

Legislative Report on the Louisiana Domestic Abuse Fatality Review

*Report prepared in response to ACT 320 (HB 452)
of the 2021 Regular Legislative Session*

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Louisiana Domestic Abuse Fatality Review Panel

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Office of Public Health

Bureau of Family Health

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Executive Summary

Per [Louisiana Revised Statute 40:2024.1-2024.6](#), the Louisiana Domestic Abuse Fatality Review (DAFR) was established in 2021 with the aim of identifying the causes of domestic abuse fatality and methods for prevention. Through a comprehensive and multidisciplinary review of domestic abuse fatality cases at the state and local levels, the team works to identify and characterize the scope and nature of domestic abuse fatalities in order to take action to prevent future fatalities. The Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Family Health (BFH) coordinates the DAFR panel in Louisiana.

The 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 would 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.

The BFH’s mortality surveillance systems are managed by a team of subject matter experts in injury and violence prevention. Staff includes violent death case abstractions specialists and Maternal and Child Health (MCH) Coordinators who work statewide to collect comprehensive unexpected mortality data for case review. Surveillance staff provide data and leadership for the state DAFR.

This Legislative Report details the DAFR objectives, panel membership, functions, duties, processes, and an overview of how data and recommendations will be shared in future reports.

Domestic Abuse in Louisiana

Domestic abuse, commonly referred to as intimate partner violence (IPV) or domestic violence, includes a wide range of civil and criminal acts. According to the National Coalition Against Domestic Violence, “domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, and emotional abuse.”¹ 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.²

According to the Louisiana Coalition Against Domestic Violence, domestic abuse results in the murder of over 60 people in Louisiana every year. Louisiana consistently leads the nation in domestic homicides and has ranked in the top five states almost every year since 1997.³ Louisiana also has the fifth highest rate of

¹ National Coalition Against Domestic Violence. “What is Domestic Violence?” Retrieved from: <https://ncadv.org/learn-more>.

² National Center for Injury Prevention and Control. “The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report.” (Atlanta: National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention, 2011). Retrieved from: https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf

³ Louisiana Coalition Against Domestic Violence. Domestic Violence Fact Sheet. April 2022.

women murdered by men in the nation. All of these women knew their assailant and 64% of those victims were wives, ex-wives, or girlfriends of the offender.⁴ In an effort to decrease these numbers, Louisiana established a formalized process for an in-depth review of these cases to make recommendations for systemic improvements and identify gaps to prevent future fatalities due to domestic abuse.

The Objectives of 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, practices, and expanded community efforts to prevent domestic abuse.
11. Increase public awareness and advocacy for domestic abuse.
12. Improve investigations of domestic abuse fatalities.

DAFR Panel Membership

The Louisiana DAFR Panel is made up of 20 individuals from both state and nonprofit organizations. The members of this panel are:

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.

⁴ Louisiana Coalition Against Domestic Violence. Domestic Violence Fact Sheet. April 2022.

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.

Functions and Duties of the Panel

As outlined in [RS 40:2024.1-2024.6](#),

A. The functions of the review panel are to:

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.

B. 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 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.

The DAFR Process

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

The Office of the State Registrar and Vital Records 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 (PAMR) will be matched with those recorded by the Louisiana Coalition against Domestic Violence (LCADV).

Once a comprehensive list is created, the DAFR Coordinator will work 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: Record Abstraction

In order to fully review cases, the DAFR Coordinator and Abstractor 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
- Animal Abuse Reports
- Civil, Criminal, and Municipal Court Records
- Coroners
- DCFS Records
- District Attorneys
- Judicial Reports
- Law Enforcement (police departments and sheriff offices)
- Media Reports

Step 3: Case Abstraction and Preparation

The DAFR Abstractor will receive a list monthly and request records from data providers following a standardized process for secure records requests and maintenance. Records will be reviewed and data variables will be entered into a DAFR data system for each case. The thoroughness of the investigation and availability of case records ultimately determines the completeness of case information for the DAFR. Once completed, the Abstractor will prepare a case summary of key information including a narrative summary of the incident.

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

Step 4: Case Review, Data Analysis and Research

Case review meetings are closed to the public and only include legislatively mandated panel members and authorized agents. At case review meetings, the DAFR team (panel members and agents to the panel) reviews de-identified case summaries created by the DAFR Abstractor. The team uses the summaries to identify risk and protective factors and provide recommendations to help reduce the occurrence of domestic abuse fatalities in the future.

Case Prioritization, Selection, and Review: The DAFR process began with reviewing fatalities that occurred in the year 2020 and prioritized those with sufficient data for review. Maternal deaths due to IPV are top priority. Maternal death is defined by the Centers for Disease Control and Prevention (CDC) as “a death during pregnancy or within one year of the end of pregnancy”.⁵ The panel will also prioritize murder-suicides. These cases may be more complete since they are less likely pending further investigation or awaiting adjudication, providing access to richer information to better inform system recommendations.

The DAFR Panel will follow a quarterly meeting schedule as agreed upon by its members. Additional meetings will be held if members determine they are warranted. Case review will be facilitated by the Panel Chairperson and DAFR Coordinator. Prevention recommendations will be recorded. A legislatively mandated annual report including aggregate information on DAFR case review and recommendations will be made available online to the public and sent to the governor, legislature, and stakeholders.

Step 5: Community Action

Recommendations that are created at DAFR meetings will be referred to stakeholder organizations that promote health and safety of Louisiana families and are invested in prevention of domestic abuse.

Stakeholders include:

1. Louisiana Domestic Violence Prevention Commission
2. State Agencies
3. Advocacy Services
4. Governor and Legislature
5. Community-based Organizations

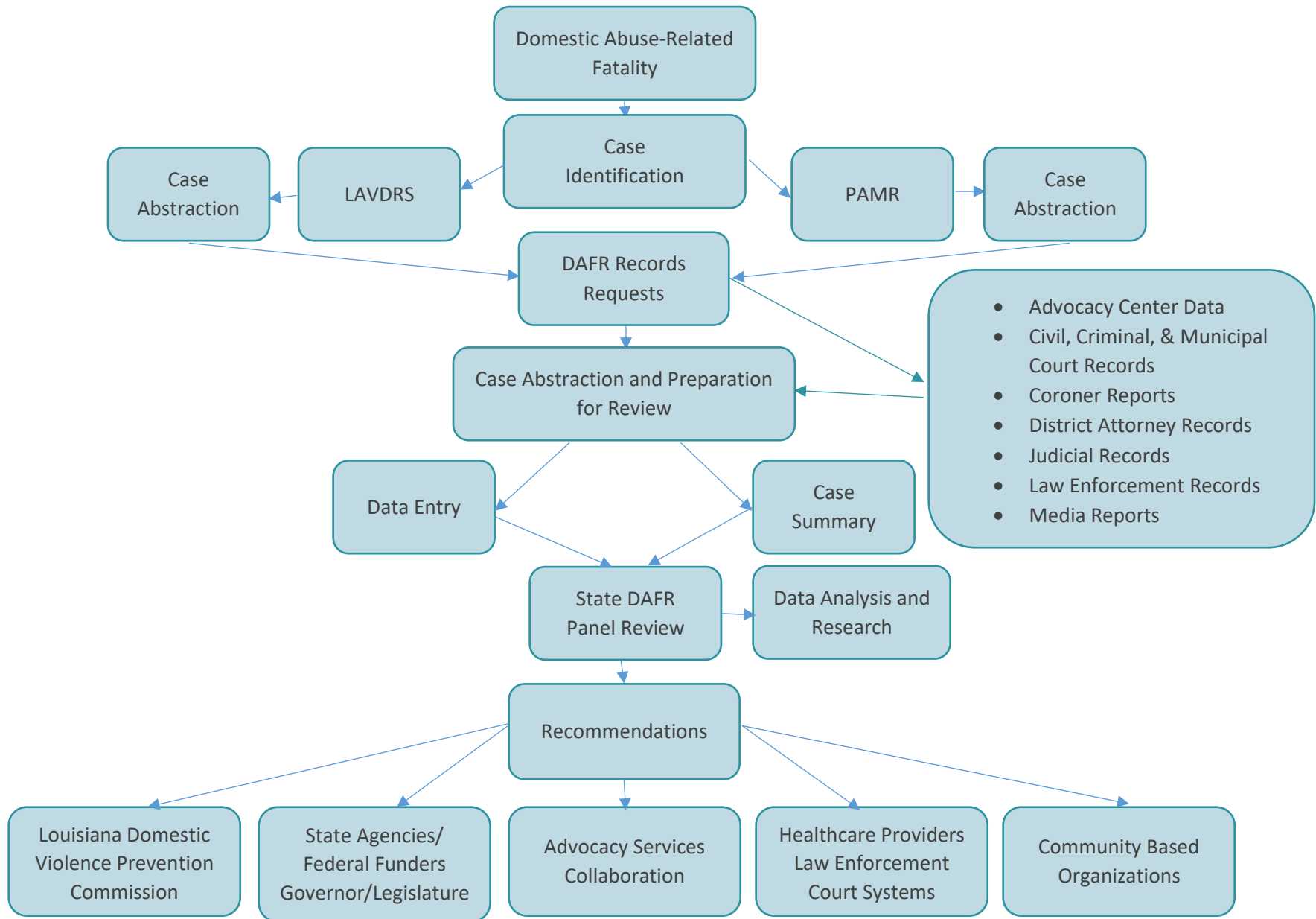
⁵ Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion (2020, February 4). Pregnancy Mortality Surveillance System. Retrieved from https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-mortality-surveillance-system.htm

6. Law Enforcement
7. Court Systems
8. Healthcare Providers

Conclusion

Over the course of this past year, the DAFR team (staff, panel members, and agents) along with the help of the Victimization Data Subcommittee of the Domestic Violence Prevention Commission worked to establish a firm foundation for domestic abuse fatality review by acquiring staff and defining the systems and processes by which it will function. By following the streamlined processes outlined above, DAFR is positioned to accomplish its stated objectives and provide future reports that will include its findings from cases reviewed as well as policy recommendations for improving systemic response to prevent future fatalities due to domestic abuse in the state of Louisiana.

The DAFR Process Map



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