Advocate Initiated Response Program Annual Report

2025

CONTENTS

BACKGROUND

In May 2022, the New Orleans Health Department (NOHD), in partnership with the New Orleans Family Justice Center (NOFJC), New Orleans Police Department (NOPD), and Orleans Parish Communication District (OPCD) launched the Advocacy Initiated Response (AIR) Program. Initially piloted in the Third District, the AIR Program expanded to all eight NOPD Districts in January 2024.

The AIR Program is an intervention for domestic violence to increase victim safety, provide linkages to resources, and disrupt violence in the community. Community-based AIR Triage Advocates from the NOFJC contact victims directly after law enforcement responds to a domestic incident or disturbance with the goals of providing critical linkages to services and resources, enhancing safety, and preventing repeat incidents.

This report provides an overview of AIR operations, 2025 program data, and recommendations for future program improvements.

Mission	The Advocate Initiated Response program seeks to intervene after domestic violence incidents to increase victim safety, provide linkages to resources, and disrupt violence in the community.
Program Goals	• Increase safety for victims • Support families in addressing underlying causes of DV incidents • Reduce rates of repeat calls to NOPD by providing alternative resources
Program Partners	• New Orleans Health Department • New Orleans Family Justice Center • New Orleans Police Department • Orleans Parish Communications District

DEFINITIONS

Domestic Abuse is physical or sexual abuse and any offense against the person, physical or non-physical, as defined in the Louisiana Criminal Code, except negligent injury and defamation, committed by one family member, household member, or dating partner against another.[1]

Domestic Disturbance is a call for NOPD service involving individuals with a domestic relationship that does not involve a crime.

Domestic Incident is a term used to describe a call for NOPD service related to abuse or conflict between one family member, household member, or dating partner and another. Domestic incidents can be used to describe both disturbances and crimes.

Family Violence includes violence between family members, such as parents/children, siblings, grandparent/grandchild, cousins, and in-laws

Intimate Partner Violence includes violence between individuals who are current or former dating partners, past or ongoing sexual partners, or current or former spouses.

Reporting Person, or complainant, is any person, including a community member, a nonresident, or a sworn or civilian member of NOPD, who calls the PSAP or "911" to request police assistance or services.

Safety Planning is a tool advocates use to help victims develop a personalized and realistic plan to protect themselves and reduce the risk of further harm. [2]

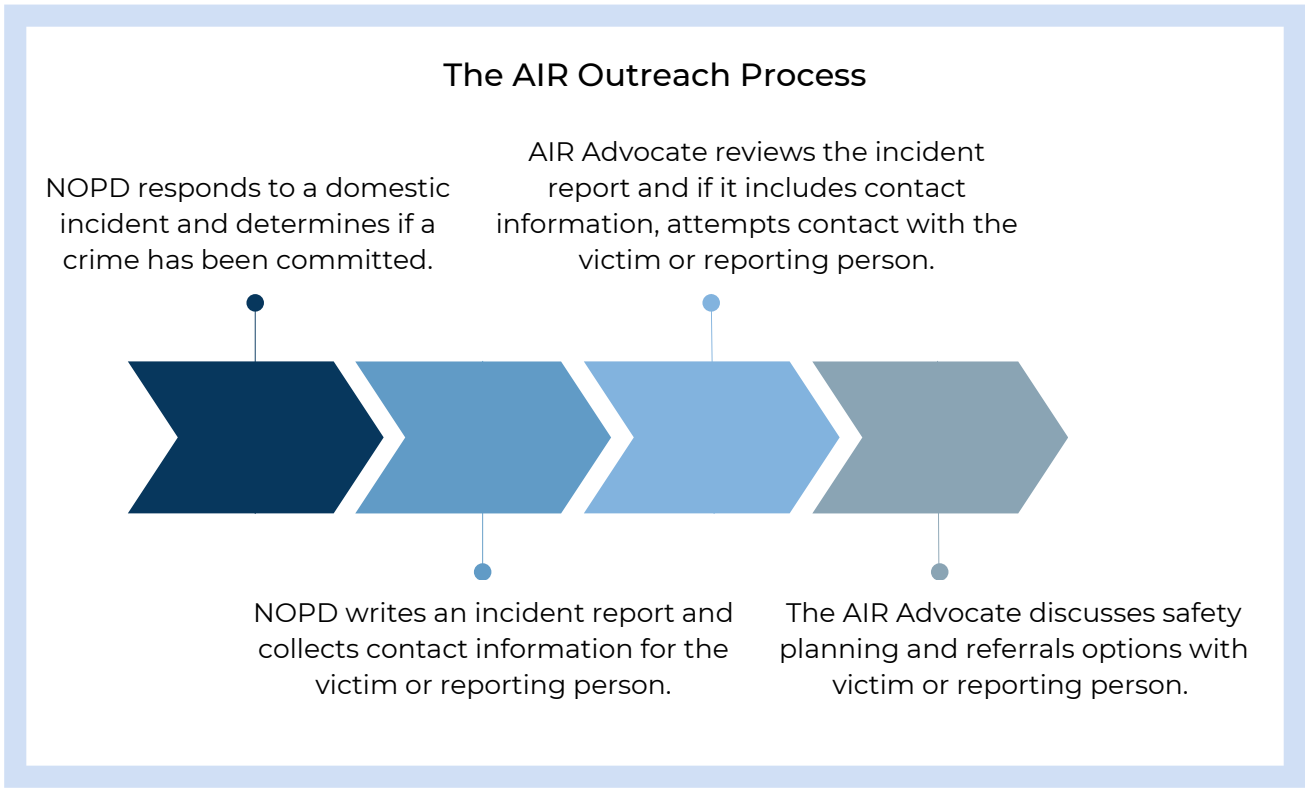
Suspect is a person who is believed to have perpetrated domestic violence.

Victim or survivor is defined as a person who has experienced domestic violence.

HOW AIR WORKS

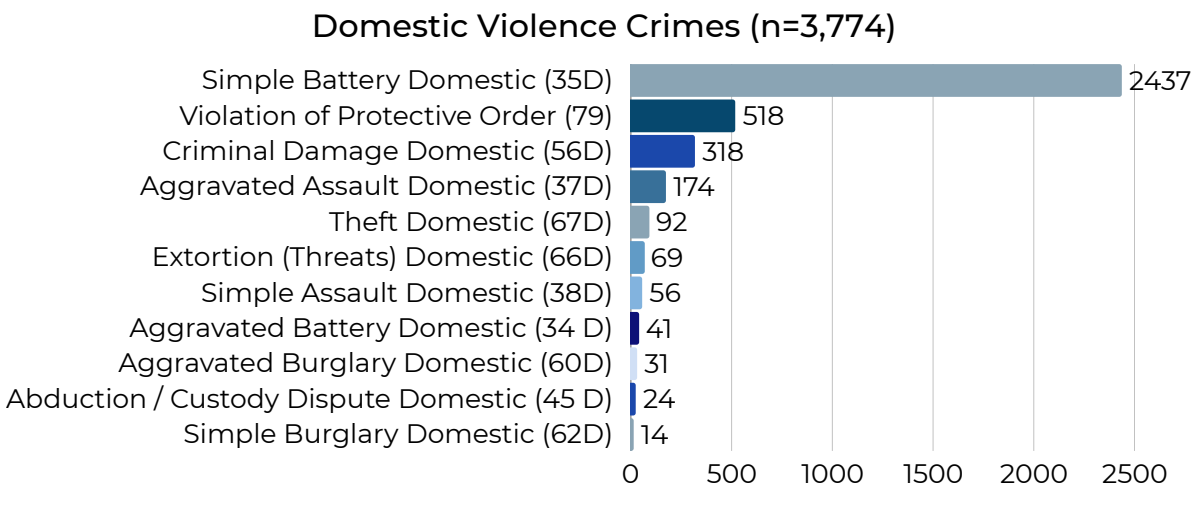
Domestic violence (DV) accounts for the highest volume of 911 calls received by NOPD annually and is the most common reason New Orleanians call law enforcement for help.[3] Thousands of New Orleans residents are victims of domestic violence each year, and on average, fourteen New Orleanians lose their lives annually to domestic violence-related fatalities.[4] Responding to the overwhelming impact of domestic violence on the New Orleans community, the Advocate Initiated Response (AIR) program was created to provide survivors with vital support in the aftermath of a DV-related incident, simultaneously gathering data that may be used to inform system-level responses to domestic violence.

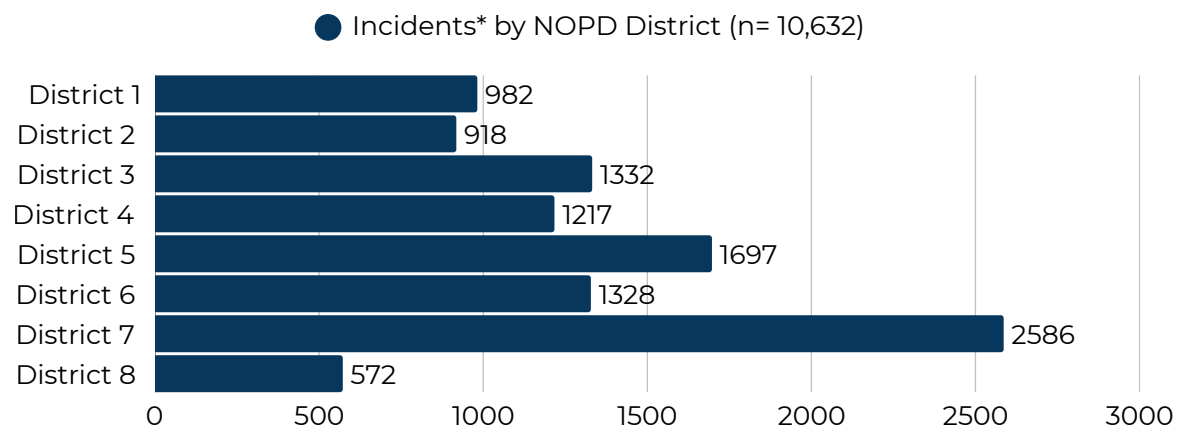
The AIR Program connects skilled, trained community-based advocates directly to victims and reporting persons within one to three days of their 911 call with the mission of increasing victim safety, providing linkages to resources, and disrupting violence in the community. AIR is unique amongst advocate response programs in that AIR's activation does not rely on law enforcement or incidents reaching a specific level of acuity. Instead, AIR Advocates attempt to contact all victims and reporting persons who call 911 for a DV-related incident, regardless of the incident's perceived acuity. This frees law enforcement from the responsibility of coordinating advocate responses while allowing advocates to intervene early in less acute incidents, potentially preventing escalation in the future.



2025 INCIDENTS

In 2025, AIR received 10,611 reports of domestic-related incidents from the New Orleans Police Department. Of those, 6,837 reports were domestic disturbances, incidents in which no crime occurred but residents felt unable or unsafe navigating the situation without law enforcement. The remaining 3,774 incidents were domestic violence-related crimes. While the 2025 data suggests a slight reduction in incidents from 2024,[5] this decrease in incident rate is likely the result of NOPD's transition to a new incident reporting system and the subsequent impact this transition had on AIR's access to reports in the final months of 2025. What remains consistent, however, is the types of incidents and crimes experienced by victims in New Orleans. The high rate of domestic disturbances highlights the importance of interventions like AIR, which offer resources to victims that traditional criminal legal systems cannot.

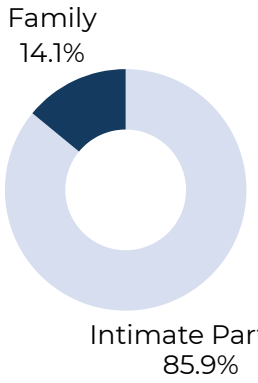




*All Incidents, including both domestic disturbances and crimes

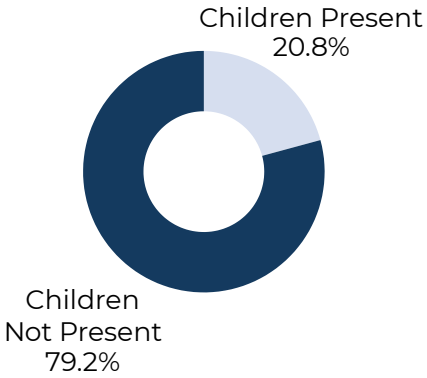
INCIDENTS: CHARACTERISTICS

TYPE OF VIOLENCE



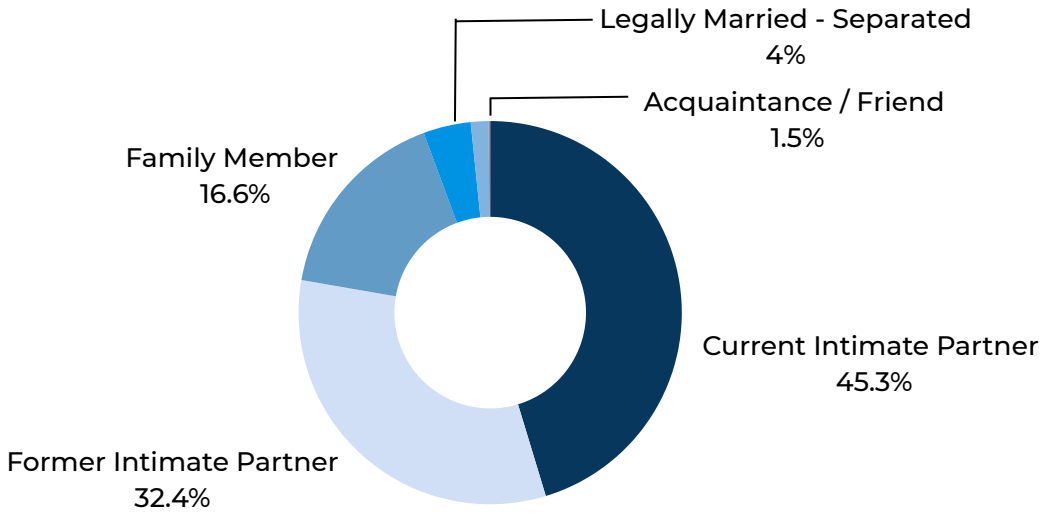
Family violence is violence between people who are related through biology, adoption, or marriage whereas intimate partner violence occurs between current or former romantic or intimate partners.

CHILDREN PRESENT



Children were present at the DV-incident scenes at least 20% of the time. This data demonstrates the need for law enforcement protocols and DV services to center the needs of children impacted.

SUSPECT'S RELATIONSHIP TO VICTIM

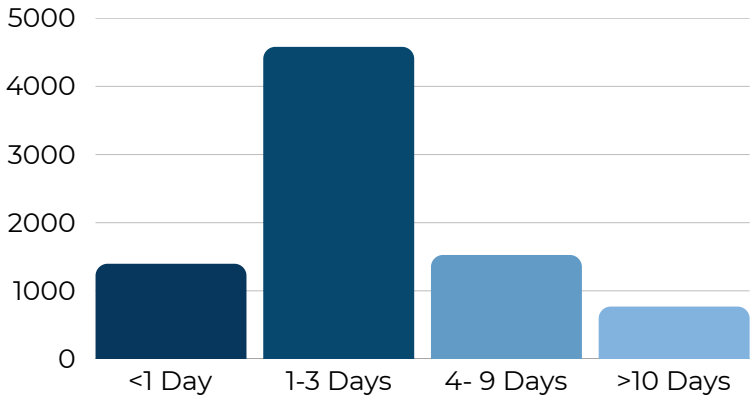


Incidents involving a romantic rival were rare, accounting for .15% of all cases. A romantic rival refers to a person (real or imagined by the abuser) who is perceived as competing for the affection, attention, or commitment of the victim.

AIR OUTREACH: CALL TIMES

67% or 5,945 of the reviewed incidents included contact information and a working phone number, allowing AIR Advocates to attempt contact with the victim/reporting person. **Of the victims attempted, 40% or 2,869 victims/reporting persons were successfully contacted, offered resources, and engaged in safety planning.** Of important note, only 1.6% of victims or reporting persons successfully contacted by AIR declined to receive their services. This low percentage demonstrates the demand for victim advocacy in the aftermath of a domestic violence incident.

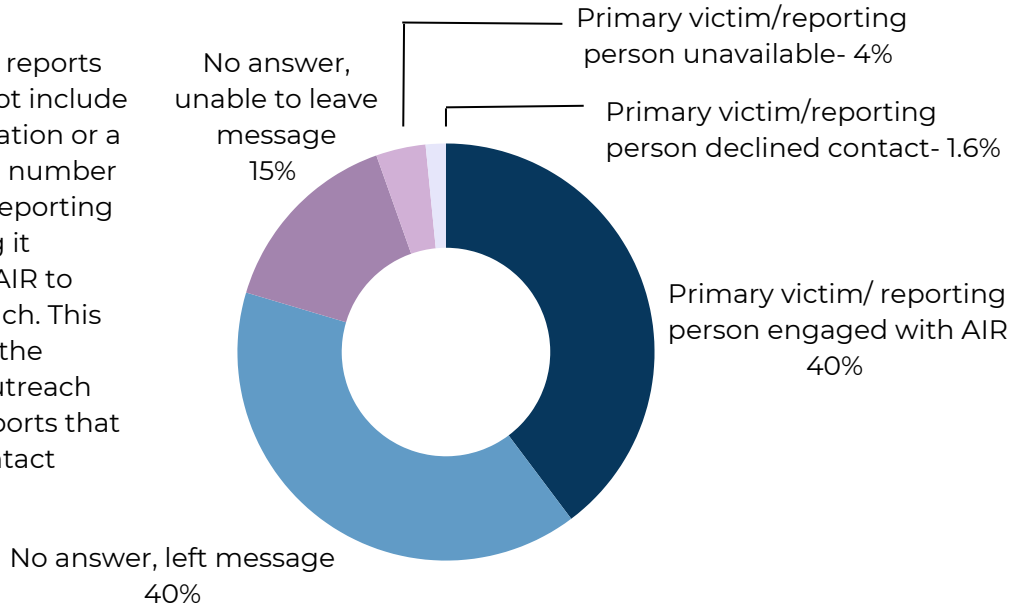
DAYS BETWEEN INCIDENT AND AIR OUTREACH



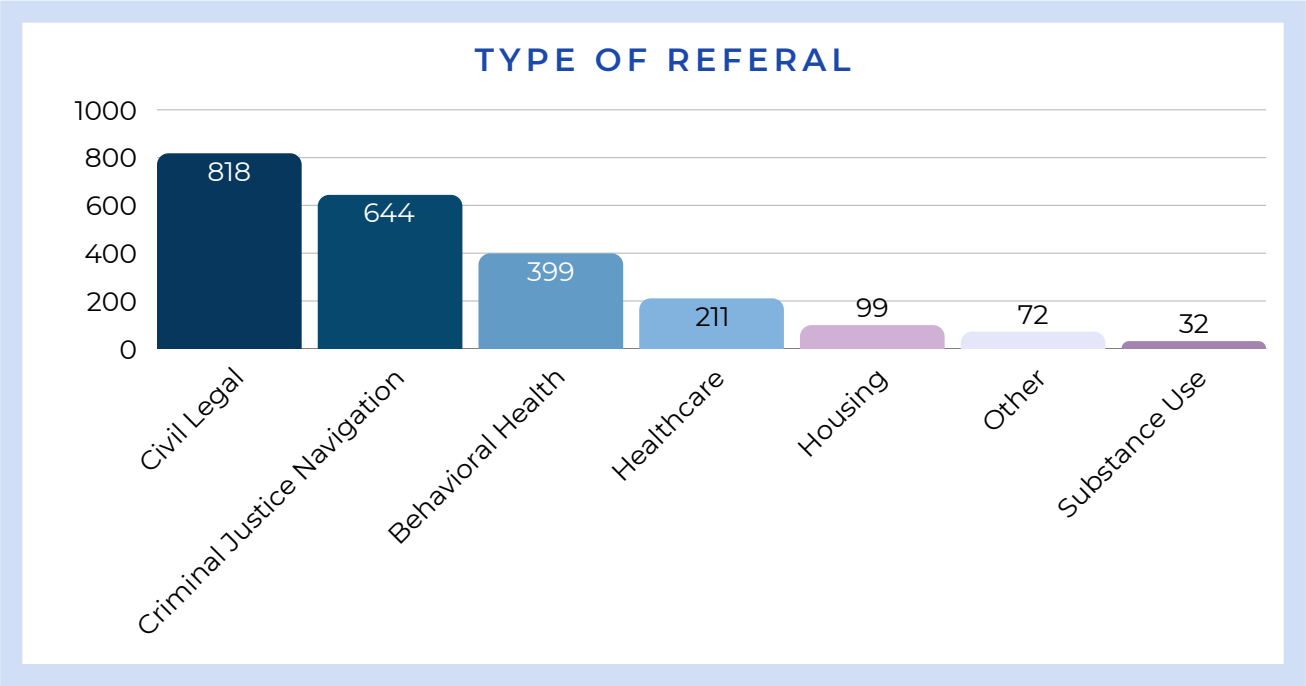
AIR outreach can be delayed by delayed writing of reports, reports not found in electronic reporting systems, or reports not approved on a timely basis. The DV Program regularly communicates with NOPD's Analytics unit to streamline this process.

OUTCOME OF AIR ADVOCATE OUTREACH (N=8,915)

33% of incident reports reviewed did not include contact information or a working phone number for a victim or reporting person, making it impossible for AIR to attempt outreach. This graph displays the outcomes of outreach attempts to reports that did include contact information.



AIR OUTREACH: REFERRALS



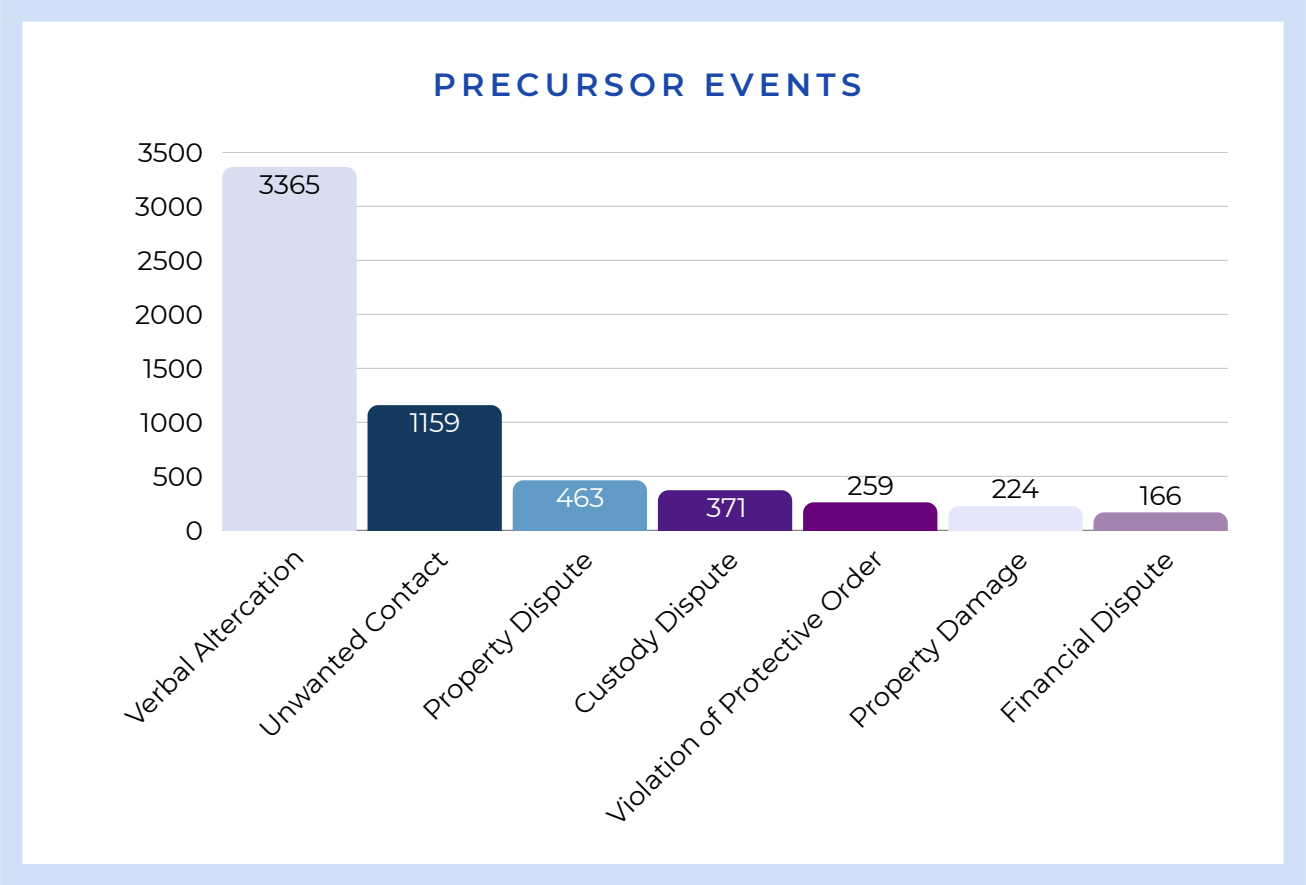
AIR referrals seek to assist victims with access to common areas of need for people who have experienced violence, including access to legal representation, medical treatment, victim advocacy, and trauma recovery services. 92% of victims or reporting persons who spoke with an AIR Advocate accepted one or more referral to support services or resources. This is a 26% increase from 2024.

AIR Advocates made 3,926 referrals to the New Orleans Family Justice Center, which is designed to function as an umbrella referral providing many types of support through one access point. In 2025, 667 individuals who were referred accessed one or more service at NOFJC. Case management and housing-related services were the most frequently utilized services, while practical support, such as food and transportation assistance, was the most requested resource.

After victim advocacy, civil legal services were the most commonly requested referral, illustrating the impact of civil law processes like protective orders, custody agreements, and residency laws on victims' lives. Recognizing a critical need for civil legal assistance, NOHD's DV/SA Program successfully advocated for increased City Council funding and since 2023, this funding has expanded services for DV victims through Southeast Louisiana Legal Services (SLLS), including those that help survivors to secure protective orders, divorces, child custody, and safe housing.

INCIDENTS: PRECURSORS

AIR Advocates seek to understand the events leading up to DV-related incidents in order to inform safety planning discussions with victims, as well as new prevention initiatives that seek to eliminate circumstances that lead to violence. To achieve this, AIR Advocates read NOPD incident reports and speak with victims to identify precursor events, which describe the circumstances that precede or indicate the incitement of abuse.



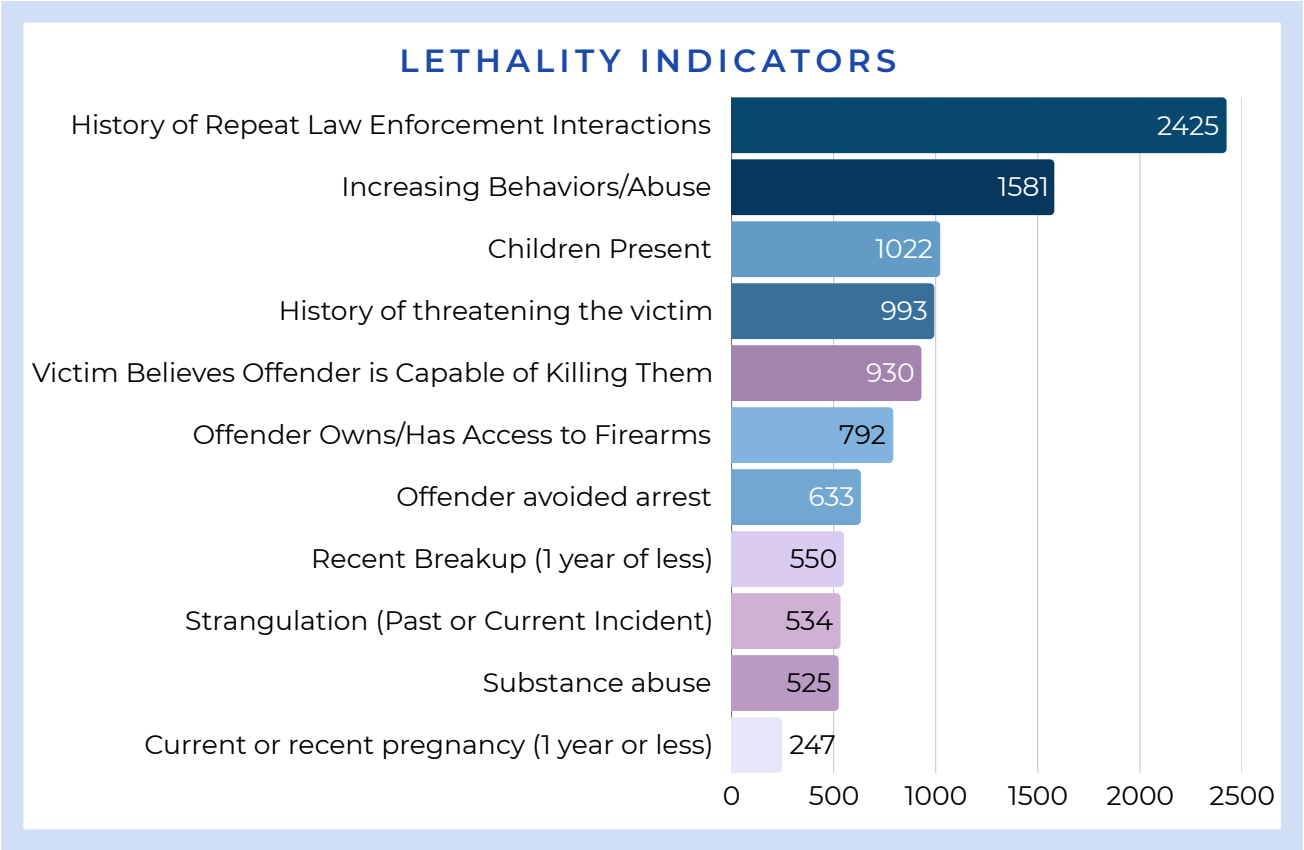
CREATING A VIOLENCE PREVENTION ECOSYSTEM

Since 2023, the Office of Violence Prevention has been working to foster a collaborative ecosystem where public health approaches drive innovative solutions to reduce violence, support victims, and create a resilient city where every individual can thrive without fear. OVP's programs are based in neighborhoods, at hospitals, and in mobile crisis units, working with the community to overcome the conflicts, disputes, and altercations that can ultimately escalate into violence. In 2026, NOHD established the Violence Prevention & Crisis Response Ecosystem Workgroup to coordinate this work. The Ecosystem's goal is to increase collaboration between agencies and expand the impact of our shared work supporting the New Orleans community.

INCIDENTS: RISK FACTORS

Risk assessments are used to determine the likelihood of future violence and the potential for harm, including serious injury or death, that may result from that violence. Risk assessments achieve this by determining the presence and impact of factors established by research to increase the likeliness and lethality of violence. Some of these factors include a history of violence, access to weapons, threats to hurt or kill the victim, and prior strangulation. While risk factors should not be considered causal, they can be used by domestic violence professionals to inform appropriate responses to disclosures.[6]

AIR Advocates speak with victims and reporting persons, read police incident reports, and review historical records to determine risk factors at play in each incident and develop a safety plan tailored to the specific needs of the victim. In 2025, advocates identified one or more factors associated with increased risk of lethality in 52% of the total incidents that AIR Advocates reviewed, and in 86% of these incidents, advocates documented a previous history of domestic violence or histories of domestic disturbances.



INCREASING AIR'S RISK-RESPONSIVENESS

In 2025, AIR underwent an external evaluation process with Institute of Women Ethnic Studies to measure program impact and outcomes. This evaluation measured the rate of AIR clients who had more than one incident, or a repeat incident, within the same calendar year. IWES determined that the rate of repeat calls for AIR clients was 9% and that the factor most strongly tied to repeat incidents was the number of risk factors associated with the initial incident. IWES found that with each additional initial risk factor, the odds of experiencing a repeat incident increased by approximately 15%.

The evaluation also determined that risk factors not only predict the likelihood of repeat incidents occurring, they also predict the severity of future incidents. Victims who began with a higher number of risk factors were more likely to present with additional, new risk factors during repeat incidents. Risk factors increased by roughly 22% for each additional baseline factor. In other words, each time a repeat incident occured, the severity and potential lethality of the violence increased.

The evaluation's core finding determined that risk factors can be used both to predict future violence and the severity of that violence. Risk assessment and mitigating the impact of risk factors through safety planning and referrals, therefore, should be at the core of AIR's protocols and services. To increase the AIR program's risk-responsiveness, NOHD developed a series of recommendations and related strategies to be implemented throughout 2026 and have included them in this report.

CONCLUSION

The devastating impact of domestic violence on the citizens of New Orleans demands the innovative and integrated response provided by the AIR Program. Since its implementation in 2022, AIR has sought to increase victim safety, facilitate crucial connections to resources, and disrupt cycles of violence in the community by connecting skilled, trained community-based advocates directly to victims and reporting persons. Using the recommendations gleaned from the 2025 program evaluation, AIR is actively working to adapt programs and services to be more risk-responsive with the ultimate goal of elementing future fatal and non-fatal domestic violence in Orleans Parish.

RECOMMENDATIONS

In 2025, Institute for Women's and Ethnic Studies (IWES) completed an evaluation of the AIR program. Based on this evaluation, the NOHD DV/SA Program developed the following recommendations for program improvement to inform future operation and evaluation initiatives.

Recommendation	Strategies
Adjust the Program to be Risk-Responsive	• Implement a validated risk assessment tool (e.g., Campbell Danger Assessment) to identify individuals with elevated baseline risk. • Use documented risk levels to guide standardized and tailored interventions, such as increased outreach, follow-ups, and prioritized referrals. • Conduct regular case reviews for high-risk individuals, including multidisciplinary reviews when possible. • Prioritize warm handoffs, referral follow-up, and coordination with partner agencies for individuals at elevated risk.
Expand Scope to Address Drivers of Risk	• Strengthen coordination and follow-up with agencies addressing root causes of violence (e.g., housing instability, behavioral health), and implement procedures for advocates to confirm service utilization, especially for high-risk individuals. • Partner with programs that serve individuals who use harm, recognizing that perpetrator-focused interventions can support long-term safety. • Adopt person-centered, flexible language in data systems (e.g., "person harmed," "person using harm") to better reflect changing roles over time and improve tracking.

RECOMMENDATIONS

Recommendation	Strategies
Improve Data Quality	• Establish unique identifiers to track individuals across incidents and over time. • Train AIR Advocates in data entry standards and data literacy to support consistent, high-quality information. Ensure standardized data entry processes are in place. • Consideration: Create a dedicated data manager role to oversee data cleaning, audits, integration, and partner requests.
Strengthen Staffing Capacity, Coordination, and Operational Workflow	• Assess workloads to maximize productivity and minimize burnout and turnover. • Improve coordination between AIR Advocates and case managers through warm handoffs, role clarity, and shared follow-up responsibilities. • Consideration: Increase staffing capacity, particularly weekend coverage, to reduce report backlogs and outreach delays.
Streamline Referrals and Formalize Data Sharing Agreements	• Use structured fields and dropdowns to improve referral tracking and evaluation. • Develop data-sharing agreements with referral partners to better assess service uptake and outcomes. • Establish regular Advocate team meetings to share best practices, review referrals, and strengthen team collaboration.

REFERENCES

1. Louisiana Revised Statutes, Title 14 § 35:3 (2024). Louisiana Revised Statutes, Title 14 § 35:3 (2024). https://legis.la.gov/Legis/law.aspx?d=78452
2. National Domestic Violence Hotline. (n.d.). Create Your Personal Safety Plan. https://www.thehotline.org/plan-for-safety/create-your-personal-safety-plan/
3. New Orleans Police Department. (2025, January 13). 2024 Annual Domestic Violence Summary Report. Most report crime
4. New Orleans Health Department. (2020). New Orleans Domestic Violence Fatality Report. https://nola.gov/nola/media/Health-Department/Images/New-Orleans-DV-Fatality-Review-2012-2018-Full-Report.pdf
5. New Orleans Police Department Analytics Unit. (2024). *AIR Dashboard* [Data Set].
6. DV Risk Assessment and Intervention Strategies. (n.d.). Domestic Violence Homicide Prevention: Tools, Strategies, & Assessments. https://dvrisc.org/domestic-violence-homicide-prevention-tools-strategies-assessments/

ACKNOWLEDGEMENTS

The New Orleans Department of Health honors the individuals whose lives have been impacted by domestic abuse and the experiences of survivors of domestic violence in New Orleans. It also thanks the AIR Advocates whose tireless work ensures every victim receives care and support. It is our hope that this initiative will help eradicate domestic abuse in our community and prevent violence from occurring in the future.

Prepared by: Jennifer Hunt, DV Projects Specialist
Domestic Violence & Sexual Assault Program
1300 Perdido Street, New Orleans, LA 70112

www.nola.gov/health/domestic-violence-prevention

PREVENTING DV FATALITIES

While risk assessments are commonly used to inform safety planning sessions with victims, professionals also use them to predict the likelihood of abuse resulting in a fatality. These factors do not necessarily cause the fatal outcome, however, they have been determined to be a factor among a number of factors that led to the fatality. Through the New Orleans Domestic Abuse Fatality Review, the NOHD DV/SA Program has identified several risk factors that are often associated with DV fatalities in Orleans Parish. Several these identified risk factors were also commonly recorded by AIR Advocates as risk factors in 2025 incidents, demonstrating the continuum between nonfatal and fatal DV and the importance of targeted interventions.[8]

PRIOR HISTORY OF DV

DV is a patterned crime. Research tells us it almost always escalates over time and involves tactics of power and control, like use of threats, emotional manipulation, or acts of physical violence. Over 30 years of research has also demonstrated that the most common risk factor for domestic violence homicides is prior domestic violence incidents. The New Orleans Domestic Abuse Fatality Review's findings reflect national trends, identifying that the most consistent and significant predictor of domestic abuse fatalities in Orleans Parish is a history of domestic violence with repeat law enforcement intervention. [9]

Acknowledging the risk associated with repeat DV incidents, the AIR Program developed and maintains the High Risk Domestic Violence Team (DVHRT) protocol, which identifies repeat offenders, incidents with high potential for lethality, or particularly vulnerable victims and escalates these incidents for multidisciplinary agency response. To facilitate this protocol, AIR Advocates work to develop a more full picture of each DV incident: identifying risk factors, tracking patterns that suggest intervention points, and providing individualized referrals for victims and their loved ones. When high risk incidents are identified, AIR and NOHD's DV/SA Program coordinate NOPD's DV Unit, the Orleans District Attorney's Office, and NOFJC-based advocates to provide a coordinated response. By organizing agencies to respond in concert to high risk cases, the DVHRT protocol ensures systems work together to prevent violence from escalating and intervene in cycles of violence.

STRANGULATION

AIR identified strangulation as a risk factor in over 10% of 2024 DV-related incidents. Prior non-fatal strangulations are associated with higher rates of becoming a

completed homicide in the future. Women who experience nonfatal strangulation by a partner are 750% more likely to experience homicide by that same partner.[10] Additionally, research has demonstrated that a majority of law enforcement officers killed in this country are killed by men with a history of strangulation assault against women.[11]

NOHD's DV/ SA program and partnering agencies have worked tirelessly to increase awareness and skill in identifying and responding to nonfatal strangulation cases. NOHD's DV/SA Program now trains all first responders[12] in Orleans Parish- included 911 operators, EMS personnel, and NOPD Officers- on the impacts of strangulation and applying best practice responses. The DV/SA Program has also tracked and published data annually on strangulation-related arrest, prosecution, and conviction rates since 2022, providing recommendations and assistance to responding agencies based on report findings. In 2026, NOHD will lead the creation and implementation of a Coordinated Strangulation Response Protocol to ensure all agencies who respond to strangulation injury are working together to provide wrap-around services and critical interventions to those impacted.

ACCESS TO FIREARMS

Decades of research has demonstrated living in a home with a firearm significantly increases the risk of dying from homicide, suicide, or accidental firearm related deaths,[13] with one study finding that in domestic abuse situations, the risk of death is five times greater when a gun is present.[14]

In 2025, AIR found that an abusive partner or family member had access to a firearm in 9% of all incidents, and in 18% of incidents where there was a child also present. NODAFR findings and AIR data has helped to inform NOHD's Office of Violence Prevention's initiatives and programs relate to firearm safety and storage. In 2025, NOHD began working with local stakeholders to advocate for the adoption of a statewide Child Access Prevention (CAP) law to strengthen secure firearm storage practices and protect children from preventable firearm injuries.[15]

REFERENCES

1. Louisiana Revised Statutes, Title 14 § 35:3 (2024). Louisiana Revised Statutes, Title 14 § 35:3 (2024). https://legis.la.gov/Legis/law.aspx?d=78452
2. National Domestic Violence Hotline. (n.d.). Create Your Personal Safety Plan. https://www.thehotline.org/plan-for-safety/create-your-personal-safety-plan/
3. New Orleans Police Department. (2025, January 13). 2024 Annual Domestic Violence Summary Report. Most report crime
4. New Orleans Health Department. (2020). New Orleans Domestic Violence Fatality Report. https://nola.gov/nola/media/Health-Department/Images/New-Orleans-DV-Fatality-Review-2012-2018-Full-Report.pdf
5. New Orleans Police Department Analytics Unit. (2024). *AIR Dashboard* [Data Set].
6. Louisiana Revised Statutes, Title 14 § 35 (2014). https://legis.la.gov/Legis/law.aspx?d=78452
7. DV Risk Assessment and Intervention Strategies. (n.d.). Domestic Violence Homicide Prevention: Tools, Strategies, & Assessments. https://dvrisc.org/domestic-violence-homicide-prevention-tools-strategies-assessments/
8. New Orleans Health Department. (2024). New Orleans Domestic Abuse Fatality Review: 2021. https://nola.gov/nola/media/Health-Department/Files/Final-NODAFR-Report-2021.pdf
9. Zeoli, A., et al. (2023). Criminal histories of intimate partner homicide offenders. Homicide Studies, 27(2), 229–247.
10. Glass, N., Laughon, K., Campbell, J., Block, C. R., Hanson, G., Sharps, P. W., & Taliaferro, E. (2008). Non-fatal strangulation is an important risk factor for homicide of women. Journal of Emergency Medicine, 35(3), 329–335.
11. Training Institute on Strangulation Prevention. (2019). Media guide: Understanding the realities of strangulation. https://safefuturesct.org/wp-content/uploads/2021/11/Strangulation-Media-Guide-Final-2019.pdf
12. Gwinn, C., J.D. (2014). Men who strangle women also kill cops. Domestic Violence Report, 19(6).
13. Johns Hopkins Bloomberg School of Public Health. (2022). Firearm Violence in the United States.
14. Campbell, J. C., et al. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. American Journal of Public Health, 93(7), 1089–1097.
15. New Orleans Health Department. (2024). Firearm Safe Storage Initiative.