Code of Criminal Procedure 1003** for outlined firearm transfer, storage, sale, and return requirements. It is important to note that specific firearm transfer forms, policies, and procedures may vary by parish as it is the responsibility of the sheriff, clerk of court, and district attorney of each parish to develop these, per **Louisiana Code of Criminal Procedure 1004**.

5. **Trauma-informed interviewing:** Trauma-informed approaches improve victim cooperation and reduce re-traumatization. Cultural and language access should also be incorporated into trainings.
Trauma changes memory, physiology, and behavior. Victims of domestic abuse may give fragmented, non-linear accounts, freeze, or delay disclosure – not because they're lying, but because trauma affects the brain and body. People who have lived through a traumatic event may experience memories and emotions that have not been integrated, coped with, or 'fully processed,' resulting in experiences of psychological disequilibrium, pain, and suffering.[94, 95] Being in such a state can be related to the individual experiencing a psychological vulnerability that potentially makes it harder to cope with the situation by impairing their ability to understand questions and the implications of their answers.[96, 97] Interviewers who don't understand this can misinterpret normal trauma responses as evasiveness or dishonesty. Trauma-informed interviews produce better evidence. Studies and the **National Institute of Justice**-funded evaluations show that structured, victim-centered, trauma-informed interviewing improves the quality and completeness of victim statements, which is important if a victim later recants

[93] (Giffords Law Center to Prevent Gun Violence, 2023)
[94] (Green, 2010)
[95] (Ogden, 2010)
[96] (Gudjonsson, 2006)
[97] (Smith, 2018)

and helps prosecutors build cases that do not rely solely on victim testimony.[98] In addition, cultural competence and language access increase disclosure and safety. Victims from immigrant or minority communities face additional barriers – language, distrust of police, and cultural stigma – that trauma-informed interviewing must explicitly address through culturally responsive approaches and qualified interpreters.[99] Law enforcement should employ the following techniques when interviewing victims of domestic abuse:

- **Interview techniques:** Officers should employ open-ended prompts, slow pacing, repeated explanations of why details matter, repeating and checking rather than pressuring, room setup and privacy, and documentation of verbatim responses when possible.
- **Recognize trauma cues:** Nonverbal signs, delayed memory, inconsistencies caused by trauma (not deception). Use corroboration strategies.
- **Cultural responsiveness and language access:** Use qualified interpreters (not friends or family). Ask culturally appropriate questions, avoid assumptions, and engage community liaisons, such as domestic violence advocates, when relevant.
- **Evidence preservation and prosecutor coordination:** Collect and document medical evidence, including 911 logs and digital evidence.
- **Safety planning and warm referrals:** Make immediate safety planning, make warm handoffs to advocates, and document referrals to services.

A trauma-informed approach emphasizes safety, choice, trustworthiness, and empowerment, which increases victims' willingness to engage with law enforcement and domestic violence advocacy services, leading to better safety planning and a higher likelihood of prosecution of abusers when appropriate.

For additional resources on trauma-informed interviewing techniques and best practices see **Successful Trauma Informed Victim Interviewing**, developed by the International Association of Chiefs of Police; **Language Access and Interpretation in Domestic Violence Contexts: Perspectives from Survivors and Interpreters**, by Oyesola Oluwafunmilayo Ayeni, PhD; and **Improving Law Enforcement Response to Sexual Assault and Domestic Violence by Identifying and Preventing Gender Bias**, by the U.S. Department of Justice.

Subject matter expert training resources: Law Enforcement Training and Technical Assistance is also available by contacting the **Louisiana Coalition Against Domestic Violence (LCADV)** at 225-752-1296 or the **Law Enforcement Training and Technical Assistance Consortium (LETTAC)** for effective responses to intimate partner violence.

[98] (Bradley A. Campbell, 2022)
[99] (Joanne Hulley, 2022)

Appendix H: Key Definitions

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

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

Suspect/perpetrator/offender: 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.

Abuser: Someone who uses a pattern of controlling behaviors to gain and maintain power over a partner in a domestic or intimate relationship. These behaviors can be physical, sexual, emotional, psychological, economic, or coercive and are used to frighten, intimidate, manipulate, or control the other person. This pattern of abuse can include actions like physical violence, constant criticism, controlling finances, isolating the partner from friends and family, and misusing technology to monitor them.[100]

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:[101] 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.[102] These fatalities are reviewed in conjunction with the Louisiana Pregnancy-Associated Mortality Review Committee.

[100] (New Hope, Inc., n.d.)
[101] (Evans, Hyde, & Gillispie-Bell, August 2022)
[102] (National Center for Chronic Disease Prevention and Health Promotion, 2020)

Appendix H: Key Definitions

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.

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