

Louisiana Domestic Abuse Fatality Review

2023 ANNUAL REPORT



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Lastly, we wish to especially acknowledge our chairperson, Captain Belinda Murphy of the Louisiana State Police, who granted the Domestic Abuse Fatality Review Team and Panel access to meeting rooms, office supplies, and equipment to accommodate preparation for and hosting of all 2023 Panel meetings.

Dedication

This report is dedicated to the women, men, and children affected by an act of domestic abuse in Louisiana in 2020 and 2021, to their loved ones, and to those who work diligently, persistently, and tirelessly every day to support and protect victims of domestic abuse in Louisiana.

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Introduction

Background

What is Domestic Abuse?

Domestic abuse, also referred to as intimate partner violence (IPV), 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.¹

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.² 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.

Domestic Abuse in the United States

Domestic abuse is a significant health problem and has lifelong consequences.

Studies have shown that beyond injury and death, victims of IPV are more likely to report a range of negative mental and physical health outcomes that are both acute and chronic in nature.^{3,4} In addition, there are a number of behavioral factors that are likely to play a role in the link between IPV and adverse health outcomes. Victims of IPV are more likely to smoke, engage in heavy/binge drinking, and report HIV risk factors.⁴

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.⁵

Domestic abuse affects those who are abused and also 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.²

Domestic Abuse in Louisiana



**UNITED STATES
vs. LOUISIANA**

Louisiana consistently **leads the nation in domestic homicides and has ranked among the top five almost every year since 1997.**⁶ According to the Violence Policy Center 2020 study, *When Men Murder Women*, Louisiana ranked fifth in the United States for women murdered by men, with a homicide rate of 2.18 per 100,000 females killed by males in single victim/single offender incidents.

This report shows that:

- For homicides in which the victim-to-offender relationship could be identified, **98 percent of female victims (39 out of 40) were murdered by someone they knew.**
- Of the victims who knew their offenders, **56 percent (22 victims) were wives, common-law wives, ex-wives, or girlfriends of the offenders.**⁷

The Centers for Disease Control and Prevention (CDC) created the National Violent Death Reporting System (NVDRS) to monitor and track deaths related to violence across the nation. NVDRS covers all types of violent deaths—including homicides and suicides—in all settings and for all age groups.⁸ Data from the Louisiana Violent Death Reporting System (LA-VDRS), confirm that IPV is a significant public health concern in the state: a total of 549 deaths due to IPV were identified in 2020 and 2021. 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 recommend improvements 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 these data are 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. In 2021, Louisiana established the Louisiana Domestic Abuse Fatality Review (LA-DAFR) in law with the aim of identifying the causes of domestic abuse fatalities and prevention strategies (see [Louisiana Revised Statute 40:2024.1-2024.6](#)). This law provides the necessary authorities and protections that will facilitate reviewing specific cases.

Types of Domestic Abuse

Domestic Abuse Shows Up in Many Forms:²

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 his or her 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 not limited to internet enabled devices, online spaces and platforms, computers, mobile devices, cameras and imaging programs, applications (apps), location tracking devices, or communication technologies, or any other emerging technologies.

About the Domestic Abuse Fatality Review (LA-DAFR)

Louisiana Domestic Abuse Fatality Review (LA-DAFR)

What is LA-DAFR?

The Louisiana Domestic Abuse Fatality Review (LA-DAFR) law established the state fatality review panel, defining the required representation as well as the panel's functions, duties, and authorities (see Appendix D for the full statute). Through comprehensive and multidisciplinary review of domestic abuse fatality cases at the state and local levels, LA-DAFR works to identify and characterize the scope and nature of domestic abuse fatalities in order to take action to prevent future fatalities. LA-DAFR is coordinated through the Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Family Health (BFH).

BFH oversees several important mortality and review-to-action systems in the state, including the review of all unexpected deaths among children under 15 years of age (Child Death Review [\[CDR\]](#)), the review of all deaths among women within a year of pregnancy (Pregnancy Associated Mortality Review [\[LA-PAMR\]](#)), and DAFR. BFH's mortality surveillance systems are managed by a team of subject matter experts in epidemiology, maternal and child health, and violence and injury prevention. Staff include violent death case abstraction specialists and Maternal and Child Health (MCH) Coordinators who work statewide to collect comprehensive data in cases of unexpected mortality for case review. LA-DAFR coordinates with the [LA-PAMR](#) to review pregnancy-associated mortalities due to domestic abuse.

Domestic Abuse Fatalities

The LA-DAFR 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.

Louisiana Domestic Abuse Fatality Review (LA-DAFR)

The Operating Principles of LA-DAFR

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

The Objectives of LA-DAFR

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

Louisiana Domestic Abuse Fatality Review (LA-DAFR)

LA-DAFR Panel Membership

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 abuse victims.

Louisiana Domestic Abuse Fatality Review (LA-DAFR)

Functions and Duties of the Panel

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 serving 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 abuse 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 abuse fatalities that occur in Louisiana.

The review panel may do all of the following:

1. Establish and/or authorize local and regional panels, and subject matter experts as agents of the state LA-DAFR to which the review panel may delegate some or all of its responsibilities.
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.

Louisiana Domestic Abuse Fatality Review (LA-DAFR)

The LA-DAFR Process

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

The Office of Public Health (OPH) Bureau of Vital Records and Statistics (State Registrar) provides data on newly registered fatalities to the Bureau of Family Health (BFH)'s mortality surveillance team each month. Domestic abuse fatalities identified through the Louisiana Violent Death Reporting System (LA-VDRS) and the Pregnancy Associated Mortality Review (LA-PAMR) are matched with those recorded by the Louisiana Coalition Against Domestic Violence (LCADV).

Once a comprehensive list is created, the LA-DAFR Coordinator works with abstraction staff to obtain case information from the LA-VDRS system, advocacy agencies, health care providers, coroners, law enforcement and judicial entities.

Step 2: Abstraction of Records

The LA-DAFR Coordinator may request records from a variety of individuals and organizations should information not be readily available in the LA-VDRS system. Information may be requested from:

- advocacy centers
- civil, criminal, and municipal court records
- coroners
- district attorneys
- judicial reports
- law enforcement (police departments and sheriff offices)
- media reports
- DCFS records
- reports of animal abuse

Step 3: Case Abstraction and Preparation

The LA-DAFR Abtractor receives a list of domestic abuse fatalities monthly 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 determines the completeness of case information for LA-DAFR. Once completed, the abtractor prepares a de-identified case summary of key information for review and a narrative summary of the incident.

Panel members and authorized agents receive case summaries via encrypted email prior to case review meetings to review and prepare for case discussion.

The Louisiana Domestic Abuse Fatality Review (LA-DAFR)

Step 4: Case Review, Data Analysis and Research

Panel case review meetings include legislatively-mandated members and authorized agents. The panel meets quarterly with the schedule determined by the members. Additional meetings are held if the membership determines they are warranted. Case review meetings are facilitated by the panel Chairperson and LA-DAFR Coordinator.

During case review meetings, the LA-DAFR team reviews de-identified case summaries created by a LA-DAFR Abstractor. To protect sensitive information discussed during case review, this portion of LA-DAFR meetings is closed to the public. The LA-DAFR team then uses these case summaries to identify risk factors and provide recommendations. Prevention recommendations are recorded as a part of each review.

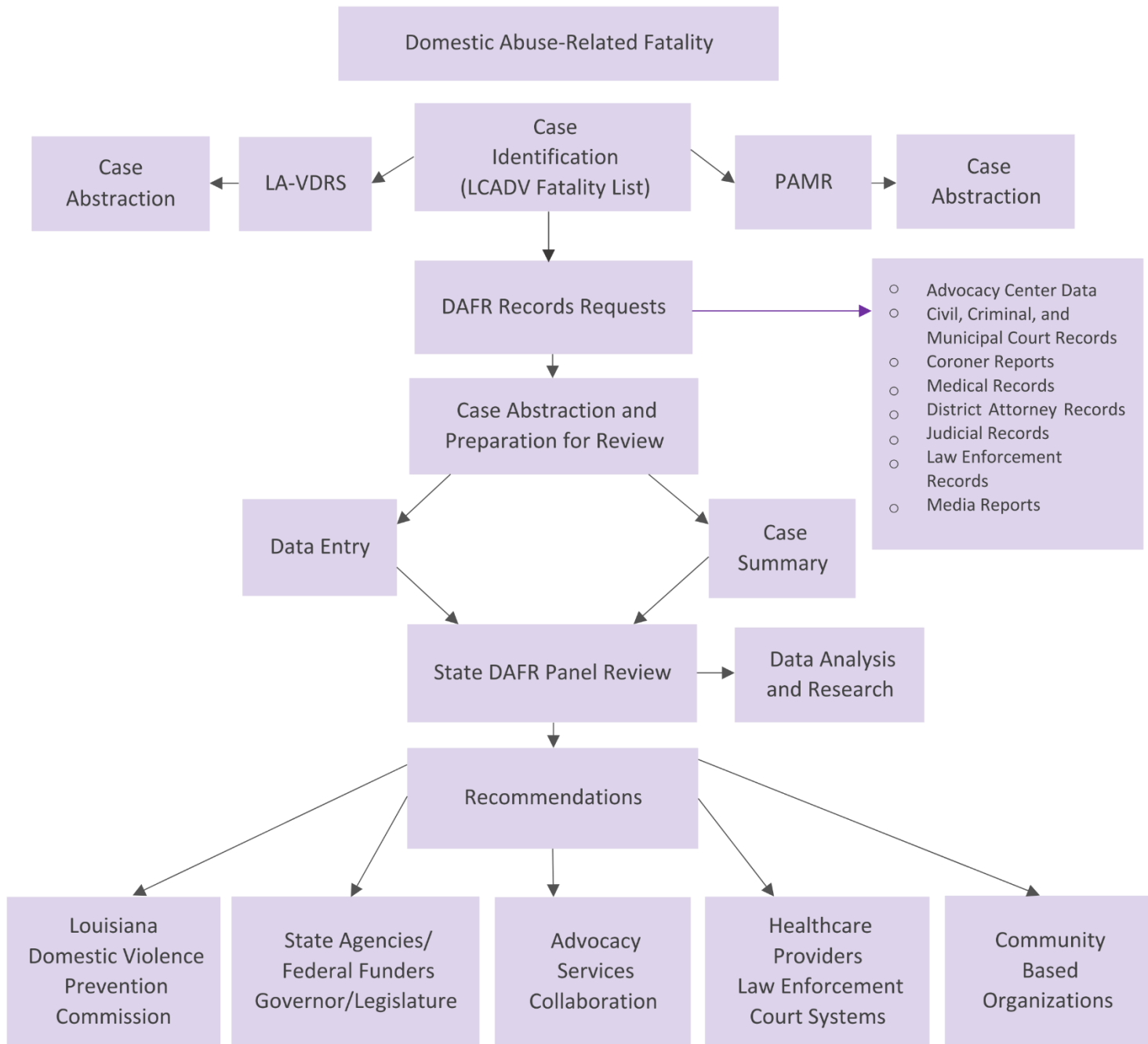
The first focus after the establishment of LA-DAFR in 2022 was to review domestic abuse fatalities from 2020 among cases with sufficient data for review. The panel prioritized maternal deaths (deaths during pregnancy or up to 365 days after end of pregnancy) and murder-suicides as these cases may be more complete since they are less likely to be pending further investigation or awaiting adjudication. Cases with more complete information usually result in more informed system recommendations.

Step 5: Data to Action

Every year, LA-DAFR will produce an annual report, as mandated by the authorizing legislation. As reflected in this year's report, future reports will include aggregate data on the cases reviewed and recommendations. The report is distributed by LDH to the governor and legislature. The report and recommendations are also sent to organizations promoting the health and safety of Louisiana's families including the Louisiana Domestic Violence Prevention Commission, LDH offices and state agencies, advocacy organizations, community based organizations, state law enforcement agencies, state court systems, and healthcare providers. It is also available online to the public.

The Louisiana Domestic Abuse Fatality Review (LA-DAFR)

The LA-DAFR Process Map



Addressing Bias, Racism, Underserved Populations, and Social Determinants of Health

Women Most At-Risk for Domestic Abuse

The LA-DAFR aims to focus on key risk factors and recommendations for populations identified as disproportionately impacted by domestic abuse. Women of color are at higher risk for domestic abuse. Additionally, high rates of poverty, poor education, limited job resources, language barriers, and fear of deportation increase their difficulty in finding help and support services.⁹

Black women are at a higher risk for IPV than other communities of color.



Approximately

41%

of Black women have experienced physical violence by an intimate partner in their lifetime. Compared to: **31%** of white women, **30%** Hispanic women, **15%** Asian or Pacific Islander women¹⁰

Black women experience higher rates of intimate partner homicide when compared to their White counterparts.¹¹ According to LCAADV, an **estimated 52.3% and 60.7% of people lost their lives to intimate partner violence in 2020 and 2021 respectively, were Black women.**¹²

Women with disabilities are at a higher risk for IPV than women without disabilities.



Women with disabilities have a

40% greater chance

of experiencing IPV than women without disabilities.¹³

In many cases, the abuser will take advantage of an individual's particular disability and use it against them to maintain power within that relationship.¹⁴

Women in rural communities experience higher rates of IPV with greater frequency and severity of physical abuse yet live much farther away from available resources.



Approximately

40%

of women living in rural communities experience higher rates of IPV with greater frequency and severity of abuse and live much further away from available resources in their communities compared to **15.5%** of women living in urban areas.¹⁵

In the interest of addressing these issues, the LA-DAFR panel includes community violence prevention stakeholders in Louisiana and consists of experts in the field of violence research and prevention. The panel also looks to add additional members in the upcoming year to serve as representation from each of these populations and others disproportionately impacted by domestic abuse.

Addressing Bias, Racism, Underserved Populations and Social Determinants of Health

LA-DAFR Community Profiles

In order to better identify and address gaps in community resources and services and aid in the development of community and societal level recommendations, Maeve Wallace, PhD, an Authorized Agent to the DAFR panel and Associate Director of the Mary Amelia Center for Women's Health Equity Research, and Associate Professor, for the Tulane University School of Public Health and Tropical Medicine developed community profiles for LA-DAFR cases. Profiles include categories for the availability of clinical care, social and economic conditions, health behaviors, physical environment conditions, quality of life, and community safety indicators. Each indicator is graphed for the cases' parish of residence in comparison to the Louisiana value and the U.S. national value. Sub-categories within each category include:

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

See Appendix E for the LA-DAFR Community Profile.

Addressing Bias, Racism, Underserved Populations and Social Determinants of Health

The Louisiana Bias or Racism and Social Determinants of Health (LABoRS) Tool

The Louisiana Bias or Racism and Social Determinants of Health (LABoRS) Tool is a standardized supplemental case review tool created by LA-PAMR that facilitates evaluating each case for the presence of bias, discrimination, and/or racism, as well as the impacts of social determinants of health as contributors to the death. The goal of the tool is to support the panel's development of actionable recommendations that address factors that may have contributed to the death. This tool does not prove bias and/or racism were or were not contributing factors. It assists abstractors and panel members in identifying potential evidence of discrimination and inequity to enable the panel and Authorized Agents to the panel to make informed recommendations around these issues.

The LABoRS tool is comprised of four sections: Demographics, Social Determinants of Health, Geospatial Social Determinants of Health and the Case Findings Checklist (adopted from Texas Maternal Mortality Review Committee).¹⁶

See Appendix F for the LABoRS Tool.

IPV-PAMR Deaths due to Suicide and Overdose

LA-PAMR uses the Utah Tool, a standardized tool developed by The Utah Maternal Mortality Review Committee (MMRC), to help in the determination of pregnancy relatedness for deaths due to accidental drug overdoses and suicides. Many states, including Louisiana, have opted to use this tool during case reviews. In 2021, Louisiana's PAMR introduced the Utah Tool into case reviews with deaths that occurred in 2019.¹⁶ LA-DAFR has also adapted this tool to assist with determining pregnancy relatedness for deaths due to accidental drug overdoses and suicides when reviewing pregnancy associated mortalities due to domestic abuse.

See Appendix G for the Utah Tool.

Domestic Abuse Data Summary & LA-DAFR Case Review

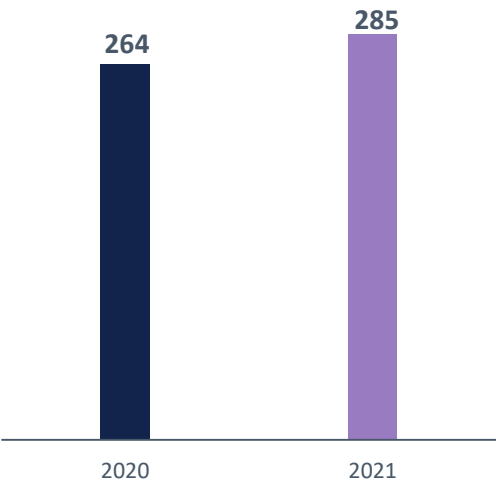
Statewide Data Summary

Domestic Abuse in Louisiana, Statewide Statistics 2020-2021

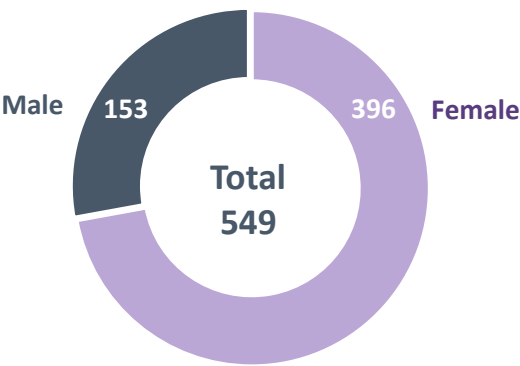
Source: Louisiana Violent Death Reporting System (LA-VDRS)

According to the LA-VDRS, the state’s public health monitoring system of all violent deaths, a total of 549 deaths due to IPV were identified in the state between 2020 and 2021. Among all identified cases, **72% of victims were female**, underlining the fact that women are more likely to die as a result of domestic abuse, when compared to men. **Victims between the ages of 19-30 and 31-40 were most vulnerable to IPV-related death.**

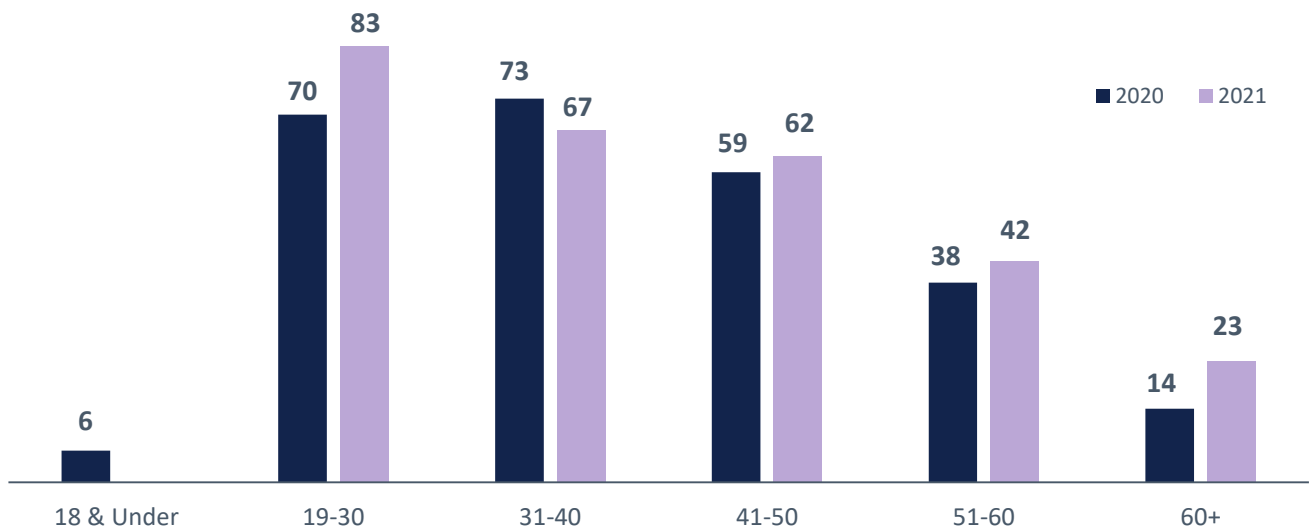
Total Number of IPV Cases Per Year Statewide



Victim’s Sex in IPV Cases in 2020-2021



Age Range of Victims in 2020 and 2021*



*Counts less than five cannot be represented.

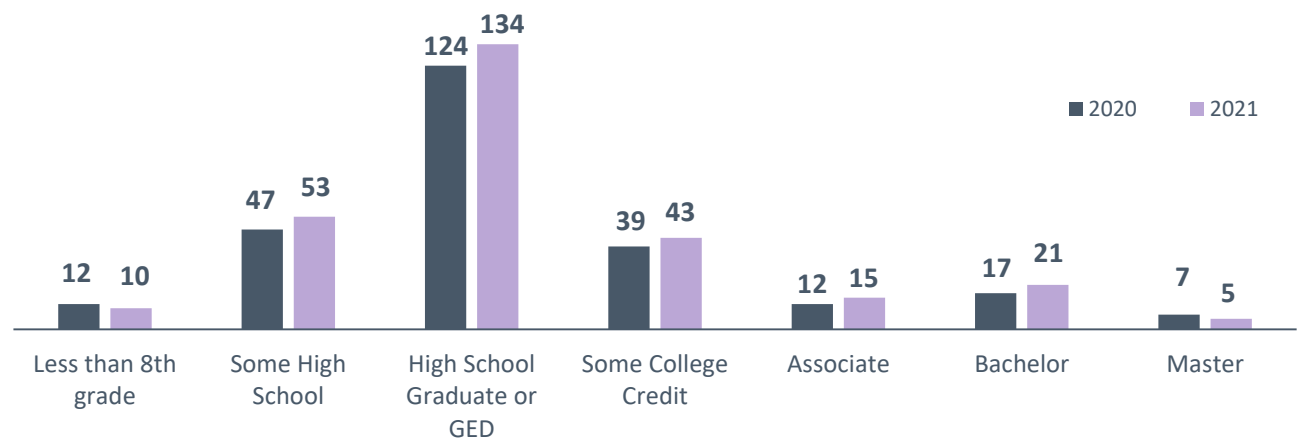
Statewide Data Summary

Domestic Abuse in Louisiana, Statewide Statistics 2020-2021

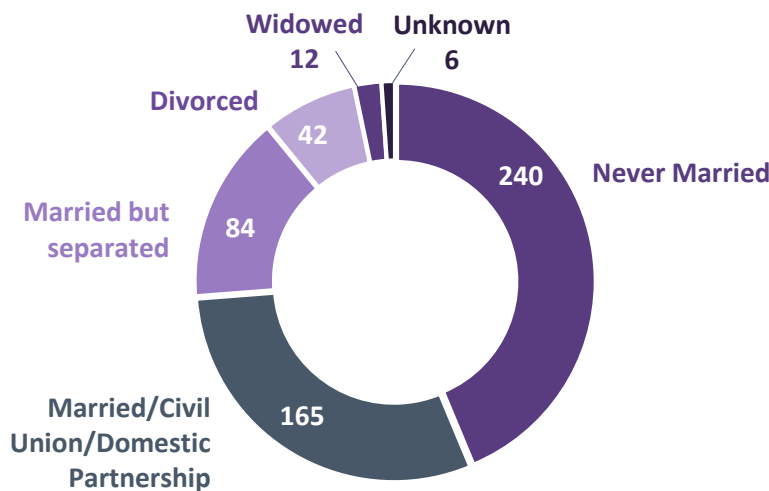
Source: Louisiana Violent Death Reporting System (LA-VDRS)

Studies show that education is one of the most powerful protective factors against IPV and the strongest empowerment tool in overcoming domestic violence trauma.¹⁷⁻¹⁹ Among individuals who died in Louisiana related to IPV in 2020-2021, only 14.3% obtained a degree from a college or university. Higher education increases job opportunities and earning potential and decreases the victim’s economic dependence on their abusive partner by giving them more financial independence to support themselves and their children.

Education Level of Victims in 2020 and 2021



Victim’s Relationship Status in 2020-2021



11

IPV cases in which the victim was pregnant or less than one year postpartum.

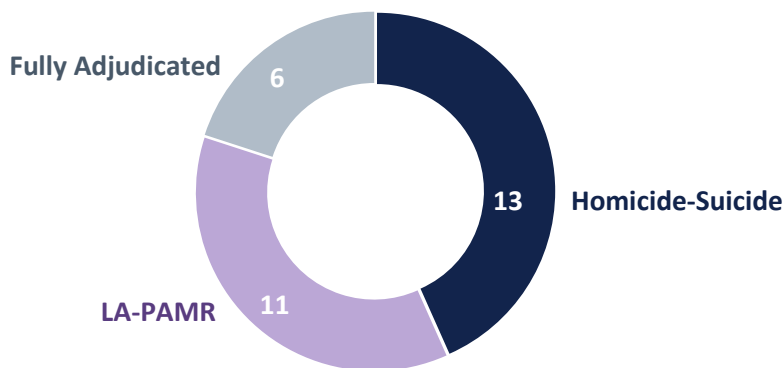
In nearly half of the IPV deaths identified (43.7%), non-married victims had a higher mortality rate compared to 30.1% of those married or in a civil union or domestic partnership. The LA-DAFR and LA-PAMR teams identified 11 IPV cases in which the victim was pregnant or within a year of pregnancy. Pregnancy can be an especially risky period for IPV, as many women report that abuse started or intensified when they became pregnant.²⁰ In the LA-PAMR cases reviewed, only six noted that the victim had been screened for IPV by a healthcare provider.

LA-DAFR Case Review Data

Domestic Abuse in Louisiana, Case Review Statistics 2020-2021

The Louisiana Domestic Abuse Fatality Review (LA-DAFR) Panel reviewed 30 of the 549 deaths in the state. The cases reviewed included all of the maternal fatalities associated with IPV, and a convenience sample of homicide/suicide cases or other cases that were fully adjudicated. The cases reviewed were from eight of the nine LDH Administrative regions and 14 of the state's 64 parishes.

Type of Cases Reviewed from 2020-2021



LA-PAMR- Pregnancy-Associated Mortality Review cases due to IPV. See Appendix B for full definition.

Homicide-Suicide- homicides followed by the suicide of the perpetrator.

Fully Adjudicated- convictions that have been decided by a final judgment of the court and from which there can be no appeal.²¹

86%

of victims in cases reviewed, including those with multiple victims, died by firearms.

In cases where firearms were used, 25.9% of suspects were in illegal possession of a firearm either due to a previous felony, including a conviction of domestic abuse battery, or violation of an order of protection. The remaining 74.1% of cases are unknown.

80%

of victims with a history of domestic abuse never obtained a temporary restraining order or protective order.

In cases where a history of abuse was identified, only 20% of victims obtained a criminal or civil order of protection. In 15.8% of those cases, a temporary restraining order or protective order was in place at the time of the homicide.

LA-DAFR Case Review: Demographics

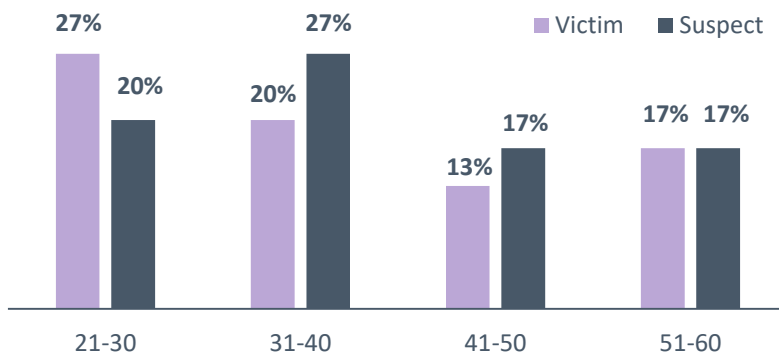
Victim's Gender in Cases Reviewed

87%
of victims were female.

90%
of suspects were male.

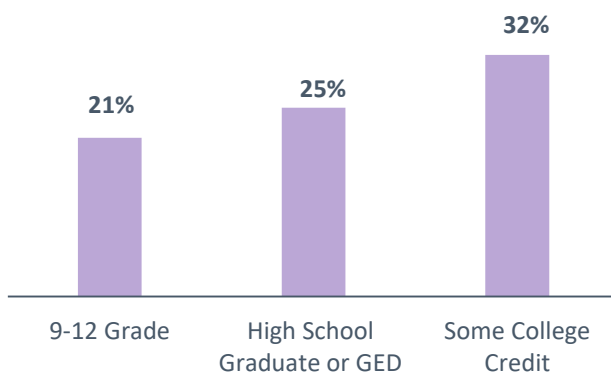
Domestic abuse has long been identified as the most widespread form of gender-based violence. In 2020 and 2021 combined, the majority of victims were female and the majority of perpetrators were male.

Age Range of Victims and Suspects in 2020 and 2021



Victims between the ages of 21-30 had the highest rate of death due to domestic abuse. Suspects between the ages of 21-40 were most likely to murder their partners and family/friends of their intimate partners.

Education Level of Victims from 2020-2021



Of the cases reviewed, 73.3% of victims did not hold a degree from a college or university, limiting their overall economic stability.

LA-DAFR Case Review: Relationship Information

According to the National Coalition Against Domestic Violence, leaving an abuser is the most dangerous time for a victim of domestic abuse. One study found in interviews with men who have murdered their partners that either threats of separation by their partner or actual separations were most often the precipitating events that lead to the murder.²²

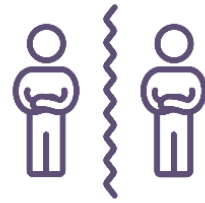
Relationship Status in Cases Reviewed



In 57% of cases, the victim and suspect were **never married**.

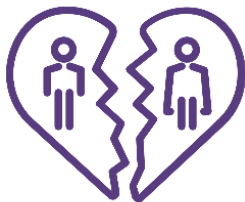


In 20% of cases, the victim and suspect were **married**.

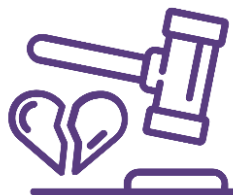


In 20% of cases, the victim and suspect were **married, but separated**.

Separation Status in Cases Reviewed



In 23% of cases, victims experienced **recent break-ups or separation** from the suspect/perpetrator.



In 17% of cases, victims had **recently filed or were in the process of divorce**.



In 7% of cases, victims **were planning or contemplating filing for divorce** from the suspect/perpetrator.

LA-DAFR Case Review: Children

Domestic Abuse and its Impact on Children

Approximately 1 in 15 children in the United States are exposed to domestic abuse each year. Adverse outcomes resulting from IPV include an increased risk of developing psychological, social, emotional, and behavioral problems including mood and anxiety disorders, post-traumatic stress disorder (PTSD), substance abuse, and school-related problems.^{23,24} Of the cases reviewed, 53.3% of cases had children who either witnessed or were present in the home at the time of the homicide. Also, a majority of the children left behind were between the ages of 0-10 years old.

32

**Children witnessed and/or
were present at the time of
the homicide**

36

**Children 17 years of age and
under lost one or both parents
due to domestic abuse
homicide, homicide-suicide,
or prison.**



Contributing Risk Factors to Domestic Abuse

Contributing Risk Factors to IPV

Social Ecological Model²⁵

The 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 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 in order 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 IPV 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. A person’s closest social circle-peers, partners and family members-influences their behavior and contribute 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.

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, and instability, high density of alcohol outlets).

Societal Level

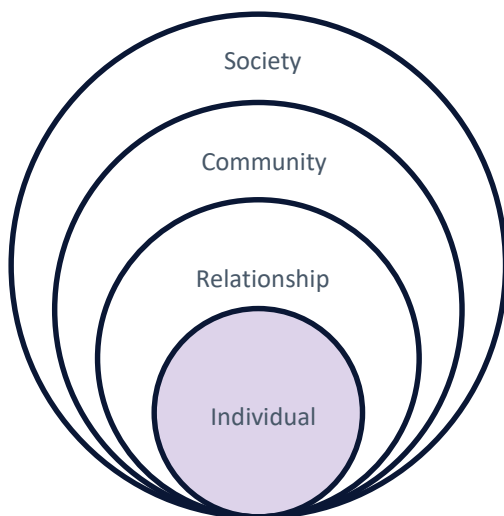
The fourth level encompasses the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Factors in this level include the health, economic, educational, 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 that affect the structural determinants of health.

Risk Factors – Individual Level

In the 30 cases reviewed from 2020 – 2021, the LA-DAFR panel considered key risk factors that, according to the CDC, are linked to a greater likelihood of IPV perpetration. These risk factors are contributing factors, but do not necessarily mean direct causes. These findings highlight risk factors that were most prevalent among victims and suspects of domestic abuse fatalities.

Individual Level Risk Factors

In 53% of victims, being a previous victim of physical or psychological abuse was a risk factor. In 83% of suspects, poor behavioral control and impulsiveness was a risk factor. Nearly 80% of suspects lacked nonviolent social problem solving skills and 73% had evidence of displaying anger and hostility. In both suspects and victims, low education or income, history of physical and emotional abuse, heavy drug and alcohol use, as well as economic stress factors are shared.



Victim Risk Factors

- 53% Being a Victim of Physical or Psychological Abuse
- 40% Low Education or Income**
- 37% History of Physical and Emotional Abuse**
- 33% Young Age
- 30% Heavy Drug and Alcohol Use**
- 30% Economic Stress**

Suspect Risk Factors

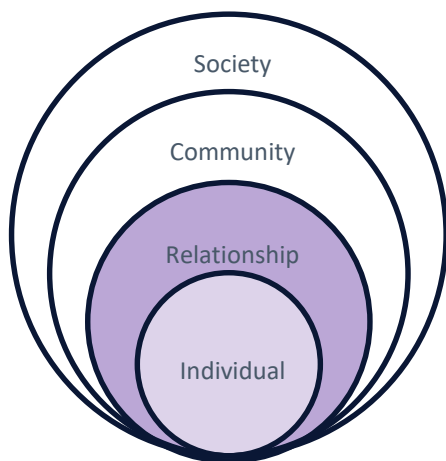
- 83% Poor Behavioral Control and Impulsiveness
- 77% Lack of Nonviolent Social Problem Solving Skills
- 73% Anger and Hostility
- 63% History of Physical and Emotional Abuse**
- 63% Desire for Power and Control in Relationships
- 63% History of Being Physically Abusive
- 57% Perpetrating Psychological Aggression
- 57% Low Education or Income**
- 53% Heavy Drug and Alcohol Use**
- 43% Attitudes Accepting or Justifying Violence or Aggression
- 40% Economic Stress**
- 40% Hostility Towards Women

Find [a complete list of IPV risk factors and their definitions](#) on the CDC website

Risk Factors – Relationship, Community, and Societal Levels

Relationship Level Risk Factors

Out of the 30 cases from 2020-2021 that were reviewed by the LA-DAFR panel, the primary risk factor in both victims and suspects were unhealthy relationships and interactions. In 50% of suspects, jealousy and possessiveness was a risk factor. In both suspects and victims, tension, divorce or separations, and children or in-laws were risk factors.



Victim Risk Factors

67% Unhealthy Relationships and Interactions

40% Tension And Divorce or Separations

33% Children or In-Laws

20% Money/Distribution of Family Resources

Suspect Risk Factors

80% Unhealthy Relationships and Interactions

50% Jealousy and Possessiveness

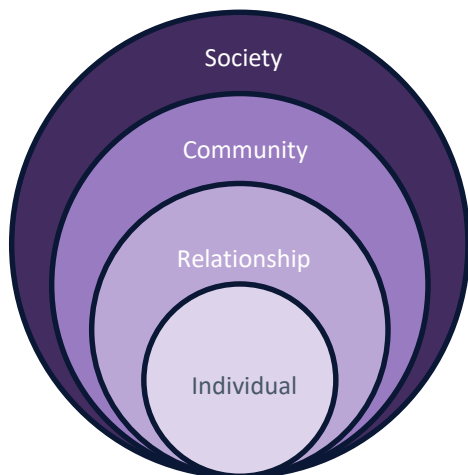
46% Tension and Divorce or Separations

43% Children or In-Laws

40% Dominance and Control of the Relationship by One Partner Over the Other

Community & Societal Level Risk Factors

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



Victim & Suspect Risk Factors

57% Communities With Easy Access to Drugs and Alcohol

50% Communities With High Rates of Poverty and Limited Educational and Economic Opportunities

47% Communities With High Rates of Violence and Crime

43% Families Experiencing Economic Stress

43% Poverty and Associated Factors (e.g. Overcrowding)

Find [a complete list of IPV risk factors and their definitions](#) on the CDC website

From Review to Action

Summary of Recommendations

Recommendations were developed with committee consensus following an in-depth review of 30 cases due to domestic abuse in 2020 and 2021, 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 organizations, and Louisiana laws and legislation.

Healthcare Professional Response



- Implement routine screening for IPV, access to healthcare services, educational resources and referrals (i.e., domestic violence hotline), high-risk screening for pregnant and postpartum patients

Criminal Justice Systems Response



- **Law Enforcement:** Screening for domestic abuse, trauma-informed training, culturally appropriate resources, connecting victims to service providers, increasing community comfort to disclose abuse, first-aid training
- **Criminal Courts:** Domestic abuse education and training for staff, intervention court expansion, build relationships with domestic violence service providers, uniform firearm divestiture processes, require alcohol and substance use treatment for those with a history of substance misuse, automatic extension of protective orders, increase victim online access to court proceedings

Civil Justice Systems Response



- Domestic violence education for court staff, comprehensive resources for victims and perpetrators, increase access to free and reduced cost legal services, assist victims with safety plans, require supervised visitation centers during custody exchanges for couples with a history of abuse

Domestic Violence Service Provider Response



- Raise public awareness and education about domestic abuse, partner with community organizations to educate and train community members, develop culturally specific and sensitive resources, reach out directly to immigrant communities

Community Organization Response



- Partner with local domestic violence programs to increase community education to increase community education, lean on local champions and faith leaders to discuss ways everyone can work together to support victims of abuse, provide workshops and trainings for de-escalation skills, provide ease-of-access to social services to improve the community's wellbeing

Louisiana Laws and Legislation Response



- Increase state funding for victims services, permit digital temporary restraining order and protective order access through [LA Wallet](#), require school districts to develop and adopt policies to address dating violence, require background checks prior to all gun sales and transfers, increase LA-DAFR panel access to records by requiring participation from essential state agencies

Recommendations for Healthcare Professionals

Effective Screening for Domestic Abuse in Healthcare Settings

Healthcare providers are in a unique position to identify individuals experiencing abuse and provide them with referrals and support including counseling, referrals and interventions.²⁶ Most women visit healthcare providers for routine medical care, and victims of domestic abuse also see healthcare providers for treatment of their injuries.

When healthcare providers identify past or present domestic violence in their patients, they may also be identifying some of the root causes of their patients' health concerns such as chronic pain, depression, obstetric complications, STIs, poorly controlled chronic conditions, substance abuse, and other health problems.²⁶ The LA-DAFR panel developed the following recommendations to aid healthcare providers in recognizing and responding to patients experiencing abuse.



Recommendations:

Ensure patients know that screening and counseling for domestic violence are benefits that health plans are required to cover.²⁷

Routinely screen all adults and children for domestic abuse. Inform patients of the varying forms of abuse and include information about isolation and control.

Let patients know that you are willing to discuss domestic abuse, you do not blame them for being abused, and you can help.²⁸

Increase time during appointments to adequately screen for IPV. This may increase the patient's comfort to disclose the abuse.

Document injuries — through photographs and a written description — that are caused by abuse and record the patient's verbal or written testimony about how the injuries occurred. Documentation should be objective with neutral language and clear observations.²⁸

Assess patient's safety using the [Danger Assessment Tool](#) to help victims of domestic abuse determine their level of danger and help them develop an escape plan in case the violence escalates.²⁸



IPV Screening Tools can be found on the Centers for Disease Control and Prevention website:

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/resources.html>

Recommendations for Healthcare Professionals

Access to Healthcare Services

For many victims of domestic abuse, access to healthcare is vital. Frequently, those experiencing IPV miss opportunities to seek help from health professionals due to inadequate transportation to and from appointments, or lack insurance to cover costs associated with appointments and seeking treatment. However, having access to health insurance provides victims with the comprehensive health and behavioral services they need.



Recommendations:

Increase access to healthcare by establishing healthcare provider transportation options to assist patients with getting to and from appointments.

Ensure patients experiencing abuse know that domestic violence is considered a qualifying life event²⁹ that allows for enrolling in or changing health insurance providers at any time during the year.

Increase awareness among providers and patients that screening and counseling for domestic violence are benefits that health plans are required to cover.²⁷

Patient Education and Referrals to Services

Asking about domestic abuse and having resources and referral materials in health settings sends a message that domestic violence is an important health concern. It also communicates to patients that providers are a resource and source of help.²⁶



Recommendations:

Provide educational information and resources that explain the various forms of domestic abuse to help patients recognize abusive behaviors.

Develop relationships with local domestic violence service providers to facilitate warm-hand offs for patients referred to additional services. **Contact LCADV at (225) 752-1296** for assistance with establishing a formal bi-directional referral system between healthcare and domestic violence service providers.

Provide patients with the **statewide domestic violence hotline: 1-888-411-1333**. This call is free, confidential, available 24 hours a day, 7 days a week, and will connect them with a domestic violence service provider in their area.

Recommendations for Healthcare Professionals

Pregnant and Postpartum Women

Domestic abuse before, during or after pregnancy is associated with many serious harms, including increased risk of maternal hemorrhage, higher rates of postpartum depression, and increased risks of maternal and infant morbidity and mortality.³⁰ Research has shown that women abused during pregnancy are twice as likely to miss prenatal care appointments or initiate prenatal care later than recommended.³¹⁻³³ Women experiencing IPV are also twice as likely to not initiate prenatal care until the third trimester³⁴ and are significantly more likely to miss three or more prenatal visits than their non-abused counterparts (45% vs. 28%).³⁵ Research supports an association between insufficient prenatal care and adverse birth outcomes, including preterm delivery and low birth weight.³⁶⁻³⁷



Recommendations:

Because the majority of screenings for IPV only take place during the initial prenatal appointment, LA-DAFR recommends IPV screening throughout the pregnancy, preferably during all three trimesters and postpartum.

Proactive follow-up should be prioritized when pregnant and postpartum patients frequently miss prenatal and postpartum appointments.

Providers should increase opportunities for at-home visits where nurses and mothers can foster relationships, thereby offering an opportunity to intervene with women experiencing IPV.

Healthcare providers and staff should be trained to ask the right questions and properly identify signs and symptoms of domestic abuse.

Healthcare providers, staff and Medicaid contracted Managed Care Organizations (MCOs) should facilitate patient access to local resources and services for victims of domestic abuse by providing resource information and warm-handoff referrals; connecting patients directly to a person who can assist them.

Recommendations for Criminal Justice Systems

Law Enforcement Officer Response

Incidents of abuse can be multifaceted, complex, and cause devastating pain; therefore, a victim-centered and trauma-informed response to domestic abuse is essential. This means that law enforcement professionals should understand that victims of domestic violence can display a variety of reactions to the violence and no two victims may express themselves in the same way. To ensure all law enforcement follow the same procedures when responding to calls of domestic or intimate partner violence, departmental policies that outline how to respond to domestic violence are vital to improving officers' ability to address domestic violence in their community. Such guidance helps officers by making complex dynamics clearer and ultimately helps victims by ensuring a standard, trauma-informed, and victim-centered response.³⁸

Recommendations:



Officers should inform victims of domestic violence of their rights in accordance with [Louisiana Revised Statute 46:1843](#).

Every response to domestic violence should include screening for self-defense injuries and determining the predominant aggressor. No incident of abuse should be investigated without cross-screening for sexual assault; strangulation; stalking; and, when appropriate, child, elder, and animal abuse, which can be commonly co-occurring crimes.³⁸

Schedule bi-annual trainings with the LCADV or other agencies engaging in trauma-informed response to victims of abuse, to gain proper techniques for responding to calls of domestic abuse and utilizing best practices when performing a danger assessment.

Provide immigrants with culturally-appropriate resources that explain signs of abuse, how to get a protection order, and what to do when in an abusive relationship. Officers should also help them feel safe to engage by ensuring they will not risk deportation when reporting abuse.

Connect victims directly with an advocate from their local domestic violence agency to assist with developing a safety plan and access to resources.

Increase community comfort during police officer interactions to reduce fear and encourage trust so victims feel safe to disclose instances of abuse.

Increase number of law enforcement officers in rural areas of the state to decrease response time.

Provide first-aid training to all police officers and supply police units with tourniquets to provide life-saving treatment for victims and perpetrators of abuse when law enforcement officers are first to arrive to the scene.

Recommendations for Criminal Justice Systems

Criminal Court Response to Domestic Abuse

A key challenge for criminal courts in finding effective responses to domestic abuse is the relationship between the victim and the abuser. Unlike other crimes, the person charged is or has been an intimate partner of the victim and, in many cases, is likely to remain in a relationship with the victim. Accountability of the person convicted of domestic abuse is often not only sought through severity of punishment but through effective supervision and compliance with court orders, including protective orders and those mandating treatment services.³⁹ According to the National Center for State Courts (NCSC), primary focus of the criminal justice system in domestic violence cases, should be on managing risk to the victim's safety and wellbeing, rather than general recidivism and risk reduction.⁴⁰



Recommendations:

Increase education and training for judges, attorneys, and court staff (such as clerks and court security) on the dynamics and impact of domestic abuse to better protect victims and advise sentencing recommendations.

Expand Domestic Violence Intervention Court across the state to allow judges to focus and follow-through on cases of domestic abuse, aid victims, and hold abusers accountable not only through penal punishment but rehabilitation and deterrence of repeat offenses with the assistance of justice and social service agencies.

Attorneys representing victims of domestic abuse should build relationships with their local domestic violence service providers to ensure they are connected to an advocate and services such as assistance with developing a safety plan and counseling.

Criminal courts should work with the Louisiana Protective Order Registry (LPOR) to develop uniform firearm divestiture processes for sheriffs' offices to retrieve firearms when required by an active protective order and/or conviction of a disqualifying domestic violence offense. Active follow-up should also be done to ensure all firearms have been removed from the home.

Require victims and perpetrators of domestic abuse with a documented history of alcohol and substance abuse complete alcohol and substance abuse treatment.

Automatically extend criminal protective orders if they are violated immediately before or after their expiration date.

Partner charges such as simple battery and domestic abuse battery and cases with temporary restraining orders and protective orders with mandatory anger management and/or batterers intervention programming.

Increase online access across the state to criminal court proceedings to allow victims of abuse to regularly and easily check on the status of their case.

Recommendations for Civil Justice Systems

Civil Court Response to Domestic Abuse

Holistic legal assistance is essential for the protection of domestic abuse victims and their children. Virtually all civil law practice areas provide opportunities to help abused women protect themselves and their children from abusers.⁴¹ Civil legal actions such as temporary restraining orders, protective orders, divorce, child custody and visitation, and spousal and child support can help victims in becoming independent and free from their abuser while also providing the economic support needed to sustain a household where both they and their children can feel safe. Developing policies to coordinate protective orders with criminal domestic violence/sexual assault cases, implement firearm protections, and increase interaction with supervised visitation and exchange programs can greatly increase feelings of safety and security for victims of abuse.⁴²

Recommendations:



Increase education and training for judges, attorneys, and court staff (such as clerks and court security) on the dynamics and impact of domestic abuse to approach civil litigation such as divorce and child custody and visitation in the best interest of the victim and children who may be involved.

Implement a comprehensive approach to provide resources for families suffering from abuse. This can include referring victims of abuse to supportive social and legal services, while also mandating perpetrators of abuse to batterer intervention programs and substance abuse or parenting programs.

Increase access to free and/or reduced cost legal services to aid victims suffering from financial abuse and/or lack the resources to afford legal representation.

Assist victims of abuse or connect them with an advocate who can assist them in establishing a safety plan after they have filed for a protective order or filed for a divorce but lack the financial means to physically separate themselves from their abusers.

Require couples with a history of domestic abuse to use supervised visitation centers during child custody exchange to increase victim and child safety (this may call for increasing the number of supervised visitation centers across the state). A list of Louisiana's supervised visitation centers can be found on the [Supervised Visitation Directory website](#).

Recommendations for Domestic Violence Service Providers

Domestic Violence Shelter Response to Domestic Abuse

In nearly all cases reviewed by the LA-DAFR panel, there was no record of victims reaching out to their local domestic violence service provider to receive the many services and support available to them. Getting help from someone who has experience working within different systems can make things easier for many victims of domestic abuse. Advocates are available to help empower and discuss options to assist victims in determining what is right and safe for them and their families. Domestic violence programs across the state offer 24-hour hotline access, legal advocacy, counseling, emotional support, information and referral to social services, transitional housing, emergency shelter, and assistance with appointments to court or the hospital.⁴³ Making victims aware of available services, while also helping them gain trust and feelings of safety to request help, may be the biggest challenge faced by many domestic violence service providers.



Recommendations:

Increase community involvement to raise public awareness and education about the prevalence of domestic abuse and inform victims about the options and resources that are available to them.

Partner with other community-based organizations and incorporate domestic violence education and bystander intervention training to empower community members to become active participants in abuse prevention.

Aid the prevention of domestic abuse by teaching pre-teens, teens, and young adults about unhealthy relationships, coercive control, and technology abuse through evidence-based programs such as Safe Dates and Dating Matters®.

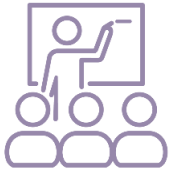
Develop resources and services that are culturally specific and address cultural sensitivities such as racism, language barriers, and fear of deportation. Having advocates that look like and/or share common experiences with victims also encourage feelings of trust, safety, and willingness to seek help.

Reach out to immigrant communities to ensure they know that they can seek services safely without the need to verify immigration status or fear of deportation. Learn about possible options to assist battered immigrant women in accessing services to meet their specific needs.

Recommendations for Community Organizations

Community Response to Domestic Abuse

Mobilizing communities to prevent domestic abuse is essential to cultivating stronger, safer communities in which everyone can thrive.



Recommendations:

Partner with your local domestic violence program to educate members of your community on domestic abuse to debunk common myths that perpetuate violence.

Lean on local champions to educate your community about domestic violence and ways everyone can work together to support victims of abuse.

Increase education on healthy relationships and nonviolent communication skills such as active listening, respecting differences, and empowering others⁴⁴ to share their experiences.

Provide evidence-based bystander intervention training such as Bringing in the Bystander® to teach bystanders how to safely intervene in instances where sexual violence, relationship violence or stalking may be occurring or where there may be risk that it will occur.⁴⁵

Teach and train community members de-escalation skills such as stopping to take a breath to calm down, acknowledging and apologizing for mistakes, looking for ways you agree, and reaffirming others needs and feelings⁴⁶ to prevent all forms of violence including domestic abuse.

Provide ease-of-access to services that improve the overall wellbeing of families in your community such as:

- Economic support for families such as assistance applying for [Family Independence Temporary Assistance Program \(FITAP\)](#), [Supplemental Nutrition Assistance Program \(SNAP\)](#), and [Low Income Home Energy Assistance Program \(LIHEAP\)](#).
- Support for seniors by informing them of programs such as their local Council on Aging and other services found at [Eldercare Locator](#) and support for those with disabilities by informing them of programs such as [Centers for Independent Living \(CILs\)](#), designed and operated by individuals with disabilities and provide independent living services for people with disabilities.
- Support and educate about other health conditions such as Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STDs), and alcohol and substance abuse as these are common risk factors of IPV. Partner with a local healthcare providers to provide testing and treatment options.

Recommendations for Legislation and Policymakers

Improved Legislative Response to Domestic Abuse

Public policy is essential to addressing and preventing domestic abuse and the negative health outcomes associated with it. Laws and legislation that support victims of domestic abuse and the programs that serve them promote a healthier and safer environment for all Louisiana families.



Recommendations:

Increase state funding for domestic abuse victims' services, with an emphasis on funding for beds for domestic violence service providers and transitional housing to ensure all victims in need are able to relocate themselves and their children to safety.

Expand [La R.S. 46:2135-2136](#) by allowing digital copies of temporary restraining orders and protective orders to be accessed and stored on LA Wallet so victims of abuse can easily retrieve them as an official record that can be shared via mobile device to all pertinent parties such as employers, schools, etc. In addition, add one-touch domestic violence hotline access. Also, require courts to connect victims of domestic abuse to obtain a safety plan assistance once a temporary restraining order and/or protective order has been obtained.

Expand [La R.S. 17:81](#) to provide enhanced oversight of school districts' requirement develop and adopt a policy to address incidents of dating violence, including training for teachers and staff.

Increase firearm ownership safety and security by requiring universal background checks prior to all gun sales and transfers, including those performed by private sellers, wherever the sale and/or transfer takes place.

Increase LA-DAFR panel access to records by requiring participation from essential sectors such as law enforcement, criminal and civil courts, and DCFS to ensure in-depth case review for effective recommendation development.

Conclusion

Domestic abuse, also known as domestic violence or intimate partner violence (IPV), represents a significant public health issue that has considerable societal costs.⁴⁷

The State of Louisiana has made several steps in the right direction, including the creation of the Domestic Abuse Fatality Review Panel, to aid and protect victims of domestic abuse. The LA-DAFR panel carefully reviewed 30 fatality cases due to IPV in 2020 and 2021. The panel was able to identify several opportunities for systems and communities to work together to close service gaps, improve response to, and increase protections from domestic abuse.

The LA-DAFR panel believes that implementation of the recommendations presented in this report will improve victims' interaction with processes and systems developed to support them by:

- Building victims' trust in the community and law enforcement to disclose instances of abuse;
- Being properly screened by healthcare providers to determine risk and level of danger;
- Becoming confident in reaching out to law enforcement and justice systems for immediate aid and protection under the law; and,
- Receiving needed support from their community and domestic violence service providers to become independent from their abuser.

With the continued review of domestic abuse related deaths, we will increase our overall knowledge of effective solutions that prevent and reduce deaths due to domestic abuse in our state.



Appendices

A. LA-DAFR Panel and Authorized Agents

Name	Role and Organization	Panel Position
Renee Antoine	Executive Director, Governor's Office of Women's Policy	Dir. of the Governor's Office on Women's Policy
Douglas Champlin	Paramedic, EMS Exam Coordinator, OPH Bureau of Emergency Medical Services	Dir. of the Bureau of EMS 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 cert. American Board of Pathology
Melanie S. Fields	Chief Domestic Violence Prosecutor for EBR Parish	D.A. or Asst. D.A., LA District Attorneys' Association appointee
Pamela Guedry	Visitation Coordinator, The PACT Place Supervised Visitation & 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
Ramona Harris	Deputy Judicial Administrator, LPOR Director, LA Supreme Court	LA Protective Order Registry
Joycelyn Johnson	Chief of Police, Southern University A&M College Police Department	Police Chief, LA Association of Chiefs of Police appointee
Jane Killen	Executive Assistant to the State Health Officer	State Health Officer designee
Hope Levins, LMSW	Domestic Violence Special Projects Manager, New Orleans Health Department	Authorized Agent to the Panel
Leslie Lyons, LCSW	Child Welfare SE Regional Administrator, Dept. of Children and Family Services (DCFS)	Secretary of DCFS designee
Bonnie Bonin-McKneely, MS	Domestic Violence Specialist, Office of Attorney General Jeff Landry	Attorney General designee
Jemimah "Mimi" Mickel	Deputy State Registrar and Assistant Director, Bureau of Vital Records and Statistics	State Registrar of Vital Records, OPH
Belinda Murphy, LA-DAFR Chairperson	Captain-Commander of Special Investigations Division, La State Police	Superintendent of State Police designee
Cherrise Picard	Executive Director, Chez Hope Family Violence Crisis Center	Executive Director of community-based Domestic Violence Service Org.
Francis E. Robinson, Jr.	Technical Program Assistant, LPOR	Authorized Agent to the Panel
Kristen Sanderson, MPH	Violence and Injury Prevention Manager, LDH, OPH, BFH	Secretary of LDH designee

A. LA-DAFR Panel and Authorized Agents

Name	Role and Organization	Panel Position
Jill M. Sessions	Clerk of Court, Bossier Parish, LA Clerks of Court Association	President of LA Clerks of Court Association designee
Brian L. Spillman	Sheriff, West Feliciana Sheriff's Office, LA Sheriff's Association	Sheriff, LA Sheriffs' Association
Maeve Wallace, PhD, MPH	Associate Director, Mary Amelia Women's Center, Associate Professor, School of Public Health & Tropical Medicine, & Reproductive Epidemiologist, Tulane University	Authorized Agent to the Panel
Anna Watt, LCSW	Program Monitor, LDH, OBH	Assistant Secretary of OBH designee
Mariah Wineski, MS	Executive Director, LA Coalition Against Domestic Violence	Executive Director of LA Coalition Against Domestic Violence

B. Key Definitions

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

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

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

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

Pregnancy-Associated Mortalities¹⁶

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.⁴⁸ These fatalities are reviewed in conjunction with the LDH Louisiana Pregnancy Associated Mortality Review (LA-PAMR) Committee.

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

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

C. Key Acronyms

Abbreviation	Meaning/Definition
LDH	Louisiana Department of Health
OPH	Office of Public Health
BFH	Bureau of Family Health
OBH	Office of Behavioral Health
LA-DAFR	Louisiana Domestic Abuse Fatality Review
PAMR	Pregnancy Associated Mortality Review
IPV	Intimate Partner Violence
LCADV	Louisiana Coalition Against Domestic Violence
LA-VDRS	Louisiana Violent Death Reporting System
DCFS	Department of Children and Family Services
LPOR	Louisiana Protective Order Registry

D. Louisiana Revised Statute 40:2024.1-2024.6

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.

D. Louisiana Revised Statute 40:2024.1-2024.6

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.

D. Louisiana Revised Statute 40:2024.1-2024.6

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.

D. Louisiana Revised Statute 40:2024.1-2024.6

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.

D. Louisiana Revised Statute 40:2024.1-2024.6

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.

RS 40:2024.6

§2024.6. Reporting to the legislature; requirements

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

Acts 2021, No. 320, §2, See Act.

E. LA-DAFR Community Profile

Clinical Care	Description	Graph								
Ratio of Population to Primary Care Physicians	Represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. Sufficient availability of primary care physicians is essential for preventive and primary care and, when needed, referrals to appropriate specialty care.	<p>Ratio of population to primary care physicians</p> <table><tr><th>Entity</th><th>Ratio of population to primary care physicians</th></tr><tr><td>United States</td><td>~1200</td></tr><tr><td>Louisiana</td><td>~1400</td></tr><tr><td>Case # Parish</td><td>~2800</td></tr></table>	Entity	Ratio of population to primary care physicians	United States	~1200	Louisiana	~1400	Case # Parish	~2800
Entity	Ratio of population to primary care physicians									
United States	~1200									
Louisiana	~1400									
Case # Parish	~2800									
Ratio of Population to Mental Health Providers	Represents the number of individuals served by one mental health provider in a county, if the population 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.	<p>Ratio of population to mental health providers</p> <table><tr><th>Entity</th><th>Ratio of population to mental health providers</th></tr><tr><td>United States</td><td>~350</td></tr><tr><td>Louisiana</td><td>~280</td></tr><tr><td>Case # Parish</td><td>~420</td></tr></table>	Entity	Ratio of population to mental health providers	United States	~350	Louisiana	~280	Case # Parish	~420
Entity	Ratio of population to mental health providers									
United States	~350									
Louisiana	~280									
Case # Parish	~420									
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.	<p>Percentage of the population without health insurance</p> <table><tr><th>Entity</th><th>Percentage of the population without health insurance</th></tr><tr><td>United States</td><td>~10.5%</td></tr><tr><td>Louisiana</td><td>~10.2%</td></tr><tr><td>Case # Parish</td><td>~10.1%</td></tr></table>	Entity	Percentage of the population without health insurance	United States	~10.5%	Louisiana	~10.2%	Case # Parish	~10.1%
Entity	Percentage of the population without health insurance									
United States	~10.5%									
Louisiana	~10.2%									
Case # Parish	~10.1%									

E. LA-DAFR Community Profile

Social & Economic Factors	Description	Graph								
Child Poverty Rate	Children (under age 18) in poverty captures an upstream measure of poverty that assesses both current and future health risk. Children in poverty may experience lasting effects on health and income into adulthood. Children living in poverty have an increased risk of injury as a result of unsafe environments and are susceptible to more frequent and severe chronic conditions and their complications.	<p>Child poverty rate</p> <table><thead><tr><th>Entity</th><th>Child poverty rate</th></tr></thead><tbody><tr><td>United States</td><td>15%</td></tr><tr><td>Louisiana</td><td>23%</td></tr><tr><td>Case # Parish</td><td>28%</td></tr></tbody></table>	Entity	Child poverty rate	United States	15%	Louisiana	23%	Case # Parish	28%
Entity	Child poverty rate									
United States	15%									
Louisiana	23%									
Case # Parish	28%									
Childcare Cost Burden	Childcare costs for a household with two children as a percent of median household income. When much of a paycheck goes toward childcare expenses, households face difficult 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.	<p>Childcare cost burden</p> <table><thead><tr><th>Entity</th><th>Childcare cost burden</th></tr></thead><tbody><tr><td>United States</td><td>22%</td></tr><tr><td>Louisiana</td><td>25%</td></tr><tr><td>Case # Parish</td><td>24%</td></tr></tbody></table>	Entity	Childcare cost burden	United States	22%	Louisiana	25%	Case # Parish	24%
Entity	Childcare cost burden									
United States	22%									
Louisiana	25%									
Case # Parish	24%									
High School Completion Rate	A high school degree correlates strongly with higher life expectancies and improved quality of life. Adults with high school degrees are more likely to be employed and earn more, on average, than their less educated counterparts.	<p>High school completion rate</p> <table><thead><tr><th>Entity</th><th>High school completion rate</th></tr></thead><tbody><tr><td>United States</td><td>85%</td></tr><tr><td>Louisiana</td><td>82%</td></tr><tr><td>Case # Parish</td><td>78%</td></tr></tbody></table>	Entity	High school completion rate	United States	85%	Louisiana	82%	Case # Parish	78%
Entity	High school completion rate									
United States	85%									
Louisiana	82%									
Case # Parish	78%									
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.	<p>Gender pay gap</p> <table><thead><tr><th>Entity</th><th>Gender pay gap</th></tr></thead><tbody><tr><td>United States</td><td>0.82</td></tr><tr><td>Louisiana</td><td>0.78</td></tr><tr><td>Case # Parish</td><td>0.75</td></tr></tbody></table>	Entity	Gender pay gap	United States	0.82	Louisiana	0.78	Case # Parish	0.75
Entity	Gender pay gap									
United States	0.82									
Louisiana	0.78									
Case # Parish	0.75									

E. LA-DAFR Community Profile

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.	<p>Food insecurity</p> <p>A horizontal bar chart comparing food insecurity rates. The x-axis represents percentages from 0% to 20% in 5% increments. Three bars are shown: United States (dark purple, ~12%), Louisiana (medium purple, ~15%), and Case # Parish (light purple, ~17%).</p> <table><tr><th>Entity</th><th>Food Insecurity Rate (%)</th></tr><tr><td>United States</td><td>~12%</td></tr><tr><td>Louisiana</td><td>~15%</td></tr><tr><td>Case # Parish</td><td>~17%</td></tr></table>	Entity	Food Insecurity Rate (%)	United States	~12%	Louisiana	~15%	Case # Parish	~17%
Entity	Food Insecurity Rate (%)									
United States	~12%									
Louisiana	~15%									
Case # Parish	~17%									
Drug Overdose Mortality Rate	Number of drug poisoning deaths per 100,000 population. Opioids contribute largely to drug overdose deaths.	<p>Drug overdose mortality rate</p> <p>A horizontal bar chart comparing drug overdose mortality rates per 100,000 population. The x-axis represents rates from 0 to 45 in increments of 5. Three bars are shown: United States (dark purple, ~22), Louisiana (medium purple, ~30), and Case # Parish (light purple, ~40).</p> <table><tr><th>Entity</th><th>Drug Overdose Mortality Rate (per 100,000)</th></tr><tr><td>United States</td><td>~22</td></tr><tr><td>Louisiana</td><td>~30</td></tr><tr><td>Case # Parish</td><td>~40</td></tr></table>	Entity	Drug Overdose Mortality Rate (per 100,000)	United States	~22	Louisiana	~30	Case # Parish	~40
Entity	Drug Overdose Mortality Rate (per 100,000)									
United States	~22									
Louisiana	~30									
Case # Parish	~40									
Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted). Excessive drinking is a risk factor for a number of adverse outcomes, including suicide and interpersonal violence, among many others.	<p>Excessive drinking</p> <p>A horizontal bar chart comparing excessive drinking rates. The x-axis represents percentages from 0% to 20% in 5% increments. Three bars are shown: United States (dark purple, ~12%), Louisiana (medium purple, ~15%), and Case # Parish (light purple, ~17%).</p> <table><tr><th>Entity</th><th>Excessive Drinking Rate (%)</th></tr><tr><td>United States</td><td>~12%</td></tr><tr><td>Louisiana</td><td>~15%</td></tr><tr><td>Case # Parish</td><td>~17%</td></tr></table>	Entity	Excessive Drinking Rate (%)	United States	~12%	Louisiana	~15%	Case # Parish	~17%
Entity	Excessive Drinking Rate (%)									
United States	~12%									
Louisiana	~15%									
Case # Parish	~17%									

E. LA-DAFR Community Profile

Physical Environment	Description	Graph								
Home Ownership	Percentage of owner-occupied housing units. Homeownership is associated with better health, fewer illnesses, and lower rates of depression and anxiety. High levels of homeownership are associated with more stable housing and more tightly knit communities.	<p>Home ownership</p> <table><thead><tr><th>Entity</th><th>Percentage</th></tr></thead><tbody><tr><td>United States</td><td>65%</td></tr><tr><td>Louisiana</td><td>68%</td></tr><tr><td>Case # Parish</td><td>70%</td></tr></tbody></table>	Entity	Percentage	United States	65%	Louisiana	68%	Case # Parish	70%
Entity	Percentage									
United States	65%									
Louisiana	68%									
Case # Parish	70%									
Percent Rural	Percentage of the population living in a rural area. People in rural areas have less access to health care and social services, and tend to experience higher rates of poverty.	<p>Percent rural</p> <table><thead><tr><th>Entity</th><th>Percentage</th></tr></thead><tbody><tr><td>United States</td><td>20%</td></tr><tr><td>Louisiana</td><td>25%</td></tr><tr><td>Case # Parish</td><td>42%</td></tr></tbody></table>	Entity	Percentage	United States	20%	Louisiana	25%	Case # Parish	42%
Entity	Percentage									
United States	20%									
Louisiana	25%									
Case # Parish	42%									
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.	<p>Severe housing cost burden</p> <table><thead><tr><th>Entity</th><th>Percentage</th></tr></thead><tbody><tr><td>United States</td><td>13%</td></tr><tr><td>Louisiana</td><td>12%</td></tr><tr><td>Case # Parish</td><td>12%</td></tr></tbody></table>	Entity	Percentage	United States	13%	Louisiana	12%	Case # Parish	12%
Entity	Percentage									
United States	13%									
Louisiana	12%									
Case # Parish	12%									
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Housing measures can also be considered proxy indicators of more general socioeconomic circumstances which can lead to increased stress and emotional strain.	<p>Severe housing problems</p> <table><thead><tr><th>Entity</th><th>Percentage</th></tr></thead><tbody><tr><td>United States</td><td>17%</td></tr><tr><td>Louisiana</td><td>15%</td></tr><tr><td>Case # Parish</td><td>18%</td></tr></tbody></table>	Entity	Percentage	United States	17%	Louisiana	15%	Case # Parish	18%
Entity	Percentage									
United States	17%									
Louisiana	15%									
Case # Parish	18%									

E. LA-DAFR Community Profile

Quality of Life	Description	Graph								
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted). Self-reported health status is a general measure of health-related quality of life. Research finds that people who report “poor” self-rated health have a mortality risk twice as high as people who report “excellent” self-rated health.	<p>Poor or fair health</p> <table><tr><th>Entity</th><th>Percentage</th></tr><tr><td>United States</td><td>~18%</td></tr><tr><td>Louisiana</td><td>~22%</td></tr><tr><td>Case # Parish</td><td>~24%</td></tr></table>	Entity	Percentage	United States	~18%	Louisiana	~22%	Case # Parish	~24%
Entity	Percentage									
United States	~18%									
Louisiana	~22%									
Case # Parish	~24%									
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). This measure captures the percentage of people experiencing chronic and likely severe physical health issues.	<p>Frequent physical distress</p> <table><tr><th>Entity</th><th>Percentage</th></tr><tr><td>United States</td><td>~12%</td></tr><tr><td>Louisiana</td><td>~15%</td></tr><tr><td>Case # Parish</td><td>~16%</td></tr></table>	Entity	Percentage	United States	~12%	Louisiana	~15%	Case # Parish	~16%
Entity	Percentage									
United States	~12%									
Louisiana	~15%									
Case # Parish	~16%									
Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). This measure captures the percentage of people experiencing chronic and likely severe mental health issues.	<p>Frequent mental distress</p> <table><tr><th>Entity</th><th>Percentage</th></tr><tr><td>United States</td><td>~14%</td></tr><tr><td>Louisiana</td><td>~18%</td></tr><tr><td>Case # Parish</td><td>~19%</td></tr></table>	Entity	Percentage	United States	~14%	Louisiana	~18%	Case # Parish	~19%
Entity	Percentage									
United States	~14%									
Louisiana	~18%									
Case # Parish	~19%									

E. LA-DAFR Community Profile

Community Safety	Description	Graph								
Violent Crime Rate	Number of violent crimes per population (age-adjusted). Violent crime includes murder and non-negligent manslaughter, rape, robbery, and aggravated assault.	<p>Violent crime rate</p> <table><tr><th>Entity</th><th>Violent crime rate</th></tr><tr><td>United States</td><td>~400</td></tr><tr><td>Louisiana</td><td>~550</td></tr><tr><td>Case # Parish</td><td>~850</td></tr></table>	Entity	Violent crime rate	United States	~400	Louisiana	~550	Case # Parish	~850
Entity	Violent crime rate									
United States	~400									
Louisiana	~550									
Case # Parish	~850									
Suicide Rate	Number of deaths due to suicide per 100,000 population (age-adjusted).	<p>Suicide rate</p> <table><tr><th>Entity</th><th>Suicide rate</th></tr><tr><td>United States</td><td>~13</td></tr><tr><td>Louisiana</td><td>~14</td></tr><tr><td>Case # Parish</td><td>~15</td></tr></table>	Entity	Suicide rate	United States	~13	Louisiana	~14	Case # Parish	~15
Entity	Suicide rate									
United States	~13									
Louisiana	~14									
Case # Parish	~15									
Homicide Rate	Number of deaths due to homicide per 100,000 population (age-adjusted).	<p>Homicide rate</p> <table><tr><th>Entity</th><th>Homicide rate</th></tr><tr><td>United States</td><td>~8</td></tr><tr><td>Louisiana</td><td>~12</td></tr><tr><td>Case # Parish</td><td>~10</td></tr></table>	Entity	Homicide rate	United States	~8	Louisiana	~12	Case # Parish	~10
Entity	Homicide rate									
United States	~8									
Louisiana	~12									
Case # Parish	~10									
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.	<p>Firearm fatality rate</p> <table><tr><th>Entity</th><th>Firearm fatality rate</th></tr><tr><td>United States</td><td>~12</td></tr><tr><td>Louisiana</td><td>~22</td></tr><tr><td>Case # Parish</td><td>~20</td></tr></table>	Entity	Firearm fatality rate	United States	~12	Louisiana	~22	Case # Parish	~20
Entity	Firearm fatality rate									
United States	~12									
Louisiana	~22									
Case # Parish	~20									

F. Louisiana Bias or Racism and Social Determinants of Health (LABoRS) Tool

Demographics

Race, citizenship/immigration status, preferred language, educational level, marital status, living arrangements (living with friends, shelter, temporary housing, homelessness), type of insurance, WIC utilization, distance between place of birth/death from decedent’s residence

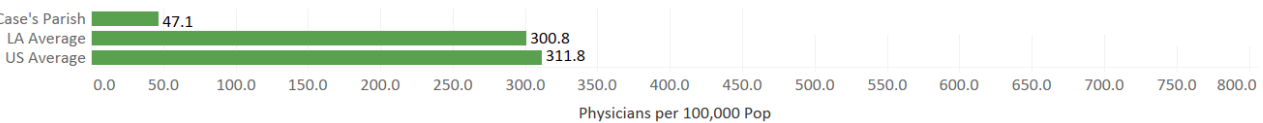
Social Determinants of Health

- **Barriers to healthcare:** child care, cultural norms, distance, financial, transportation, mobility
- **Barriers to communication:** hearing impaired, functional illiteracy, speech impaired, language differences, vision impaired, cultural differences
- **Social or emotional stress:** History of domestic violence, history of psychiatric hospitalizations or treatment, child protective services involvement, history of substance use, unemployment, pregnancy unwanted, recent trauma, prior suicide attempts, adverse childhood experiences, history of incarceration, housing instability, social support, chronic illness, short interpregnancy interval

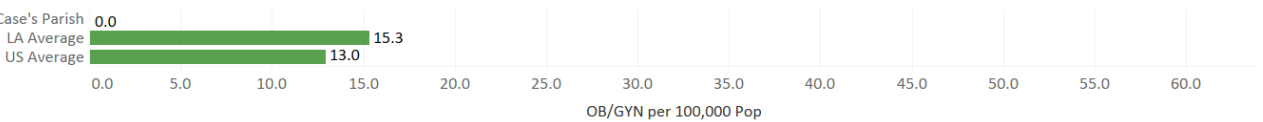
Geospatial Social Determinants of Health Data

A total of ten indicators are analyzed based on the decedent’s residence at the time of death. The tool displays data on the decedent’s parish or census tract of residence, the Louisiana average, and the US average.

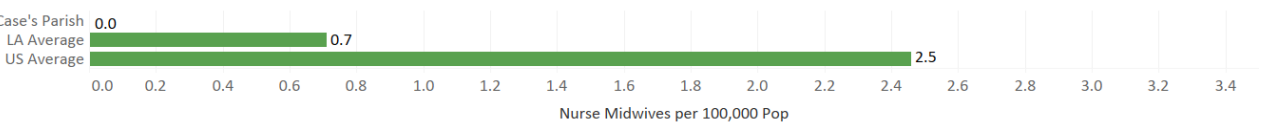
Physicians per capita



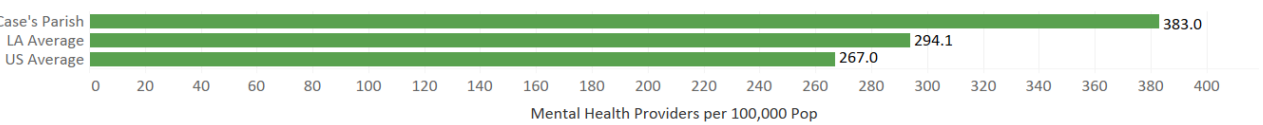
OB/GYN's per capita



Nurse Midwives per capita



Mental Health Practitioner per capita



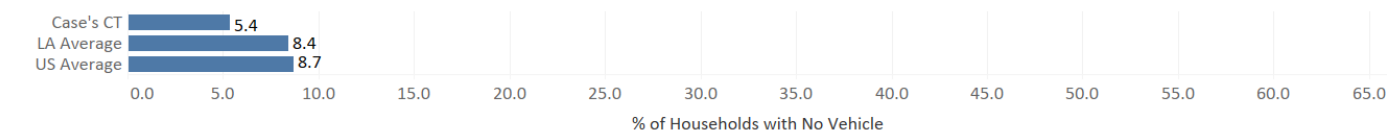
Legend

Higher numbers are associated with better health outcomes

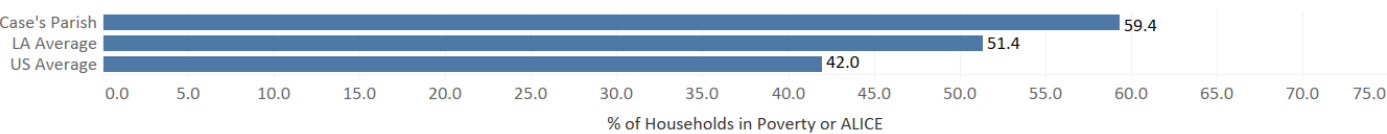
Higher numbers are associated with poor health outcomes

F. Louisiana Bias or Racism and Social Determinants of Health (LABoRS) Tool

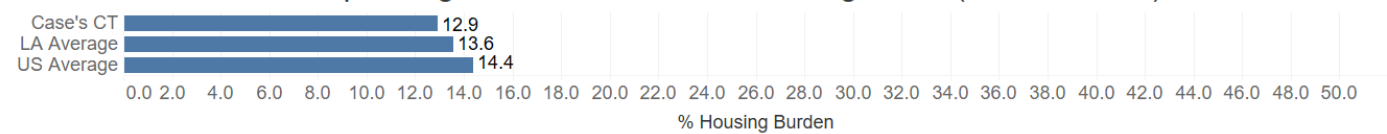
Percent of Households with No Vehicle (Census Tract)



Percent of Households in Poverty or Asset Limited, Income Constrained and Employed (ALICE)

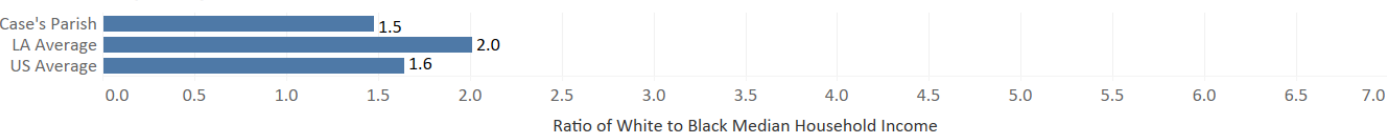


Percent of Households spending >50% of Income on Housing Costs (Census Tract)



Structural Racism Indicators

Racial Inequality in Median Household Income



Racial Inequality in Educational Attainment



Racial Inequality in Unemployment



Legend

Higher numbers are associated with better health outcomes

Higher numbers are associated with poor health outcomes

F. Louisiana Bias or Racism and Social Determinants of Health (LABoRS) Tool

Definitions of Geospatial Indicators used in LABoRS Tool

Indicator	Definition
Physicians per capita	Physicians per 100,000 population. Includes all M.D. and D.O. physicians with active status across specialties.
OB/GYN's per capita	OB/GYNs per 100,000 population. Includes all Obstetrics and Gynecology M.D. and D.O. physicians with active status.
Nurse Midwives per capita	Nurse midwives per 100,000 population. Includes Nurse Midwives with a National Provider Identifier (NPI) only.
Mental Health Practitioners per capita	Mental Health Practitioners per 100,000 population. Includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care.
Percent of Households with No Vehicle	Percent of households without a vehicle, based on data from the American Community Survey and the United States Census.
Percent of Households in Poverty or Asset Limited, Income Constrained and Employed (ALICE)	Percent of households who a) live below the Federal Poverty Level or b) live above the Federal Poverty Level but below the basic cost of living in their area.
Percent of Households spending >50% of Income on Housing Costs	Percent of households spending >50% of household income on housing costs, based on data from the American Community Survey and the United States Census.
Racial Inequality in Median Household Income	Ratio of white to black median household income. A higher number reflects greater racial inequality in household income.
Racial Inequality in Educational Attainment	Ratio of white to black educational attainment. A higher number reflects greater racial inequality in educational attainment.
Racial Inequality in Unemployment	Ratio of black to white unemployment. A Higher number reflects greater racial inequality in unemployment.

F. Louisiana Bias or Racism and Social Determinants of Health (LABoRS) Tool

Case Record Findings on Potential Bias, Discrimination or Barriers to Care

(Includes all medical records and reports received by our MCH Coordinators for case review)

<input type="checkbox"/>	1	Negative patient/provider/facility interaction <i>(Stigmatizing language, dismissing concerns, non-clinical patient-initiated transfers of care, case notes suggest provider/facility conflict, blaming, casting doubt)</i>	
<input type="checkbox"/>	2	Excessive gatekeeping <i>(Inability to reach provider, lack of or delay in notification to provider, unanswered messages, leaving messages, etc.)</i>	
<input type="checkbox"/>	3	Diagnostic delays <i>(Delays that appear to be inconsistent with best practice. Examples include: Delay in ordering or not ordering imaging and labs, delay in consults or case management assessment, delay in transfer of care (if diagnosis was known))</i>	
<input type="checkbox"/>	4	Leaving against medical advice	
<input type="checkbox"/>	5	Repeated ED visits in short time frame (for urgent care)	
<input type="checkbox"/>	6	Cultural incompetence <i>(lack of translator, lack of awareness of other cultures)</i>	
<input type="checkbox"/>	7	Lack of access to health care before, during, and after pregnancy <i>(structural bias)</i>	
<input type="checkbox"/>	8	Treatment decisions and recommendations that appeared to be inconsistent with best practices. <i>(Over-treatment, undertreatment, delay in treatment, inadequate pain management, provider assumptions about patient's adherence to treatment)</i>	
<input type="checkbox"/>	9	Other	

G. The Utah Tool

Identified in PAMR Narrative	Criteria for Accidental Drug-Related Deaths and Suicides	Case Examples
	1. Pregnancy complication	
<input type="checkbox"/>	a. Increased pain directly attributable to pregnancy or postpartum events leading to self-harm or drug use that is implicated in suicide or accidental death	Back pain, pelvic pain, kidney stones, cesarean incision, or perineal tear pain
<input type="checkbox"/>	b. Traumatic event in pregnancy or postpartum with a temporal relationship between the event leading to self-harm or increased drug use and subsequent death	Stillbirth, preterm delivery, diagnosis of fetal anomaly, traumatic delivery experience, relationship destabilization due to pregnancy, removal of child(ren) from custody
<input type="checkbox"/>	c. Pregnancy-related complication likely exacerbated by drug use leading to subsequent death	Placental abruption or preeclampsia in setting of drug use
	2. Chain of events initiated by pregnancy	
<input type="checkbox"/>	a. Cessation or attempted taper of medications for pregnancy-related concerns (neonatal or fetal risk or fear of Child Protective Service involvement) leading to maternal destabilization or drug use and subsequent death	Substance use pharmacotherapy (methadone or buprenorphine), psychiatric medications, pain medications
<input type="checkbox"/>	b. Inability to access inpatient or outpatient drug or mental health treatment due to pregnancy	Health care professionals uncomfortable with treating pregnant women, facilities not available that accept pregnant women
<input type="checkbox"/>	c. Perinatal depression, anxiety, or psychosis resulting in maternal destabilization or drug use and subsequent death	Depression diagnosed in pregnancy or postpartum resulting in suicide
<input type="checkbox"/>	d. Recovery or stabilization of substance use disorder achieved during pregnancy or postpartum with clear statement in records that pregnancy was motivating factor with subsequent relapse and subsequent death	Relapse leading to overdose due to decreased tolerance or polysubstance use
	3. Aggravation of underlying condition by pregnancy	
<input type="checkbox"/>	a. Worsening of underlying depression, anxiety, or other psychiatric condition in pregnancy or the postpartum period with documentation that mental illness led to drug use or self-harm and subsequent death	Pre-existing depression exacerbated in the postpartum period leading to suicide
<input type="checkbox"/>	b. Exacerbation, under treatment, or delayed treatment of pre-existing condition in pregnancy or postpartum leading to use of prescribed or illicit drugs resulting in death, or suicide	Under treatment of chronic pain leading to misuse of medications or use of illicit drugs, resulting in death
<input type="checkbox"/>	c. Medical conditions secondary to drug use in setting of pregnancy or postpartum that may be attributable to pregnancy-related physiology and increased risk of complications leading to death	Stroke or cardiovascular arrest due to stimulant use

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