



**Louisiana
Domestic
Violence
Prevention
Commission**

2020
Annual Report

Louisiana Domestic Violence Prevention Commission

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Pursuant to LA R.S. 46:2145, the Louisiana Domestic Violence Prevention Commission provides this report of its work and recommendations for 2020. The Commission met on three occasions in 2020, with one meeting being canceled due to the COVID-19 pandemic. Four subcommittees – Victimization Data, Innovative Practices, Law Implementation and Training, and Legal Issues - were established to utilize the expertise of commission members and community members to look further into specific priority areas. This report is formatted to provide a concise overview and executive summary of the Commission’s efforts, focus areas, and recommendations.

Commission Responsibilities

As specified in LA R.S. 46:2145, the Louisiana Domestic Violence Prevention Commission has the following responsibilities:

1. Assist local and state leaders in developing and coordinating domestic violence programs.
2. Conduct a continuing comprehensive review of all existing public and private domestic violence programs to identify gaps in prevention and intervention services and to increase coordination among public and private programs to strengthen prevention and intervention services.
3. Make recommendations with respect to domestic violence prevention and intervention.
4. Develop a state needs assessment and a comprehensive and integrated service delivery approach that meets the needs of all domestic violence victims.
5. Establish a method to transition domestic violence service providers toward evidence-based national best practices focusing on outreach and prevention.
6. Develop a plan that ensures state laws on domestic violence are properly implemented and provides training to law enforcement and the judiciary.
7. Develop a framework to collect and integrate data and measure program outcomes.



Louisiana Domestic Violence Prevention Commission Membership

Mariah Wineski, Chair
Louisiana Coalition Against Domestic Violence

Ramona Harris
Louisiana Supreme Court

Sunny Funk, Secretary
Louisiana District Attorneys Association

Twahna Harris
The Butterfly Society

Hon. Rick Arceneaux
Louisiana Clerks of Court Association

Jane Herwehe
Louisiana Department of Health

Wanjennia Atkins
Office of the Louisiana Attorney General

Lila Tritico Hogan
Governor's Appointee

Lindsay Blouin
Louisiana Association of Criminal Defense
Lawyers

Hon. Laurie Hulin
Louisiana District Judges Association

Rutha Chatwood
Louisiana Commission on Law Enforcement

Mary Claire Landry
New Orleans Family Justice Center

Tommy Clark, Jr.
Louisiana Association of Chiefs of Police

Kimberly Resetar
House Committee on the Administration of
Criminal Justice

Representative Paula Davis
Louisiana Legislative Women's Caucus

Senator Gary Smith
Senate Committee on Judiciary B

Shannon Dirmann
Louisiana Sheriff's Association

Hon. Lala Sylvester
Louisiana District Judges Association

Amy Dupuy
Louisiana Department of Children and Family
Services

Executive Summary of Recommendations

In 2020, the Louisiana Domestic Violence Prevention Commission conducted extensive research and coordinated the implementation of various projects, the details of which are summarized throughout this report. A compilation of the Commission's recommendations is as follows:

RECOMMENDATION ONE

The Commission recommends that work proceed on the creation of a Statewide Domestic Violence Fatality Review Program, including the passage of enabling legislation. The statewide Domestic Violence Fatality Review Program should collaborate with existing local fatality review teams when necessary. Coroners and law enforcement agencies should be encouraged to participate in the National Violent Death Reporting System (NVDRS) by providing full investigative reports on domestic violence homicides for NVDRS inclusion. These investigative findings provide the review team with critical information on contributing factors leading to the fatality and increase the team's ability to make recommendations for prevention.

RECOMMENDATION TWO

Existing federal, state, local, and private funding sources for domestic violence services should encourage flexibility by reducing any unnecessary bureaucratic requirements that impede the ability of funded organizations to meet survivors' needs. In addition, new resources should be allocated toward programs that are designed specifically for flexible, low-barrier, and holistic assistance for survivors.

RECOMMENDATION THREE

Collaboration should be increased between health care providers and domestic violence advocates. When possible, programs should work to develop co-location of medical services with advocacy services. In cases where that is not possible, advocacy organizations and healthcare providers should collaborate to assist with follow up medical services for domestic violence injuries. Further, the costs for strangulation assessments in a medical or advocacy setting should not be passed on to survivors or providers completing the assessments, but rather, be paid by insurers and/or victim compensation funds.

RECOMMENDATION FOUR

Louisiana should continue to increase domestic violence program staff capacity for assessment and data collection for the presence of strangulation. Outside of domestic violence programs, screening for strangulation should be expanded among multiple points of access for women i.e., Women, Infants and Children's (WIC) program, and health care providers.

RECOMMENDATION FIVE

Resources should be dedicated to continued assessment of domestic violence in the general population via the Behavioral Risk Factor Surveillance System and used to elevate public awareness of the long-term impacts of traumatic brain injury that can result from strangulation and the need for medical intervention for those survivors reporting adverse clinical symptoms related to strangulation.

RECOMMENDATION SIX

The Commission recommends a continued partnership among domestic violence experts, advocates, and the Louisiana State Law Institute to move toward the final adoption of consistent and comprehensive definitions of domestic abuse in Louisiana law.

Subcommittee Reports

Victimization Data Subcommittee

The Victimization Data Subcommittee was organized to address purpose area 7 of the Domestic Violence Prevention Commission: *develop a framework to collect and integrate data pertaining to domestic violence victimization and measure program impact*. The subcommittee's work in 2020 also addressed purpose area 1: *assist local and state leaders in developing and coordinating domestic violence programs*, and purpose area 5: *establish a method to transition domestic violence service providers toward evidence-based national best practices focusing on outreach and prevention*.

The subcommittee is comprised of advocates, public health professionals, epidemiologists, and researchers. Organizations represented include the Louisiana Coalition Against Domestic Violence, the New Orleans Family Justice Center, the Office of Public Health – Bureau of Family Health, the City of New Orleans Health Department – Domestic Violence & Sexual Assault Program, and Tulane University School of Public Health. This representation ensures the subcommittee's work is closely aligned with nationally-funded initiatives such as:

- ▶ Centers for Disease Control and Prevention: Core State Violence and Injury Prevention Program ([SVIPP](#)), the National Violent Death Reporting System ([NVDRS](#)) surveillance project, the Rape Prevention and Education Program for the prevention of sexual violence, and Enhancing Reviews and Surveillance to Eliminate Maternal Mortality ([ERASE MM](#)).
- ▶ National Institutes of Health (NIH): Pregnancy-associated Mortality and Impact of State-level Policy on Maternal Mortality, two large 5-year research grants aiming to identify ways to reduce maternal mortality and maternal homicide and Place Matters: adaptable solutions to violence at the community

level is a community-level intervention for primary prevention of youth and domestic violence. This year, Tulane received [supplemental research funds](#) to expand the scope of this work to include an evaluation of state gun laws and their impact on rates of homicide of pregnant and postpartum women. This was among the first group of projects selected to receive federal funds after Congress lifted a 25-year ban on firearm research.

- ▶ Department of Justice Orleans Parish specific collaborative poly-victimization study between the New Orleans Family Justice Center and the Institute of Women and Ethnic Studies on the prevalence and impact of multiple types of victimization.
- ▶ Family Violence Prevention and Services Act grants, which are the federal funds for domestic violence services that flow through the Department of Children and Family Services. These funds provide the framework for data on service statistics, hotline calls, and number of victims served by domestic violence programs in Louisiana.

In 2020, the subcommittee completed several projects utilizing data collected from domestic violence programs, vital statistics, hospitalization and emergency department data, police department and 911 call data, protective order registry data, as well as national and local surveillance systems, i.e., NVDRS, Pregnancy Risk Assessment Monitoring System (PRAMS), Behavioral Risk Factor Surveillance System (BRFSS), and National Violent Injury Statistics System (NVISS). Subcommittee members analyzed and translated data and identified programmatic action items. Two intimate partner violence (IPV) indicators - parish-level protective orders and state ranking of women murdered by men - have been added to the state's Core SVIPP violence dashboard.

The subcommittee analyzed the 2019 statewide Louisiana Behavioral Risk Factor Surveillance System (BRFSS) annual survey questions on assessment of coercive control, experiences of physical harm (including strangulation) and sexual violence. Data were presented to the Domestic Violence Prevention Commission and are available for additional interested parties. The team has secured approval and funding for continuation of these survey questions in 2020 and 2021 as well as the addition of one question related to the presence and storage of firearms in the home, a known risk for future fatality in IPV circumstances. The BRFSS will provide three years of IPV data on the general adult population in Louisiana. The 2020 BRFSS data will be available for analysis in the fall of 2021.

An additional project completed was the continuation of training with domestic violence service providers on assessing and tracking strangulation. A total of 15 shelters were trained and nine programs received virtual followup training on the collection of strangulation data in the software system (EmpowerDB) used by the providers. A current project to analyze the providers' strangulation data is underway.

The subcommittee worked to re-establish a statewide Domestic Violence Fatality Review Program. This work will utilize surveillance data from Louisiana's National Violent Death Reporting System (inclusive of death certificates, law enforcement and coroner investigative reports) as well as domestic violence service provider data. The City of New Orleans Health Department formed its local Domestic Violence Fatality Review and has begun planning with the National Domestic Violence Fatality Review Initiative. The

subcommittee also researched enabling legislation for creation of a statewide Domestic Violence Fatality Review. An absence of legislation was found and a legal intern completed an exhaustive review of others states' legislation, state administrative rules or executive orders. This information was used by the committee to draft legislation to establish a protected statewide Domestic Violence Fatality Review that is planned for filing for the 2021 Louisiana Legislative session.

The City of New Orleans Domestic Violence & Sexual Assault Program completed training on protocols for strangulation assessments in response to domestic violence calls for emergency medical technicians. Currently, the team is working on a process for capturing these assessments in the emergency response data system. Options for reimbursement approaches to ensure victims do not receive a bill from Emergency Medical Services are still being explored. The New Orleans Family Justice Center has been successful in submitting strangulation assessments completed by Center medical staff as part of a forensic medical exam for reimbursement from the Crime Victims Reparations fund. The subcommittee is monitoring the progress of this project as a promising practice to possibly recommend statewide.

The Journal of Women's Health published an article authored by Dr. Wallace of Tulane and a few subcommittee members – *Violence as a Direct Cause of and Indirect Contributor to Maternal Death*. The journal received an editorial response, *Preventing Violence-Related Maternal Death: A Call to Action*. Dr. Wallace and additional subcommittee members authored a research publication in [JAMA Pediatrics](#) that found homicide to be among the leading causes of death among women who are pregnant or have recently given birth in Louisiana. This work received considerable media attention from both [national](#) and [local](#) outlets, and was recently cited in the US Surgeon General's [Call to Action to Improve Maternal Health](#) released December 3, 2020.

Subcommittee members continue to work closely with health care providers on the importance of screening for domestic violence, strangulation assessment, forensic medical exams, and partnership with survivor advocates in medical settings. Members from the subcommittee have led breakout sessions at national leadership meetings and worked closely with leadership of the New Orleans Level I Trauma Center. Strangulation data have been used to engage healthcare professionals in the need for training and collaborative partnerships with domestic violence advocates. The results of these trainings are apparent as the advocates have noted an increase in advocates being called to the Trauma Center to meet with survivors. Variability exists in the capacity of domestic violence providers as well as health care providers for assessment and the delivery of needed services. The subcommittee members recognize this variability and will continue to build capacity for improved relationships and communication between Emergency Department staff and advocates, an essential element to ensuring survivors' needs are met. Given the connection between experiences of strangulation and the likelihood of future fatality and the foundational work the subcommittee has completed in 2019-2020, the overarching recommendations resulting from the work of the subcommittee are moving data to action for strangulation and fatality prevention.

The subcommittee makes the following recommendations:

- ▶ Louisiana should continue to increase capacity for better awareness, assessment and data collection for the presence of strangulation among domestic violence program staff. This work started in 2018 and will be continued with more intensive outreach and training to providers. Outside of domestic violence programs, screening for strangulation should be expanded among multiple points of access for women i.e., Women, Infants and Children's (WIC) program, and health care providers.
- ▶ Following recommendations emerging from a study conducted by Amnesty International, the subcommittee recommends continued work toward the creation of the Domestic Violence Fatality Review Program. Coroners and law enforcement agencies should be encouraged to participate in the CDC NVDRS by providing full investigative reports on domestic violence homicides for NVDRS inclusion. Plans are underway for education of coroners and law enforcement around recent improvements in public records laws to further protect domestic violence information that may result from a review process. A comprehensive, multidisciplinary Domestic Violence Fatality Review using de-identified information will provide recommendations for systems level improvements to prevent future fatalities.
- ▶ To build a comprehensive and integrated approach to services, the subcommittee recommends that collaboration be increased between health care providers and advocates. When feasible, programs should work to develop co-location of medical services with advocacy services, or at minimum, develop working collaborations with health care providers to assist with follow up medical services for domestic violence injuries, especially non-fatal strangulation. The subcommittee recommends that costs for strangulation assessments and forensic medical exams should be covered by insurers or victim services/reparations/compensations funds and not be passed on to survivors or providers completing the assessments.
- ▶ Finally, the subcommittee recommends resources be dedicated to continued assessment of domestic violence in the general population via the Behavioral Risk Factor Surveillance System and used to elevate public awareness of the long-term impacts of traumatic brain injury that can result from strangulation and the need for medical intervention for those survivors reporting adverse clinical symptoms related to strangulation.

Legal Issues Subcommittee

The Legal Issues Subcommittee's work in 2020 addressed purpose area 3 of the Domestic Violence Prevention Commission: *Make recommendations with respect to domestic violence prevention and intervention*. The Legal Issues Subcommittee continued its partnership with the Louisiana State Law Institute to review existing laws affecting domestic violence, particularly in the civil legal area. Members of the Marriage-Persons Committee of the Law Institute, with input and participation from advocates against domestic violence, addressed the multiple definitions of domestic violence and domestic abuse in the civil code.

An omnibus bill was compiled and submitted to the Legislature in the 2020 Regular Legislative Session. It contained a uniform definition of domestic abuse with particular consideration of non-physical abuse

which had not been addressed in prior law. The definition was referenced in multiple sections of the Civil Code, Children’s Code, and Revised Statutes. Over the years, dozens of definitions of domestic abuse or domestic violence have evolved. The Committee wanted to have one definition that was consistent throughout the civil laws.

However, several questions arose about the custody provisions in the proposed legislation. Those concerns, plus the lack of time in the Legislature due to COVID-19, meant the legislation was not considered in the Regular Session. The Marriage-Persons Committee met again on December 4, 2020, and addressed the concerns raised by people concerned about domestic violence. Most of the changes recommended by advocates were adopted. Others were not. The language for the changes will be presented to the Committee in January with an eye toward taking it to the Law Institute Council in time to be presented to the Legislature this Spring. Members of the Commission are invited and attend these Law Institute Council and Committee meetings.

In 2020, the Legal Issues Subcommittee also continued its commitment to monitor bills relevant to domestic violence prevention which were introduced during the Legislative Session. The subcommittee compiled and disseminated a digest of the bills which became law. Despite the legislative session being cut short due to the COVID-19 pandemic, several domestic violence related bills passed. Highlights include bills classifying certain domestic abuse crimes as crimes of violence, prohibiting nonconsensual pelvic exams in a medical setting, prohibiting solitary confinement of pregnant and postpartum inmates, designating any felony crime of violence against a dating partner a crime of domestic abuse, expanding the definitions of “family member” and “household member” for criminal code purposes, expanding the types of prior offenses the court is required to consider in determining conditions of release, and requiring criminal protective orders to remain in effect through the adjudication of the crime.

Innovative Practices Working Group

The Innovative Practices Working Group was established in 2020 with the purpose of researching and promoting the implementation of promising practices in domestic violence prevention and response. This work is in furtherance of purpose areas *1: assist local and state leaders in developing and coordinating domestic violence programs, 3: make recommendations with respect to domestic violence prevention and intervention; and 5: establish a method to transition domestic violence service providers toward evidence-based national best practices focusing on outreach and prevention.*

The working group researched and presented information on two promising practices in domestic violence prevention: flexible funding and onsite medical services.

Flexible funding refers to the process of providing financial support to survivors of domestic violence to address whatever barrier exists between the survivor and long-term safety. This approach was developed formally as a mechanism for securing housing stability, because of the wealth of research connecting safe housing to a reduction in future violence victimization. While the concept of giving survivors financial resources is not new, creating a cohesive service approach pairing brief advocacy with flexible financial assistance is a relatively new approach in the United States. In a Flexible Funding

approach, financial support can be provided in a number of ways depending on the survivor's needs and the parameters of the funding source.

In 2020, Louisiana made tremendous progress by embracing a flexible funding approach in a new funding source for domestic violence services. The Louisiana Commission on Law Enforcement granted \$1,400,000 to the Louisiana Coalition Against Domestic Violence over two funding cycles for the creation of a statewide Domestic Violence Flexible Housing Assistance Program. This funding, made available through the state's Justice Reinvestment Initiative, allows Louisiana service providers to use flexible funding to meet the holistic housing needs of domestic violence survivors.

The second promising practice is that of onsite medical services at domestic violence advocacy programs. In Louisiana, this practice is currently in place at the New Orleans Family Justice Center. This program was successfully implemented in an effort to respond to the large number of medical issues facing domestic violence survivors that frequently go unaddressed. The approach removes the requirement for survivors to seek medical care at several different providers and increases the likelihood that necessary medical care will be obtained.

Following a thorough examination of these two promising approaches, the Innovative Practices Working Group makes the following recommendations:

- ▶ Existing funding sources for domestic violence services should encourage flexibility reducing any unnecessary bureaucratic requirements that impede the ability of funded organizations to meet survivors' needs. In addition, new funding streams should become available, from federal, state, and private sources, that are designed specifically for flexible, low-barrier, and holistic assistance for survivors.
- ▶ Collaboration should be increased between health care providers and domestic violence advocates. While not always feasible, programs should work to develop co-location of medical services with advocacy services. In cases where that is not possible, advocacy organizations and health care providers should collaborate to assist with follow up medical services for domestic violence injuries.

Law Implementation and Training Subcommittee

The Law Implementation and Training Subcommittee was formed in 2020, to merge and expand upon the work of two of the Commission's previous subcommittees, the Gwen's Law and Bond Issues Subcommittee and the Firearm Transfer Working Group. The Law Implementation and Training Subcommittee was established to address purpose areas 1: *assist local and state leaders in developing and coordinating domestic violence programs* and 6: *develop a plan that ensures state laws on domestic violence are properly implemented and provides training to law enforcement and the judiciary*.

This subcommittee focused on planning and providing in-person training events to jurisdictions statewide regarding issues relating to firearm transfer procedures and Gwen's Law implementation. With the onset of the COVID-19 pandemic, training efforts of this subcommittee were temporarily delayed. However, subcommittee members did produce a web-based training on evidence-based

prosecution and began planning for an in-depth law enforcement training for domestic violence specialization within law enforcement.

Additional topic areas addressed by subcommittee members in 2020 include issues of protective order service in the aftermath of a disaster, and the issue of charges being pled down at the district level in a way that prevents appropriate federal court referrals. Subcommittee members expect to continue to look into these issues in the coming year.