



Louisiana Domestic Violence Prevention Commission

**ANNUAL REPORT
2019**

Louisiana Domestic Violence Prevention Commission

2019 Annual Report

Pursuant to LA R.S. 46:2145, the Louisiana Domestic Violence Prevention Commission provides this report of its work and recommendations for 2019. The Commission met on five occasions in 2019. Four subcommittees – Victimization Data, Firearms Transfer, Bond Issues and Gwen’s Law, 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.

About the Commission

COMMISSION 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.

COMMISSION MEMBERS 2019

Mariah Wineski, Chair, Louisiana Coalition Against Domestic Violence
Kimberly Resetar, Secretary, Appointee, House Committee on the Administration of Criminal Justice
Wanjennia Atkins, Office of the Attorney General
Lindsay Blouin, Louisiana Association of Criminal Defense Lawyers
Rutha Chatwood, Louisiana Commission on Law Enforcement
Tommy Clark, Jr., Louisiana Association of Chiefs of Police
Representative Paula Davis, Louisiana Legislative Women’s Caucus
Shannon Dirmann, Louisiana Sheriff’s Association
Annette Fontana, Louisiana Clerks of Court Association
Sunny Funk, Louisiana District Attorneys Association
Ramona Harris, Louisiana Supreme Court
Twahna Harris, The Butterfly Society
Jane Herwehe, Louisiana Department of Health
Lila Tritico Hogan, Governor’s Appointee
Hon. Laurie Hulin, Louisiana District Judges Association
Mary Claire Landry, New Orleans Family Justice Center
Senator Gary Smith, Senate Committee on Judiciary B
Representative Patricia Haynes Smith, Louisiana Department of Children and Family Services
Hon. Lala Sylvester, Louisiana District Judges Association

Executive Summary of Recommendations

In 2019, 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 Louisiana increase capacity among domestic violence program staff for better awareness, 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 TWO

The Commission recommends that Louisiana re-establish a statewide Domestic Fatality Review Program facilitated by the Louisiana Department of Health Bureau of Family Health in collaboration with subcommittee partners. Coroners and law enforcement agencies should be encouraged to participate in the CDC National Violent Death Reporting System (NVDRS) by providing full investigative reports on domestic violence homicides for NVDRS inclusion. A comprehensive, multidisciplinary Domestic Fatality Review using de-identified information from NVDRS will provide recommendations for systems level improvements to prevent future fatalities.

RECOMMENDATION THREE

To build a comprehensive and integrated approach to domestic violence services, collaboration should be increased between health care providers and domestic violence advocates. When feasible, programs should work to develop co-location of medical services with advocacy services, or at minimum to develop working collaborations with health care providers to assist with follow up medical services for domestic violence injuries, especially non-fatal strangulation.

RECOMMENDATION FOUR

The Commission recommends that resources be dedicated toward elevating 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 FIVE

Regarding the implementation of Act 367 of the 2018 Regular Legislative Session, the Commission recommends that data be collected and analyzed statewide to monitor implementation of the firearm transfer law. Emphasis should be placed on consistent implementation of the law in order to reduce firearm-related domestic violence homicides.

RECOMMENDATION SIX

Regarding implementation of La. C.Cr.P. Art 313 (Gwen’s Law), the commission recommends the state work towards uniformity in Gwen’s Law implementation. The Commission further recommends that a training protocol be developed and implemented to provide training statewide on best practices in Gwen’s Law implementation.

RECOMMENDATION SEVEN

The Commission recommends a continued partnership among domestic violence experts, advocates, and the Louisiana State Law Institute to move toward the 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 2019 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 and criminal justice professionals, epidemiologists, and researchers. Organizations represented include the Louisiana Coalition Against Domestic Violence, the New Orleans Family Justice Center, the Department of Children and Family Services, Louisiana Commission on Law Enforcement, the Office of Public Health – Bureau of Family Health, the City of New Orleans Health Department – Blueprint for Safety, 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, 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 Pregnancy-associated Mortality and Impact of State-level Policy on Maternal Mortality research grants, and a NIH R01 grant, Place Matters: adaptable solutions to

violence at the community level. This is a community-level intervention (randomized controlled trial) for primary prevention of youth and domestic violence.

- 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 state grants, which are the federal funds for domestic violence services that flow through DCFS. These funds provide the framework for data on service statistics, hotline calls, and number of victims served by domestic violence programs in Louisiana.

In 2019, 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, as well as national and local surveillance systems, i.e., NVDRS, Pregnancy Risk Assessment Monitoring System (PRAMS) and National Violent Injury Statistics System (NVISS). Subcommittee members analyzed data and identified programmatic action items. These projects included review and presentation of strangulation data and legal outcomes from the City of New Orleans Health Department Blueprint for Safety, a 2017 pilot year data analysis on domestic violence homicides from the National Violent Death Reporting System and a Tulane University report analyzing strangulation data from the New Orleans Family Justice Center on the comparison of predictors of future violence among survivors who reported being strangled versus those who did not report being strangled on their danger assessment. Data analysts presented results at the Domestic Violence Prevention Commission meetings. The subcommittee conducted a total of seven trainings with domestic violence service providers on assessing and tracking strangulation.

The subcommittee also began planning to re-establish a statewide Domestic Fatality Review Program. This work will utilize surveillance data from Louisiana's NVDRS. Based on the review of strangulation data by the City of New Orleans Health Department, policy work by the Blueprint for Safety has focused on increasing capacity and changing protocols for service providers, including emergency medical technicians to assess for strangulation and exploring reimbursement approaches to ensure victims do not receive a bill from EMS and medical providers. The subcommittee plans to track the progress of this project as a promising practice to possibly recommend statewide. The Journal of the American Medical Association (pediatric supplement) accepted a research brief highlighting homicide as a leading cause of maternal death in Louisiana, to be published early in 2020.

This year, the subcommittee also added the assessment of coercive control, experiences of physical harm (including strangulation) and sexual violence by adding questions to the Louisiana Behavioral Risk Factor Surveillance System, an annual CDC-funded survey of the adult general population. The team has secured approval and funding for continuation of these survey questions in 2020 as well as the addition of questions related to the presence and storage of firearms in the home.

Given the connection between experiences of strangulation and the likelihood of future fatality and the foundational work the subcommittee has completed in 2019, 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 increase capacity for better awareness, assessment and data collection for the presence of strangulation among domestic violence program staff. The work started in 2018 will be continued with the 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, and has begun planning for, a re-established statewide Domestic Fatality Review Program facilitated by the Louisiana Department of Health Bureau of Family Health in collaboration with subcommittee partners. 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. A comprehensive, multidisciplinary Domestic Fatality Review using de-identified information from NVDRS 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 to develop working collaborations with health care providers to assist with follow up medical services for domestic violence injuries, especially non-fatal strangulation.

Finally, the subcommittee recommends resources be dedicated toward elevating 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.

FIREARMS TRANSFER SUBCOMMITTEE

The Firearms Transfer Subcommittee continued its focus in 2019 on Purpose Area 6: *Develop a plan that ensures state laws on domestic violence are properly implemented and provide training to law enforcement and the judiciary.*

The Commission supported the legislative efforts of Lafourche Parish Sheriff Craig Webre and Lt. Valerie Martinez-Jordan in successfully getting Act 367 passed and signed by Governor John Bel Edwards, the

Act is now Title 35 The Firearms Transfer Act. Title 35 became effective October 1, 2018, with full implementation of jurisdictional specific forms and policies effective January 1, 2019.

In 2019, the statewide teaching efforts surrounding implementation of the law continued. In total, subcommittee members Lt. Valerie Martinez-Jordan and Sunny Funk conducted 12 trainings to judges, social workers, prosecutors, and other practitioners. Specifically, members were asked to assist the city of New Orleans on their task force to aid in alleviating gun violence in domestic relationships.

Throughout 2019, the subcommittee also worked with various stakeholders to craft legislation amending the firearm transfer law. The changes were adopted in the 2019 Regular Legislative Session. In January 2020, the legislation will have been in effect for an entire year. The Firearm Transfer Subcommittee will focus its efforts in 2020 on data collection from all of the sheriff's offices across the state as to the number of firearms collected in 2019. The group will address the statistics yearly and use statistical information to adjust the legislation and implementation of such when necessary.

The subcommittee makes the following recommendation:

Regarding the implementation of Act 367 of the 2018 Regular Legislative Session, the Commission recommends that data be collected and analyzed statewide to monitor implementation of the firearm transfer law. Emphasis should be placed on consistent implementation of the law in order to reduce firearm-related domestic violence homicides.

BOND ISSUES AND GWEN'S LAW SUBCOMMITTEE

The Bond Issues and Gwen's Law Subcommittee of the Domestic Violence Prevention Commission was established in 2019 to address purpose area 6, *Develop a plan that ensures state laws on domestic violence are properly implemented and provides training to law enforcement and the judiciary.* Specifically, the subcommittee addressed the implementation of La. C.Cr.P. Art. 313 ("Gwen's Law") statewide. Future efforts will be focused on developing a statewide teaching protocol to best address the disparity in case handling across the state. The subcommittee concluded that, based on the law being discretionary, the group could best serve the state by creating a best practices teaching protocol to implement statewide with judges, prosecutors, and law enforcement. The subcommittee's 2020 focus will be on creating the teaching tool and attempting to reach the above on a statewide basis.

The subcommittee recommends that the state work towards uniformity in Gwen's Law implementation. The subcommittee further recommends that training protocol be developed and implemented to provide training statewide on best practices in Gwen's Law implementation.

LEGAL ISSUES SUBCOMMITTEE

The Legal Issues Subcommittee's work addressed purpose area 3: *Make recommendations with respect to domestic violence prevention and intervention*. Upon recommendation of the full Commission, the subcommittee continued its partnership with the Louisiana State Law Institute to complete a comprehensive review of existing laws affecting domestic violence survivors as they seek relief through civil legal avenues.

Members of the Marriage-Persons Committee of the Law Institute with input and participation from advocates against domestic violence addressed several issues, including parenting coordinator laws. That effort failed in the Legislature. However, the Marriage-Persons Committee then focused on a uniform definition of domestic abuse with particular consideration of non-physical abuse. Recommendations went to the Law Institute Council which passed the changes. These changes will be presented to the Louisiana Legislature in the Spring, 2020, for consideration. The definition will be 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.

The cooperation with the Law Institute will continue in 2020, particularly if the civil law definition of domestic abuse passes the legislature. That definition will then be considered by the Criminal Code and Criminal Procedure Committee of the Law Institute, but it is anticipated that the criminal definition of domestic abuse will be narrower. Members of the Commission are invited and attend these Law Institute Council and Committee meetings.

In 2019, 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. Such highlights of the targeted legislation included the clarification of the firearm transfer process, creation of a universal definition for serious bodily injury, addition of requirements for clerks of courts when communicating with individuals filing Temporary Restraining Orders, prohibition against the denial of crime victim compensation due to a criminal conviction, creation of the crime of interfering with an emergency communication, limitations on the use of material witness warrants for uncooperative domestic violence victims, and authorization for an attorney representing a domestic violence victim in a civil case to request the criminal history of a defendant or witness.

Addendum: Senate Concurrent Resolution 99

INTRODUCTION

Pursuant to Senate Concurrent Resolution 99 of the 2019 regular legislative session, the Domestic Violence Prevention Commission studied the long-term effects of domestic violence, including the mental and physical trauma and financial hardships that impact individuals, families, communities, and the economic stability of our state.

DEFINITIONS

Intimate partner violence, commonly called domestic violence, includes a range of civil and criminal acts. Louisiana lacks a consistent and comprehensive definition of domestic abuse, an issue that is currently being explored by the Louisiana Law Institute at the direction of House Concurrent Resolution 79 of the 2017 regular legislative session. Presently, “the definition of domestic abuse in Louisiana’s civil law is wider than that in criminal law.”¹ It “includes but is not limited to physical or sexual abuse and any offense against the person, physical or non-physical, as defined in the Criminal Code of Louisiana, except negligent injury and defamation, committed by one family member, household member, or dating partner against another.”²

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. The frequency and severity of domestic violence can vary dramatically.” Domestic violence may also include behaviors that are not physical, including verbal abuse, emotional abuse, threats, financial control and coercion, among others.

PREVALENCE

Louisiana ranks 2nd in the nation for the number of women killed by men in single victim/single offender incidents. Louisiana’s homicide rate of females murdered by males is 2.64 per 100,000, more than twice the national average of 1.29.³ Studies estimate that “33.4% of Louisiana women and 28.4% of Louisiana men experience intimate partner physical violence, intimate partner sexual violence and/or intimate

¹ Amnesty International. (2019, October). Fragmented and unequal: A justice system that fails survivors of intimate partner violence in Louisiana, USA.

² Louisiana Revised Statute 46:2132

³ Violence Policy Center. (2019, September). When Men Murder Women: An Analysis of 2017 Homicide Data.

partner stalking in their lifetimes.”⁴ National data also points to the need for prevention efforts to start early. Youth Risk Behavior Survey data from 2013 indicates that 21% of girls and 10% of boys reported experiencing violence from a dating partner.⁵ Racial, ethnic and sexual minorities are disproportionately impacted by intimate partner violence. “In the United States 56.6% of multiracial, 47.5% of American Indian/Alaska Native, 45.1% of non-Hispanic Black, 37.3% of non-Hispanic White, 34.4% of Hispanic, and 18.3% of Asian or Pacific Islander women reported any lifetime contact sexual violence, physical violence, and/or stalking by an intimate partner.”⁶

Although the above statistics provide a snapshot into intimate partner violence in Louisiana, there is no comprehensive government-collected data on the issue and the existing federal data is incomplete. Additionally, Louisiana state authorities do not track the number of intimate partner homicides. Federal homicide data relies on states submitting data for all law enforcement agencies in a state for the whole year. Where the FBI determines the data is under-reported, it does not include figures from that agency. The FBI homicide data on the relationship between victim and offender includes same-sex relationships in the “acquaintance” category and does not include categories for ex-boyfriend or ex-girlfriend, therefore, all figures for intimate partner homicides are considered an undercount.

IMPACT ON VICTIMS

Intimate partner violence affects victims across the lifespan. Impacts to victims include adverse physical and mental health, ranging from minor injuries to serious conditions. Physical Injuries are reported by 41% of female and 14% of male survivors of intimate partner violence. Other physical health outcomes may include cardiovascular, gastrointestinal, reproductive, musculoskeletal, and nervous system conditions. Approximately 52% of women and 17% of men report experiencing Post Traumatic Stress Disorder, and depression and anxiety are common. Survivors also report higher rates of health risk behaviors including smoking, binge drinking, and HIV risk behaviors. Women exposed to partner violence are more than 5 times more likely to attempt suicide.⁷ Experiencing intimate partner violence also has a financial impact on victims. Survivors incur medical costs, disrupted education, lost work

⁴ National Coalition Against Domestic Violence. (2016). Domestic violence in Louisiana. Retrieved from www.ncadv.org/files/Louisiana.pdf.

⁵ Vagi, K.J., Olsen, E.O., Basile, K.C., & Vivolo-Kantor, A.M. (2015). Teen dating violence (physical and sexual) among U.S. high school students: findings from the 2013 national youth risk behavior survey. *JAMA Pediatrics*, 169(5), 474-482.

⁶ Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

⁷ Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

days, financial abuse and damage to credit, as well as legal expenses. Victims of reproductive coercion may also bear the burden of unplanned pregnancies and the associated costs of raising children.⁸

IMPACT ON CHILDREN AND FAMILIES

The presence of intimate partner violence in the home has a profound impact on children and families. Children may witness or overhear violence, or experience violence directly. The National Survey of Children’s Exposure to Violence estimates that 17.9% of children and youth are exposed to physical partner violence and 25.6% are exposed to physical or psychological violence within the family, including assault of a sibling or violence between other teens and adults in the household.⁹ Children exposed to intimate partner violence may experience anxiety and depression, sleeplessness, nightmares and difficulty concentrating. Children may appear withdrawn or experience increased aggression. They may worry about the safety of their parent or siblings. In addition to physical health problems, children may also exhibit behavior problems, emotional difficulties and problems in school. Associated physical and mental health problems may carry into adulthood.¹⁰ Additionally, children who witness intimate partner violence are at greater risk for victimhood and perpetration as adults. “For example, a boy who sees his mother being abused is 10 times more likely to abuse his female partner as an adult. A girl who grows up in a home where her father abuses her mother is more than 6 times as likely to be sexually abused as a girl who grows up in a non-abusive home.”¹¹

IMPACT ON COMMUNITIES

Research indicates that approximately 40% of a person’s health can be attributed to social and economic conditions¹², meaning the presence of violence in a community has a broader impact on the health of community members at large. Research also indicates that multiple forms of violence are interconnected, including child maltreatment, teen dating violence, intimate partner violence, sexual violence, youth violence, bullying, suicide and elder maltreatment. Societal factors that lead to increased risk for these forms of violence include cultural norms that support aggression toward others;

⁸ Hess, Cynthia, & Del Rosario, Alona. (2018, October 24). Dreams Deferred: A Survey on the Impact of Intimate Partner Violence on Survivors’ Education, Careers, and Economic Security. Institute for Women’s Policy Research.

⁹ Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2011, October). Children’s Exposure to Intimate Partner Violence and Other Family Violence. *Juvenile Justice Bulletin*, National Survey of Children’s Exposure to Violence. Office of Justice Programs, U.S. Department of Justice.

¹⁰ The National Child Traumatic Stress Network. (n.d.). Intimate Partner Violence: Effects. Retrieved from <https://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence/effects>

¹¹ Office on Women’s Health, U.S. Department of Health and Human Services. (2019, April 02). Effects of Domestic Violence on Children. Retrieved from <https://www.womenshealth.gov/relationships-and-safety/domestic-violence/effects-domestic-violence-children>

¹² Sullivan, Jennifer. (2019, February 21). Better State Budget, Policy Decisions Can Improve Health. Center on Budget and Policy Priorities.

media violence; social income inequality; weak health, educational, economic, and social policies/laws; and harmful norms around masculinity and femininity. Community factors that lead to increased risk include neighborhood poverty; high alcohol outlet density; community violence; diminished economic opportunities/high unemployment rates; and poor neighborhood support and cohesion. Because of the links between the types of violence and shared risk, communities that experience high rates of one type of violence are at increased risk of experiencing the others.¹³

IMPACT ON THE ECONOMY

The estimated lifetime per-victim cost of intimate partner violence is \$103,767 per female victim and \$23,414 per male victim in the United States.¹⁴ This translates to an economic burden of nearly \$3.6 trillion when considering the 43 million U.S. adults with victimization history.¹⁵ The economic costs include medical costs, lost productivity, criminal justice activities and other costs, including victim property loss or damage. It is estimated that government sources pay approximately 37% of the lifetime economic burden.¹⁶ Using the 2018 U.S. census population estimates and the Louisiana prevalence rates cited above, the approximate lifetime economic burden in Louisiana is \$97.8 billion.

PROTECTIVE FACTORS AND PREVENTION STRATEGIES

The Centers for Disease Control and Prevention characterize protective factors as “things that make it less likely that people will experience violence or that increase their resilience when they are faced with risk factors.” At the community level, protective factors for intimate partner violence include coordination of resources and services among community agencies and community support/connectedness.¹⁷ Additional society and community level protective factors are low alcohol outlet density, community norms that are intolerant of intimate partner violence, increased economic opportunity, and housing security.¹⁸

The Centers for Disease Control and Prevention, Division of Violence Prevention, has identified “programs, practices, and policies with evidence of impact on victimization, perpetration, or risk factors” for intimate partner violence. They are included at the end of this document.

¹³ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

¹⁴ Peterson, C., Kearns, M. C., McIntosh, W. L., Estefan, L. F., Nicolaidis, C., McCollister, K. E., ... Florence, C. (2018). Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults. *American journal of preventive medicine*, 55(4), 433–444. doi:10.1016/j.amepre.2018.04.049

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Wilkins, et. al., 9

¹⁸ Nolon, et. al., 9

CONCLUSION AND RECOMMENDATIONS

Intimate partner violence is preventable. Community and society level solutions have the greatest opportunity for population-level impact. Louisiana should invest in evidence-based strategies that prevent intimate partner violence from ever occurring. Additionally, because intimate partner violence declines with age, early prevention efforts are critically important. Emphasis on efforts to create safe, stable, nurturing relationships and environments can help children and adolescents prevent and overcome violence across the lifespan. Louisiana should advance strategies to reduce unemployment and concentrated poverty, provide economic and residential stability, reduce alcohol outlet density, and increase neighborhood cohesion and support.¹⁹ Finally, it should be noted that no one sector can fully prevent intimate partner violence. This work requires cross-sector involvement and collaboration, including community groups and organizations, public health, education, survivors, government, faith-based organizations, youth-serving institutions, judicial systems, business and labor, housing, social services, the military, law enforcement, and the media.

CENTERS FOR DISEASE CONTROL AND PREVENTION, DIVISION OF VIOLENCE PREVENTION: PROGRAMS, PRACTICES AND POLICIES WITH EVIDENCE OF IMPACT ON VICTIMIZATION, PERPETRATION OR RISK FACTORS

IPV = Intimate Partner Violence TDV = Teen Dating Violence

Strategy	Approach	Outcomes
Teach Safe and Healthy Relationship Skills	Social-emotional learning programs for youth <i>Ex. programs: Safe Dates, The Fourth R: Strategies for Healthy Teen Relationships, Expect Respect Support Groups</i>	Increase in the use of healthy relationship skills Reductions in perpetration of physical, sexual and emotional IPV and stalking Reductions in victimization of physical, sexual and emotional IPV and stalking Reductions in perpetration of peer violence, including bullying
	Healthy relationship programs for couples <i>Ex. programs: Pre-marital Relationship Enhancement Program, Behavioral Couples Therapy</i>	Reductions in high-risk sexual behaviors Reductions in attitudes that accept violence in relationships Increases in relationship satisfaction and well-being Reductions in substance abuse Reductions in weapon-carrying
Engage Influential Adults and Peers	Men and boys as allies in prevention <i>Ex. programs: Coaching Boys into Men</i>	Increase in self-efficacy and intentions to engage in active bystander behavior Reductions in perpetration of TDV and IPV Reductions in victimization of TDV and IPV

¹⁹ Dills J, Jones K, Brown P. Continuing the Dialogue: Learning from the Past and Looking to the Future of Intimate Partner Violence and Sexual Violence Prevention. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2019.

	Bystander empowerment and education <i>Ex. programs: Bringing in the Bystander, Green Dot</i>	Reductions in peer norms supportive of TDV and IPV Increase in parental/caregiver efficacy in resolving teen relationship conflicts and engaging in rule setting
	Family-based programs <i>Ex. programs: Families for Safe Dates</i>	Reductions in acceptance of dating abuse among adolescents
Disrupt the Developmental Pathways Toward Partner Violence	Early childhood home visitation <i>Ex. programs: Nurse Family Partnership</i>	Reductions in child abuse and neglect Reductions in child welfare encounters Reductions in rates of out of home placement of children and youth
	Preschool enrichment with family engagement <i>Ex. programs: Child Parent Centers, Early Head Start</i>	Increases in parent-child engagement and interaction Reductions in harsh and ineffective discipline Increases in child health and development
	Parenting skill and family relationship programs <i>Ex. programs: The Incredible Years, Parent Management Training Oregon Model</i>	Reductions in rates of aggressive and social behavior problems in children and youth Improved social competency, pro-social behavior and interactions with peers Reductions in rates of deviant peer associations
	Treatment for at-risk children, youth and families <i>Ex. programs: Multidimensional Treatment Foster Care, Multisystemic Therapy</i>	Reductions in rates of TDV and IPV Improvements in marital relationships Reductions in rates of involvement in crime, arrest and incarceration Higher educational attainment Higher rates of full time employment Higher socioeconomic status and economic self-sufficiency Reductions in rates of substance abuse Reductions in rates of depressive symptoms
Create Protective Environments	Improve school climate and safety <i>Ex. programs: Shifting Boundaries</i>	Reductions in rates of IPV and TDV perpetration Reductions in rates of IPV and TDV victimization Reductions in intimate partner homicides Reductions in rates of peer violence perpetration
	Improve organizational policies and workplace climate <i>Ex. programs: IPV and the Workplace Training, United States Air Force Suicide Prevention Program</i>	Reductions in sexual harassment perpetration Reductions in community violence Improvements in workplace climate towards reduction or prevention of IPV Increases in development of organizational policies and resource-seeking for IPV Increases in knowledge and awareness of IPV
	Modify the physical and social environments of neighborhoods <i>Ex.: proximity to green space, reduction of alcohol outlet density</i>	Reductions in excessive alcohol use at the community level Increases in neighborhood collective efficacy Increases in disclosure and reporting of IPV Increases in social support provided to survivors of IPV Reductions in violent crime

Strengthening Economic Supports for Families	Strengthen household financial security <i>Ex. programs: Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Minnesota Family Investment Program, Earned Income Tax Credit, Child Tax Credit, Microfinance programs, comparable worth (equal pay) policies</i>	Reductions in poverty, financial stress, and economic dependency Increases in annual family income Reductions in earnings inequality Increases in annual earnings for women Increases in empowerment of women Reductions in relationship conflict Increases in relationship satisfaction Reductions in IPV
	Strengthen work-family supports <i>Ex.: paid leave policies</i>	
Support Survivors to Increase Safety and Lessen Harms	Victim-centered services <i>Ex.: domestic violence shelters, outreach/advocacy programs</i>	Increases in physical safety and housing stability Reductions in subsequent experiences of IPV Increases in access to services and help-seeking Reductions in short- and long-term negative health consequences of IPV, including injury, PTSD, depression, and anxiety Increases in positive parenting behaviors Decreases in the use of corporal punishment Decreases in verbal and physical aggression and increases in prosocial behavior among children of IPV survivors Reductions in IPV homicide and firearm IPV homicide Improvements in pregnancy outcomes for women experiencing IPV (i.e., higher birth weights, longer gestational age at delivery) Reductions in rates of reproductive coercion and unplanned pregnancy
	Housing programs	
	First responder and civil legal protections <i>Ex. programs: Lethality Assessment Programs, Supervised Visitation and Exchange, protection orders, reducing lethal means</i>	
	Patient-centered approaches <i>Ex.: screening, counseling, health education</i>	
	Treatment and support for survivors of IPV, including TDV <i>Ex. programs: Cognitive Behavioral Therapy, Cognitive Trauma Therapy for Battered Women</i>	

Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

Louisiana Domestic Violence Prevention Commission



**Toll-Free 24-Hour
Louisiana Domestic Violence Hotline
1.888.411.1333**

For more information, contact womenspolicy@la.gov or 225.342.6160