

New Orleans Domestic Abuse Fatality Review

2022 Incidents



December 2025

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BACKGROUND

Capturing the most extreme outcomes, domestic fatalities make up only a small fraction of all domestic abuse incidents. However, the impact that domestic fatalities have on families and communities is devastating. Starting in 2019, the New Orleans Health Department's (NOHD) Domestic Violence & Sexual Assault Program (DV & SA Program) began reviewing domestic fatality characteristics to contextualize and document this issue in Orleans Parish. The first New Orleans Domestic Violence Fatality Report was published in 2020 and documented incidents that occurred from 2012-2018.

In 2021, NOHD's DV & SA Program began creating a fatality review team with representation from over 20 community, government, and criminal legal organizations to continue analyzing domestic fatalities in New Orleans, identify gaps in systemic interventions, and determine recommendations for preventing incidents. In 2022, the New Orleans City Council and the Mayor of New Orleans established a formal Domestic Abuse Fatality Review Team with the passage of an ordinance to ordain Article XIV of Chapter 82 of the Code of the City of New Orleans and designated NOHD to coordinate this effort.

In January 2023, the Louisiana Domestic Abuse Fatality Review Panel voted to include the New Orleans Domestic Abuse Fatality Review Team ("NODAFR" or "the team") as a local domestic abuse fatality review panel for the state of Louisiana per Louisiana Revised Statute 40:2024.1-6.

DEFINITIONS

Domestic abuse, also referred to as “domestic violence,” 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.

Domestic Abuse Fatality Review (DAFR)¹ is a process that identifies and characterizes the scope and nature of domestic abuse fatalities through comprehensive and multidisciplinary reviews at the state and local levels with the ultimate goal of preventing future fatalities.

Decedent is defined as the person(s) who lost their life due to a domestic violence fatality. This may include individuals who have been victimized by ongoing domestic violence, which resulted in their death. This may also include individuals found to be the primary aggressor in the relationship, a fatal self-defense event, or a murder-suicide. This definition acknowledges the deep impact on communities, individuals, and families of any life lost to domestic violence, regardless of the individual's role in the fatal incident.

Primary aggressor² is the party who poses the most serious ongoing threat, or who is the most significant, rather than the first, aggressor. Experts will use information from those involved in the relationship, history of past domestic violence, witness testimony, and evidence of self-defense to determine the primary aggressor.

Suspect³ is defined as the person who is believed to be the perpetrator of a domestic violence homicide. This could include individuals who acted in self-defense resulting in the death of a family member or intimate partner or individuals who are the primary aggressor in an ongoing relationship characterized by domestic violence.

The NODAFR categorizes domestic abuse fatalities (or "domestic fatalities") into two categories: family violence and intimate partner violence.

Family violence⁴ is defined as any form of abuse, mistreatment, or neglect that a child or adult experiences from a family member. Family members can include parents and step-parents, children and step-children, siblings, grandparents, and extended family.

A **domestic abuse fatality rooted in family violence** is a "family violence fatality" or "FV fatality" that occurs when a decedent's death is the result of relationship conflict with a family member who is not an intimate partner. While some FV fatalities may have been rooted in coercive control or abuse committed by one family member against another, not all FV fatalities are rooted in histories of abuse or violence. Some examples of other precursors to FV fatalities may include a family member's history of untreated or unmanaged serious mental illness (SMI) or substance misuse, historical disagreements or altercations, or financial issues. They may also be rooted in child abuse or neglect.

Intimate partner violence⁵ includes physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner. Intimate partners can include spouses, boyfriends/girlfriends, dating partners, or ongoing sexual partners. Intimate partner violence occurs within the context of coercive control, which is the purposeful and systematic use of coercive behaviors by an abusive partner with the goal of maintaining control and power over their intimate partner.⁶ Those who act abusively in intimate relationships often do so because they believe it is their right and entitlement to maintain power and control in their relationship.

A **domestic abuse fatality rooted in intimate partner violence** is "intimate partner violence fatality" or "IPV fatality" that includes:

- 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 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, such as a self-defense incident or justifiable homicides.
- suicides that may be a response to a current or past experience with domestic abuse.

Domestic negligent homicide⁷ includes deaths that result from actions or behaviors that demonstrate a disregard for the safety of an intimate partner or family member, leading to death. Examples may include children's deaths as a result of improperly stored firearms or the negligence of a caregiver.



OVERVIEW

Scope

The NODAFR reviewed all identified domestic abuse fatalities that occurred in Orleans Parish within the 2022 calendar year.

Statutory Authority

The New Orleans Health Department established the NODAFR under the authorization of Article XIV of Chapter 82 of the Code of the City of New Orleans. Additionally, the Louisiana Domestic Abuse Fatality Review Panel voted to include the NODAFR as a local domestic abuse fatality review panel in January 2023.

Mission

The mission of the NODAFR is to conduct detailed reviews of domestic fatalities in a multidisciplinary, confidential, and culturally sensitive manner, using the information learned is used to develop comprehensive recommendations for improved system and social structural responses with the goal of enhancing safety for survivors and the community, while holding offenders accountable.

Objectives

- Promote cooperation, communication, and coordination amongst agencies who respond to domestic abuse.
- Identify systemic gaps and barriers to services and advocate for policy change to increase equitable and safe outcomes.
- Increase community awareness by educating the public, service providers, and policymakers about family and intimate partner related fatalities.
- Initiate strategies for intervention and prevention of family and intimate partner violence.

Leadership Team

The leadership team is responsible for acting as spokespeople for the NODAFR, coordinating and facilitating team meetings, recording and maintaining records of all team activities, and leading report production. NOHD assumes leadership positions to ensure continuity and sustainability of the project as designated in Article XIV of Chapter 82 of the Code of the City of New Orleans.

TEAM MEMBERS

Team members included both agency representatives and independent contributors who have expertise working in the field of domestic abuse, with most members specializing in intimate partner violence. Team members are required to complete mandatory introductory NODAFR training and sign confidentiality agreements in order to participate in review sessions.

- Beyond Harm
- Julie Ford, PhD Student, Tulane University
- Louisiana Coalition Against Domestic Violence
- Louisiana Department of Children and Family Services
- Louisiana Department of Health
- Louisiana Supreme Court
- Manning Family Children's Child Advocacy Center
- New Orleans Family Justice Center
- New Orleans Health Department
- New Orleans Police Department
- Office of Criminal Justice Coordination
- Orleans Parish Communications District
- Orleans Parish Coroner's Office
- Orleans Parish Criminal District Court
- Orleans Parish District Attorney's Office
- Orleans Parish Public Defender's Office
- Orleans Parish Sheriff's Office
- Project Save, Catholic Charities Archdiocese of New Orleans
- Rae Taylor, PhD, Director of the Gender Based Violence Research Project, Loyola University New Orleans
- Southeast Louisiana Legal Services
- Tulane Law School, DV Clinic & Women's Prison Project
- Women With a Vision
- University Medical Center

CASE REVIEW PROCESS

Criteria

Domestic abuse fatalities rooted in family violence and intimate partner violence as defined on pages 2 and 3 are eligible for NODAFR review.

Selection

Based upon the criteria above, NOHD identified 24 domestic abuse fatalities that occurred in Orleans Parish in 2022. These fatalities were flagged as domestic in nature by the Louisiana Coalition Against Domestic Violence (LCADV), New Orleans Police Department (NOPD), and/or NOHD.

Abstraction

NOHD reviewed records from law enforcement, media reports, civil and criminal court, medical providers, protective and supportive services, and the LCADV 2022 domestic abuse fatality list to compile data points used for the purposes of this review.

Compilation

NOHD compiled all pertinent domestic abuse fatality data points into seventeen case summaries for review by the NODAFR Team or Coordinator.

Review Process

NOHD held four 5-hour domestic abuse fatality review sessions in 2024 and 2025. During each session, the NODAFR was split into small groups of five to eight members. Each group identified a facilitator and notetaker. After reviewing each case summary, groups identified contributing risk factors and system gaps, and developed recommendations.

Discussion

After the completion of group reviews, NOHD led two recommendation discussions with the NODAFR Team. A NOHD notetaker documented group findings and recommendations. All documents were returned to NOHD and are stored in accordance with NODAFR policy.

LIMITATIONS

Child Deaths

Some child fatality incidents are included in this summary as these cases were reported as domestic by NOPD or LCADV and reviewed by the NODAFR to provide local recommendations. Due to data limitations, this report may not reflect every child fatality rooted in domestic abuse that occurred in New Orleans. For more comprehensive information related to unexpected child deaths in Louisiana, the Louisiana Child Death Review Report⁸ is recommended for review.

Compilation

Unless made available by another parish or noted in a media report, data on victim and suspect criminal and civil legal histories outside of Orleans Parish are not included in this summary. Other sources, such as federal records, Orleans Parish Municipal and Traffic Court, and Jefferson Parish Criminal Court records, are also excluded from this report as the team is still working to develop record sharing agreements to access this data. Medical records were only accessible for victims and limited to specific local healthcare entities

Generalizability

This data was used to characterize each fatality documented as domestic abuse in Orleans Parish in 2022. It was also used to provide recommendations on potential improvements to prevent fatalities in the future. However, due to the limited number of cases, it is important to note that this data is not representative of all domestic abuse that occurs in New Orleans and is not generalizable.

Missing Cases

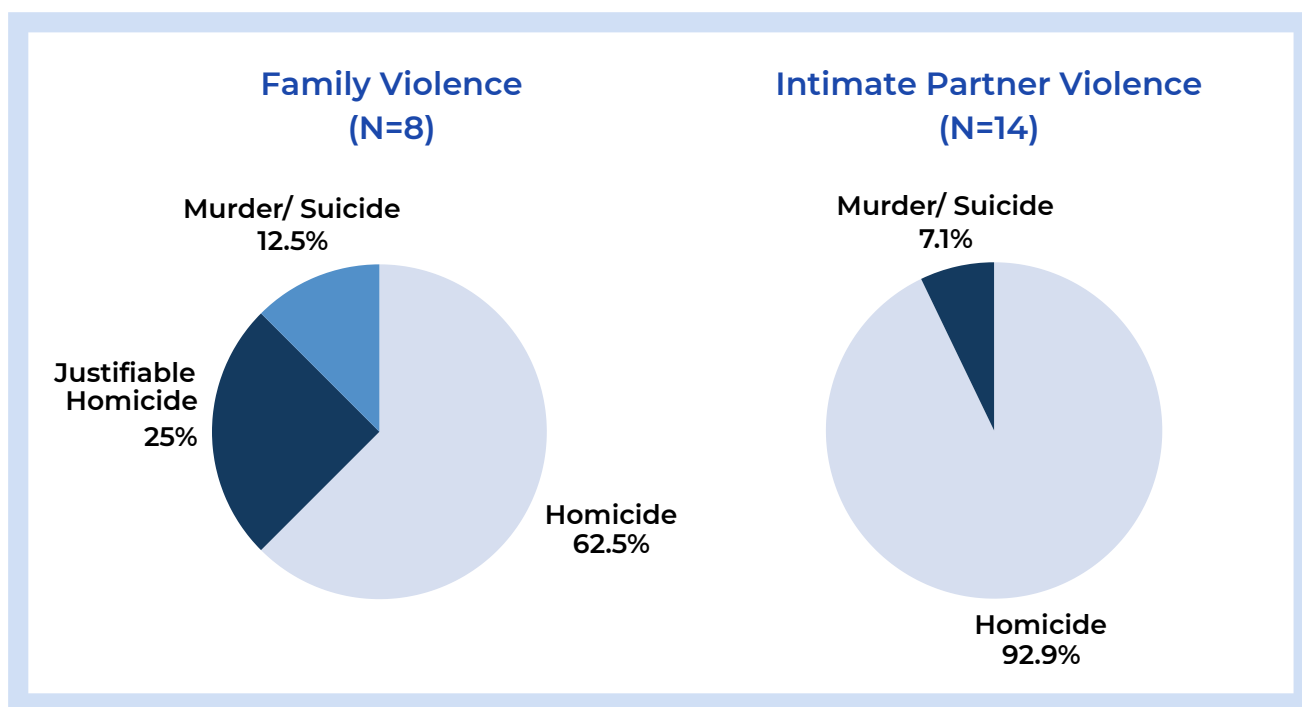
Due to the nature of domestic abuse, it is likely that this is not an exhaustive list of all fatalities rooted in domestic abuse that occurred in New Orleans in 2022. It is possible that other fatalities, in which the relationships between the victims and suspects were unknown, were not classified as domestic at the time of the incident and therefore, unknowingly excluded from this report.

Victim and Suspect Identity

Victim demographic data obtained from law enforcement, the media, and court reports may not accurately reflect how individual victims or suspects would self-identify their gender, race/ethnicity, or relationship status.

FINDINGS: 2022 INCIDENTS

In 2022, there were a total of 24 domestic abuse fatalities that resulted from 22 unique incidents, a 9% increase from 2021. Two fatalities were self-inflicted in murder/suicide incidents, two were deemed justifiable homicides, and the remaining 20 fatalities were categorized as homicides by NOPD. The 20 homicides accounted for 7% of all homicides that occurred in New Orleans in 2022. Of the 22 fatal incidents, 14 were identified as intimate partner violence incidents (63.6%) and eight were family violence incidents (36.4%).⁸



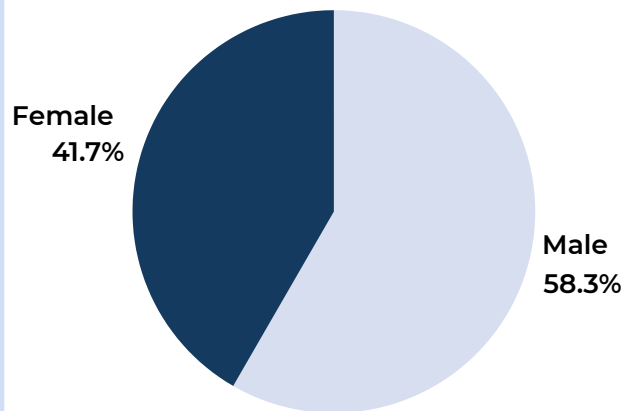
TAKEAWAY DOMESTIC ABUSE FATALITY CHARACTERISTICS

- Fatal domestic violence affects people of all ages. In 2022, the youngest victim was two years old and the oldest victim was 91 years old.
- 63% of decedents and 41% of suspects are parents to one or more child, highlighting the multigenerational impact of fatal domestic violence. In at least half of the cases reviewed, minor children lost one or both parents due to domestic abuse homicide, homicide-suicide, or prison.
- 79% of decedents were killed using a firearm. Of the suspects who used a firearm, 47% were legally prohibited from possessing or purchasing guns.
- Five of the fourteen IPV incident suspects (35%) had a prior history of committing strangulation. Four of those five suspects (80%) later went on to kill the same victim they had previously strangled.

DECEDENT DEMOGRAPHICS

SEX

(N=24)

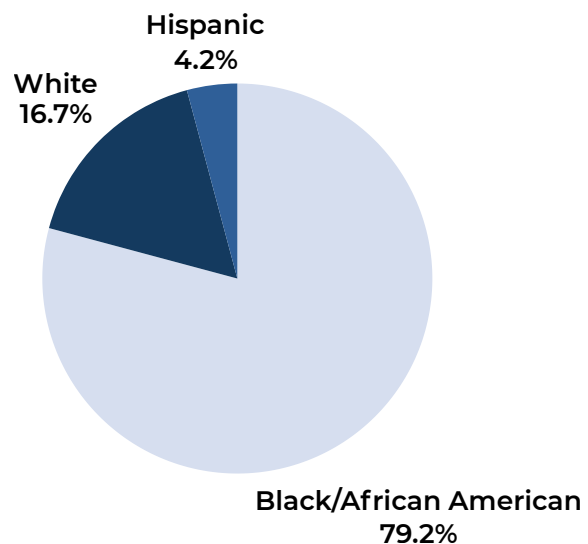


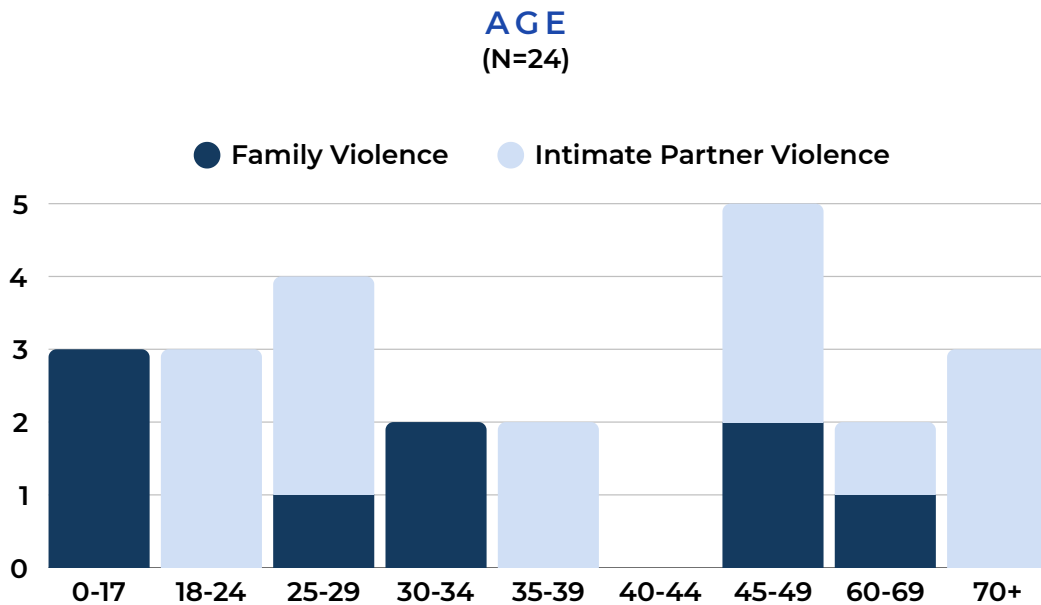
In Orleans Parish, men are more likely than women to be decedents in instances of fatal domestic violence. Women, however, are more likely than men to be victims in non-fatal DV incidents.⁹ Research has demonstrated that women who resort to lethal force in DV relationships typically have been isolated from practical support, victims of prior abuse, or have sought help from systems that have failed to provide meaningful intervention.^{10,11}

RACE AND ETHNICITY

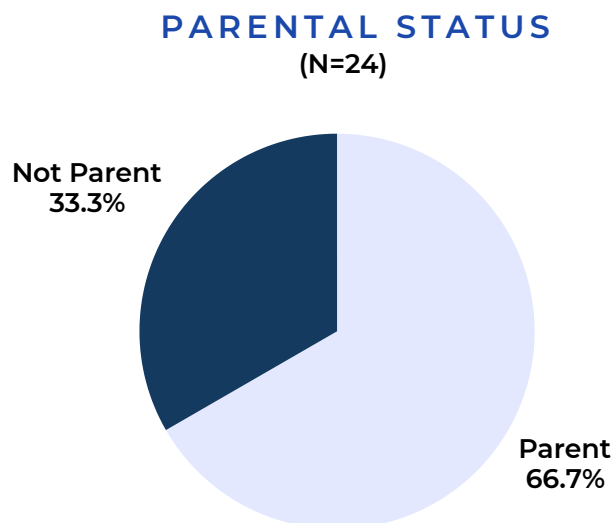
(N=24)

In New Orleans, decedent race and ethnicity percentages are not consistent with general population demographic data. Most notably, while Black/ African American residents make up 56% of the population,¹² 79% of domestic fatality decedents identified as Black/ African American.



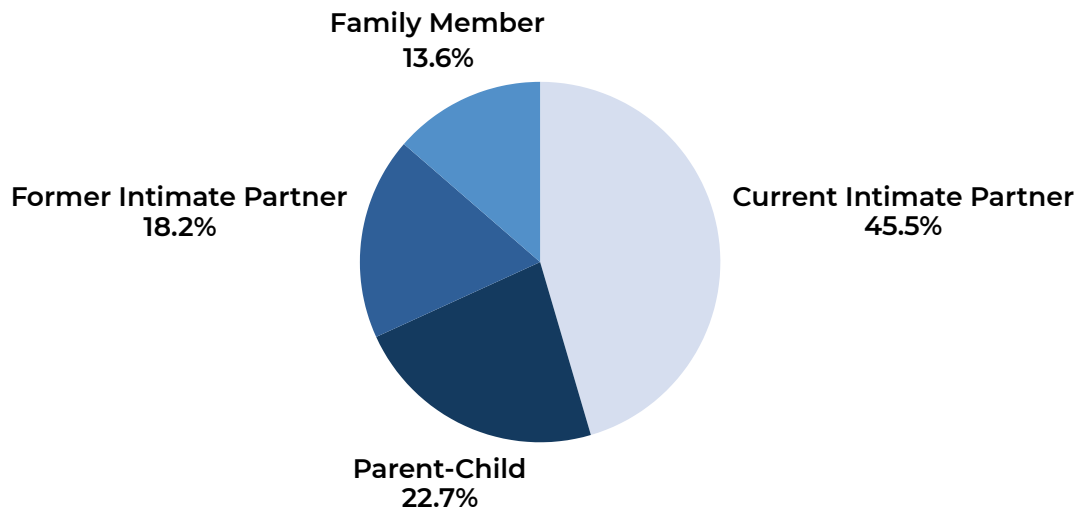


The age range of 2022 DV fatality decedents in New Orleans is greater than in national trends. In the United States, most domestic violence decedents (65.7%) were between ages 25 and 54.¹³ In New Orleans, 54.2% of DV homicide decedents in 2022 were in this age range.



The majority of decedents were parents to one or more child. At least 41% of suspects were also parents, illustrating the multi-generational impact of domestic violence fatalities in the New Orleans community and need for wrap around services for loved ones.

DECEDENT RELATIONSHIP TO SUSPECT

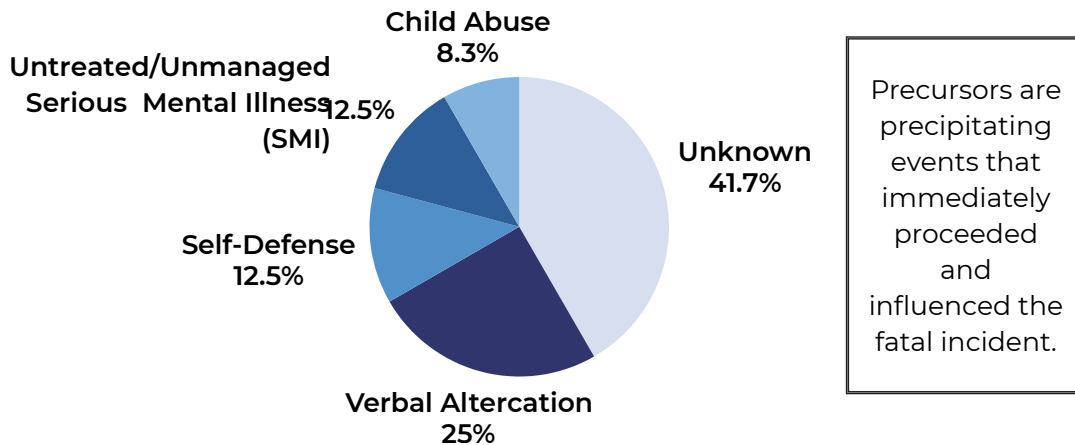


- **Current Intimate Partner** includes spouses, dating partners, and casual intimate or romantic partners. This is overwhelmingly the most common relationship between decedents and suspects amongst 2022 DV homicides. Of the 10 ongoing intimate partner relationships in our dataset, at least seven of the primary aggressors in the relationship had prior criminal histories of committing domestic violence or another form of violent crime.
- **Former Intimate Partner** includes former spouses, dating partners, and casual intimate or romantic partners. While research demonstrates that the most dangerous time in a DV relationship is during the period of dissolution,¹⁴ our data set also includes ex-partners whose relationships ended years prior to the fatal incident.
- **Family Member** refers to suspects and victims related through biology, adoption, and marriage (not including married partners). This category does not include parent-child relationships.
- **Parent-Child** relationships accounted for two-thirds of family violence incidents in this dataset.



INCIDENT CHARACTERISTICS

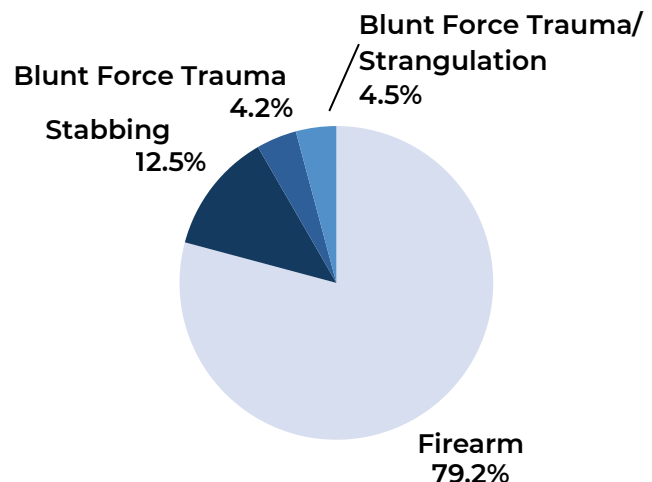
PRECURSOR TO FATAL EVENT



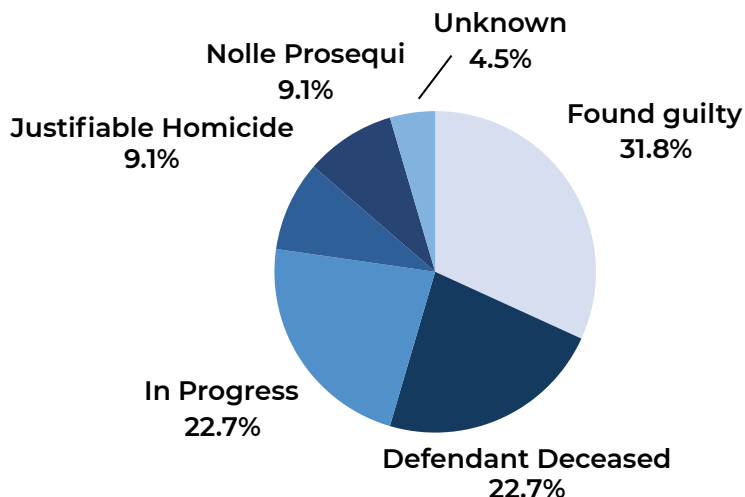
- **Untreated/Unmanaged Serious Mental Illness (SMI):** the suspect was exhibiting behaviors and characteristics related to untreated or unmanaged SMI prior to the homicide that, if managed, may not have contributed to the fatal outcome.
- **Child Abuse:** child abuse precipitated by a caregiver was identified as a proceeding event to the child's death.
- **Unknown:** the exact circumstances precipitating the fatal incident are undetermined. While researchers were unable to identify a specific precursor, lethality factors were present in most of this category's cases and indicated increased risk of fatal violence leading up to the incident. The disproportionate representation of this category illustrates the importance of intervening early and often in DV relationships.

METHOD OF INJURY

In 79% of the 2022 fatalities, the suspect used a firearm as the agent of injury. The type of firearm used in 58% of these fatalities was a handgun.

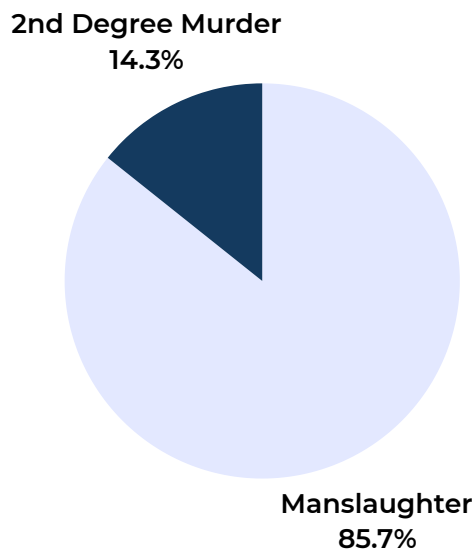


CRIMINAL CASE STATUS



- **In progress:** Case is actively moving through the criminal court system.
- **Justifiable Homicide:** Law enforcement determined that the suspect acted in justifiable self-defense and no charges were brought.
- **Nolle Prosequi:** Charges were filed but later dismissed by prosecutors.
- **Unknown:** Due to the age of victim and suspect, details of the case are unavailable.

CRIMINAL CHARGES



Of the seven fully adjudicated cases, six defendants were found or pled guilty to Manslaughter and one was found guilty of 2nd Degree Murder. The shortest sentence rendered was 30 months at the Department of Corrections, and the longest was 40 years.

CORE FINDING: 2022 INCIDENTS

HISTORY OF DV WITH REPEAT LAW ENFORCEMENT INTERVENTION

While outliers exist, many of the 2022 fatalities reviewed follow a common pattern: victims repeatedly called attention to their partner or family member's violence and the danger it posed to them, but criminal legal systems failed to intervene and prevent future abuse. Frequently, in the years leading up to a fatality, offenders were not arrested for DV-related warrants and when they were, the charges were refused or dropped. Of the defendants who had prior convictions, most received suspended sentences or inactive probation. Many of those defendants had a criminal history of abusing multiple victims and all who did, had a history of recidivism. This lack of accountability in prior incidents resulted in a clear path of missed interventions leading up to what ultimately ended as a fatal DV incident.

Criminal History of Domestic Violence

Eight of the 22 suspects had a prior criminal history of committing domestic violence. Two suspects were wanted on DV-related warrants when they committed the fatality. Of those who were previously arrested, one suspect had at least nine prior DV-related arrests, three suspects were arrested three or more times for DV-related crimes, and yet another suspected primary aggressor was previously convicted of 2nd Degree Murder. Six of the eight suspects had a documented history of committing abuse against multiple victims, with one suspect committing domestic violence against at least four different victims.

Refused Charges

In the majority of incidents reviewed where the suspect had prior DV-related arrests, the charges were ultimately refused or dismissed. Six of the eight suspects arrested had at least one or more prior DV-related charge refused. A deeper analysis shows that for four of these suspects, the refused charges related to a prior domestic violence incident with the person they would later kill. Even more concerning is that for three of those suspects, prior charges related to domestic violence against a different victim were also refused, demonstrating not just a pattern of abuse but also, a systemic failure to prosecute dangerous individuals across multiple relationships before a fatality.

Suspended Sentences

When offenders were convicted and courts imposed accountability measures (such as bond conditions, incarceration, and probation), they were rarely enforced. In the 2022 dataset, three offenders, because of previous convictions, were originally sentenced to be incarcerated at the time of the homicides but were not due to suspended sentences or early release. Two offenders killed their victims within months of the court suspending previous sentences it imposed. The third offender was released early from a seven-year sentence and killed their victim approximately one year before their original release date. All three were not first-time offenders and had previously been convicted of crimes of violence. In fact, one offender who received a suspended sentence had been charged fifteen times in eleven years for crimes of violence.

Inactive Probation

Two offenders in this year's dataset were on probation under inactive supervision for DV-related crimes at the time of the fatality. One suspect was actively wanted for an assault against the fatality victim when they met with their probation officer just days before committing the fatality. At that meeting, the suspect was determined to be at moderate risk for re-offense but the warrant was not identified or executed.

Dissolved Protective Orders

Victims also employed civil and criminal protective orders to seek safety from their abusers. Four victims from the 2022 fatalities sought protective orders against the person who would later kill them. An additional three suspects were subject to protective orders prohibiting them from abusing a different victim. Three of these seven suspects had multiple victims who successfully sought protective orders against them, with one suspect having four protective orders by four different victims against him at one time. 12 of the total 16 protective orders against these individuals were subsequently dissolved with no additional victim safeguards in place.

The 2022 NODAFR's core finding is the most consistent and significant predictor of domestic abuse fatalities in Orleans Parish is a history of domestic violence with repeat law enforcement intervention. As demonstrated through the

reviewed records, victims repeatedly sought safety from the criminal legal system, but the offender was ultimately allowed to continue to abuse without consequence. The failure to intervene occurred at each level from unexecuted warrants, to refused charges for repeat offenders, to suspended sentences with inactive probation given to individuals convicted of violent crimes.

Key Recommendations

- Develop a Homicide Victim Response Protocol through the Homicide Response Workgroup to coordinate wrap-around services for surviving children and family after a DV fatality.
- OPDA should conduct detailed screening for defendants in DV cases to ensure incidents are not part of a larger pattern of criminal abuse and consider repeat offenses in screening decisions.
- OPDA should participate in first hearings to ensure victims are represented, comprehensive risk assessments are completed, the facts and acuity of the crime are accurately reported, and that victim intimidation does not occur.
- Improve on-scene evidence collection practices through NOPD 2026 In-Service Training to support evidence-based prosecution.
- Complete overhaul of electronic systems used by Orleans Parish law enforcement to allow Criminal Court, Civil Court, NOPD, and OPSO systems to communicate in real-time.
- Continue to position a victim's advocate in Magistrate Court to assist victims with accessing protective orders from Criminal District Court and to refer victims to Civil District Court services.



ONGOING FINDINGS

CONTRIBUTING FACTORS

A contributing factor is any behavior or systems issue that increases the morbidity or likelihood of fatality. These factors are critical intervention points in the progression toward a fatality, even if they did not serve as the immediate cause.

Since 2020, the NODAFR has identified a core, persistent set of contributing factors, including prior strangulation, access to firearms, unmanaged and untreated serious mental illness, substance misuse disorders, and (most significantly), a history of domestic violence with law enforcement interaction. By isolating these recurrent risk indicators, NODAFR works continuously to create new initiatives and recommendations that mitigate their collective impact on future incidents.

STRANGULATION IS A KEY LETHALITY PREDICTOR

NODAFR has repeatedly identified strangulation as a core lethality factor indicated in New Orleans' domestic violence homicides. In the 2022 dataset, **five of the fourteen IPV offenders had a documented history of committing strangulation.** Four of the five victims reported their strangulation to law enforcement. In one case, a warrant was issued but the offender was never arrested. In the other three cases, the offender was arrested, but the charges were either refused or dismissed. None of the offenders were convicted, and **four would later kill the same victim they had previously strangled.**

Prior nonfatal strangulations are associated with higher rates of becoming a completed homicide in the future.¹⁵ Women who experience nonfatal strangulation by a partner are 7.5 times more likely to be killed by that same partner.¹⁶ 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.¹⁷

Improving Responses to Strangulation

Various agencies in Orleans Parish have worked tirelessly to increase awareness and skill in identifying and responding to nonfatal strangulation cases. NOHD's DV/SA Program now trains all 911 operators and EMS first responders on the impacts of strangulation and applying best practice responses. This training will be extended to all NOPD Officers during In-Service Training in 2026. 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.

Key Recommendations

- Create and implement a Coordinated Strangulation Response Protocol that ensures responding agencies use best practice strategies to support victim safety and offender accountability.
- Develop a public education campaign to inform the New Orleans community about risks, the importance of medical care, and the laws and rights protecting victims related to strangulation.
- Change existing legislation to extend cost free forensic exams including strangulation assessments to survivors of DV, as well as sexual assault.
- Conduct comprehensive risk assessments (including history of strangulation) at charge conferences and arraignments of offenders as a means of assessing bail amounts and release conditions.

FIREARMS INCREASE RISK OF DOMESTIC VIOLENCE HOMICIDES

In 2022, nineteen of the twenty-four fatalities were committed using a **firearm**. For six of the offenders, this was not the first crime they committed using a firearm, and as a result, they were legally prohibited from possessing firearms. Critically, this includes one offender who was on

probation and another who was released on bond for prior gun-related charges at the time they committed homicide. Two additional suspects were also prohibited from possessing or purchasing firearms due to prior felonies not related to firearms. In other words, **almost half of the suspects (47%) who used a firearm to kill their victim were legally prohibited from possessing guns.**

There were also two additional DV fatalities in 2022 deemed negligent homicides, which were not included in this dataset, as they were not rooted in patterns of abuse. **These two deaths were the result of a minor child finding their parents' firearm** and fatally injuring themselves or a sibling. We highlight these cases because of their preventable nature and the availability of life-saving interventions, like gun safes and locks.

Victims in DV situations are commonly advised to purchase firearms for self-protection. Decades of research has demonstrated, however, that living in a home with a firearm significantly increases the risk of dying from homicide, suicide, or accidental firearm related deaths,¹⁸ with one study finding that in domestic abuse situations, the risk of death is five times greater when a gun is present.¹⁹ In fact, research has found that guns in the home are used more often to intimidate intimate partners than to thwart crime, with the Department of Justice finding that intended victims of violent crimes engaged in self-protective behavior that involved a firearm in only 1.7% of incidents.²⁰

Limiting Access to Firearms for Violent Offenders

Louisiana law prohibits individuals convicted of domestic violence crimes, subject to DV protective orders, or convicted of a felony from possessing or purchasing a firearm.²¹ Both federal and state laws, however, make tracking and monitoring the legal possession of firearms exceedingly difficult. Louisiana has no laws requiring firearm registration or tracking; in fact, existing legislation actively prevents the creation of a firearm registry.²² This legal reality means law enforcement and court systems have few tools to meaningfully prevent firearm possession by individuals who have committed violent crimes.

Key Recommendations

- Complete overhaul of electronic systems related to protective order enforcement so that criminal court, civil court, NOPD, and OPSO systems communicate real-time updates allowing law enforcement to efficiently identify suspects prohibited from possessing a firearm due to an active protective order.
- Establish immediate contact with victims who can provide accurate accounts of defendants' access to firearms. Prosecution and judges can use this information to assess risk level of offenders and inform defendants about firearm restrictions and related consequences.
- Continue funding NOHD's Firearm Safe Storage program, which distributes biometric gun safes to residents of New Orleans.
- 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.

LIMITED SUPPORT FOR INDIVIDUALS WITH UNMANAGED/UNTREATED SERIOUS MENTAL HEALTH

Unmanaged and untreated serious mental illness (SMI) was indicated as a primary contributing factor in seven of the incidents reviewed. In many of these cases, the individual previously diagnosed with SMI had sought medical care and supportive services but was unable to access meaningful intervention to manage their illness. One person accessed psychiatric hospitalization on multiple occasions, at least two received social security disability, and most had supportive families who actively sought mental healthcare for their loved one.

Individuals living with untreated or unmanaged SMI are two and a half times more likely to be victims of violent crime than their peers without SMI. Importantly, these individuals are no more likely to commit acts of violence than the general population.²³ Treating and managing SMI provides a crucial access point to

community care systems that address a wide range of domestic violence risk and protective factors, including access to basic needs, substance use disorder treatment, and safe housing. People living with SMI and their caretakers, however, often face significant barriers to accessing this care. In each of the incidents reviewed, individuals qualified for critical mental health services, such as Assertive Community Treatment (ACT) enrollment or Assisted Outpatient Treatment (AOT) supervision. Unfortunately, many families encounter hurdles related to accessibility, insurance coverage, and care coordination, leaving them with limited options to support their family member in need.

Increase Access to Mental Health Care

Despite considerable efforts made by stakeholders and the City, several gaps remain in the support available to those living with SMI, including access to essential psychotropic medications, increased hospital capacity, and tiered-care options that transition patients from inpatient hospitalization to intensive outpatient maintenance programs. Supporting efforts to improve equitable access to mental health services should include increased resources for mental health providers, medication management, expanding support for ACT/AOT team programs, and coordinated case management and counseling services.

Key Recommendations

- Pursue grant funding to offer Assertive Care Team (ACT) and Assisted Outpatient Treatment (AOT) program care in Orleans Parish on an income-based sliding-fee scale when patients are uninsured or insurance does not approve care.
- Continue to invest in the Mobile Crisis Intervention Unit program to provide immediate on-site mental health assistance and connect individuals to care.
- Establish Collaborative Care Coordinators at psychiatric inpatient programs to ensure providers, treatment teams, and service recipients communicate and coordinate transition to outpatient care.
- Increase training for Crisis Care teams and mental health providers about the increased risk for patients and caregivers when SMI is unmanaged or under-treated to encourage better connections between crisis teams, ACT/AOT teams, and hospital staff.

SUBSTANCE MISUSE DISORDER CARE AS A PROTECTIVE FACTOR

In the 2022 dataset, heavy substance use or substance use disorders were indicated as a contributing factor for nine of the twenty-two incidents. In at least five cases, the abusive intimate partner had a criminal history of possessing or selling the substance that their victim was known to misuse.

Heavy substance use (including alcohol and other drugs) does not cause domestic violence or domestic abuse fatalities, however, it can inhibit one's ability to regulate impulses and emotions. The impact of substance use disorders on households or intimate relationships already characterized by violence adds an additional risk factor that has the potential to intensify abuse, coercive control, and lethal violence.²⁴

Decades of research has demonstrated that substance use disorder operates as a comorbidity with violence in IPV relationships. In fact, data suggests that one fourth to one half of men who commit acts of DV also misuse substances and that women who have experienced DV are much more likely to develop substance use disorders than their unimpacted peers.²⁵

People committing DV may exploit and weaponize their partner's use of substances through emotional degradation, increased financial dependence, withholding access to substances, and psychological abuse. These tactics enable abusers to increase coercive control by diminishing partners' sense of self-worth, connection to outside support systems, access to financial resources, and motivation to seek medical care or law enforcement intervention, all of which are known protective factors for victims of DV.²⁶

Integrate Substance Misuse and DV Services

While decades of research has identified heavy substance use and substance use disorders as an important risk factor for domestic fatalities,²⁶ meaningful interventions that provide safety to victims while addressing both the medical and social needs of people diagnosed with substance use disorders are lacking. Identifying successful programs or interventions for victims and suspects at this

intersection is a key area of study for future research and an essential next step for preventionists in both the behavioral health and violence prevention fields.

Key Recommendations

- Eliminate sobriety requirements for accessing all victim services, while embedding opportunities for substance misuse treatment within existing victim services.
- Screen all clients at substance use disorder treatment centers or community programs for current and past domestic violence, including childhood physical and sexual abuse and make appropriate referrals for survivors.
- Develop systems for collaboration between substance use disorder treatment providers, domestic violence experts, and legal professionals to ensure treatment plans are coordinated and holistic.
- Train law enforcement, social workers, and medical professionals to better understand the co-morbidities of IPV and substance misuse, and how to address it within their scope of practice sensitively and effectively.



2022 NODAR RECOMMENDATIONS

Preventing fatal and nonfatal domestic violence in Orleans Parish requires a comprehensive, coordinated response from all entities that support victims, hold offenders accountable, and work to prevent violence before it occurs. Based on 2022 findings, the NODAFR Team offers recommendations for the criminal legal system, policymakers, government agencies, community organizations, and for improving the NODAFR.

Recommendation One-Pagers:

- Recommendations for the Criminal Legal System
- Recommendations for Policymakers
- Recommendations for Government Agencies
- Recommendations for Community Organizations
- Recommendations for Improving the NODAFR

RECOMMENDATIONS FOR THE CRIMINAL LEGAL SYSTEM

The criminal legal system plays a central role in disrupting cycles of escalating family and intimate partner violence by protecting victims and holding offenders accountable. By improving procedures, increasing training, and expanding cross-agency collaboration, the criminal legal system can ensure citizens have effective and efficient systems to keep their communities safe.

Issue	Recommendations
36% of suspects had prior criminal histories of two or more domestic violence-related charges.	• Complete overhaul of electronic systems used by Orleans Parish law enforcement to allow Criminal Court, Civil Court, Municipal and Traffic Court, New Orleans Police Department (NOPD), and Orleans Parish Sherriff's Office (OPSO) systems to communicate in real-time. • Apply DV sentencing enhancements in cases where an individual has previously been sentenced for Domestic Abuse Battery or Battery of a Dating Partner. • Include domestic violence-related questions on risk assessments used by Probation and Parole.
10% of suspects were wanted at the time of the fatality.	• Develop and implement a comprehensive procedure for both Criminal and Civil District Courts that establishes a fully-funded, multi-agency task group responsible for conducting warrant searches on all defendants appearing in court. • Create a DV warrant squad to execute warrants for repeat, violent DV offenders identified by the Domestic Violence High Risk Team (DVHRT) protocol.
79% of the domestic abuse fatalities were committed using a firearm.	• Complete overhaul of electronic systems related to protective order (PO) enforcement to empower law enforcement to efficiently identify suspects prohibited from possessing a firearm due to an active DV PO. • Increase literacy in and use of the Firearm Transfer Process Guide to achieve standard and universal application of firearm transfer processes.

RECOMMENDATIONS FOR CRIMINAL LEGAL SYSTEM

Issue	Recommendations
In 29% of IPV fatalities, the suspect had previously committed nonfatal strangulation against the person they later killed.	• Create and implement a Coordinated Strangulation Response Protocol that ensures responding agencies use best practice strategies to support victim safety and offender accountability at each step. • Improve on-scene evidence collection practices through NOPD 2026 In-Service Training to support evidence-based prosecution. • Conduct comprehensive risk assessments (including history of strangulation) at charge conferences and arraignments of offenders as a means of assessing bail amounts and release conditions. • Collaborate with NOPD to develop a system for identifying repeat and frequent offenders of domestic violence.
In 2022, the Orleans Parish District Attorney's Office (OPDA) refused or dismissed 47.7% of all strangulation-related charges. Ultimately, just 3.3% of people arrested for strangulation-related crimes were convicted of one or more charge.	• Establish immediate contact with victims to gather accurate and comprehensive accounts of strangulation history to inform prosecution and judges, who can use this information to assess risk levels of offenders. • Participate in first hearings to ensure victims are represented, comprehensive risk assessments are completed, the facts and acuity of the crime are accurately reported, and that victim intimidation does not occur. • Request Gwen's Law Hearings (GLH) to establish incident acuity and provide victims with essential time to safety plan. OPDA should provide additional information at GLHs about pattern, risk, and acuity of the incident. • Develop accurate and nuanced refusal codes to track common causes for case refusals and to inform recommendations for improving acceptance rates.

RECOMMENDATIONS FOR CRIMINAL LEGAL SYSTEM

Issue	Recommendations
27% of suspects were subject to either a Civil or Criminal Protective Order (PO).	• Leverage Criminal District Court appearances to arrest offenders who are issued warrants for violation of a PO. • Ensure defendants receive a copy of any PO to which they are subject prior to release from OPSO custody. • Increase the number of victims who have paper copies of Temporary Restraining Orders (TRO) and POs to decrease law enforcement reliance on registry verifications. • Continue to position a victim's advocate in Magistrate Court to assist victims with accessing POs from Criminal District Court and to refer victims to civil legal services. • Create a third Family Court Judge position in Civil District Court to increase docket speed and efficiency. • Dedicate a staff position at the Clerk's Office of Civil District Court to route POs quickly and efficiently through court routing processes. • Strategize, develop, and distribute public education materials to help victims understand and navigate TRO and PO processes.

RECOMMENDATIONS FOR POLICYMAKERS

Policymakers play a critical role in improving the City of New Orleans' response to domestic abuse, and in turn preventing domestic abuse fatalities from occurring in the future. By prioritizing domestic abuse prevention and intervention, policymakers can allocate funding and resources to enhance education and awareness programs, ensuring that individuals are equipped with the knowledge and skills to recognize and address abusive situations.

Issue	Recommendations
In 29% of intimate partner violence (IPV) fatalities, the suspect had previously committed nonfatal strangulation against the person they later killed.	• Change existing legislation to extend cost-free forensic exams including strangulation assessments to survivors of DV, as well as survivors of sexual assault. • Pass policy that ensures EMS transport to forensic exams is cost free for victims of domestic violence.
History and escalation of violence was documented in over a third of the 2022 fatalities.	• Continue to fund the AIR program to increase victim safety and reduce repeat law enforcement involvement. • Invest in the Hospital-based Violence Interruption Program designed to interrupt cycles of violence and support victims healing from trauma. • Expand programs that provide low-cost, safe housing to ensure that when leaving unsafe living situations people have alternative housing options available.
Two deaths were the result of a minor child finding their parents' firearm and fatally injuring themselves or a sibling.	• Continue funding and support of the Firearm Safe Storage program, which distributes biometric gun safes and safety education to residents of New Orleans. • 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.

RECOMMENDATIONS FOR POLICYMAKERS

Issue	Recommendations
In 32% of DV fatalities, the suspect or decedent lived with untreated and unmanaged serious mental illness (SMI).	• Continue to invest in the Mobile Crisis Intervention Unit program to provide immediate on-site mental health assistance and connect individuals to care. • Pursue grant funding to offer Assertive Care Team (ACT) and Assisted Outpatient Treatment (AOT) program care in Orleans Parish on an income-based sliding-fee scale when patients are uninsured or insurance does not approve care.

RECOMMENDATIONS FOR GOVERNMENT AGENCIES

Government agencies, including criminal legal and state agencies, have the power to implement policies, allocate resources, and coordinate efforts to address domestic abuse effectively. This includes implementing policies that enhance access to resources and services and collaborating with community organizations and healthcare providers to develop comprehensive strategies for intervention and prevention.

Issue	Recommendations
In 29% of intimate partner violence (IPV) fatalities, the suspect had previously committed nonfatal strangulation against the person they later killed.	• Create and implement a Coordinated Strangulation Response Protocol that ensures responding agencies use best practice strategies to support victim safety and offender accountability. • Continue training 911 Operators and EMS personnel to identify signs and symptoms of strangulation injury. • Train all New Orleans Police Department (NOPD) officers during In-Service Training 2026 on strangulation lethality, signs and symptoms, and best practice police responses. • Develop a public education campaign to inform the New Orleans community about lethality risk, the importance of medical care, and the laws and rights protecting victims related to strangulation.
Two deaths were the result of a minor child finding their parents' firearm and fatally injuring themselves or a sibling.	• Develop public awareness campaigns to educate the public about the importance of firearm safe storage to prevent theft or accidental injury due to unsafe storage practices. • Continue leading firearm safety education and safe storage programs to increase number of Orleans Parish residents storing firearms safely. • 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.

RECOMMENDATIONS FOR GOVERNMENT AGENCIES

Issue	Recommendations
67% of victims are a parent to one or more child.	• Develop a Homicide Victim Response Protocol through the Homicide Response Workgroup to coordinate wrap-around services for surviving children and family after a DV fatality.
Substance use disorders were a contributing factor in 40% of the 2022 incidents.	• Eliminate sobriety requirements for accessing all victim services, while embedding opportunities for substance use disorder treatment within existing victim services. • Train law enforcement, social workers, and medical professionals to better understand the co-morbidities of IPV and substance misuse, and how to address it within their scope of practice sensitively and effectively. • Develop systems for collaboration between substance use disorder treatment providers, domestic violence experts, and legal professionals to ensure treatment plans are coordinated and holistic. • Increase training for crisis care teams and mental health providers about increased risk for patients and caregivers when SMI is unmanaged or undertreated to encourage better connections between crisis teams, Assertive Care Teams (ACT)/ Assisted Outpatient Treatment (AOT) teams, and hospital staff.
In 32% of fatalities, the suspect or decedent lived with untreated and unmanaged SMI.	• Pursue grant funding to offer Assertive Care Team (ACT) and Assisted Outpatient Treatment (AOT) program care in Orleans Parish on an income-based sliding-fee scale when patients are uninsured or insurance does not approve care. • Establish Collaborative Care Coordinators at psychiatric inpatient programs to ensure providers, treatment teams, and service recipients communicate and coordinate transitions to outpatient care.

RECOMMENDATIONS FOR COMMUNITY ORGANIZATIONS

Community-based organizations are crucial in supporting violence prevention and intervention efforts across the New Orleans. Community-based organizations have worked to support their neighborhoods and community members by providing supportive services, advocating for best interests and needs, and challenging barriers.

Issue	Recommendations
In over half of incidents where substance use disorders was identified, the abusive intimate partner had a criminal history of possessing or selling the substance that their victim was known to misuse.	• Screen all clients at substance use disorder treatment centers or community programs for current and past domestic violence (DV), including childhood physical and sexual abuse, and make appropriate referrals for survivors. • Develop systems for collaboration between substance use disorder treatment providers, DV experts, and legal professionals to ensure treatment plans are coordinated and holistic. • Eliminate sobriety requirements for accessing all victim services, while embedding opportunities for substance use disorder treatment within existing victim services.
In 32% of fatalities, the suspect or decedent lived with untreated and unmanaged serious mental illness (SMI).	• Pursue grant funding to offer Assertive Care Team (ACT) and Assisted Outpatient Treatment (AOT) program care in Orleans Parish on an income-based sliding-fee scale when patients are uninsured or insurance does not approve care. • Establish Collaborative Care Coordinators at psychiatric inpatient programs to ensure providers, treatment teams, and service recipients communicate and coordinate transition to outpatient care. • Provide support in the form of counseling, financial assistance, and case management to family members who are caretakers of adults living with SMI.
35% of IPV suspects had previously committed nonfatal strangulation against one or more victims.	• Develop a public education campaign to inform the New Orleans community about lethality risk, the importance of medical care, and the laws and rights protecting victims related to strangulation.

RECOMMENDATIONS FOR IMPROVING THE NODAFR

After a third year of implementing the NODAFR, several areas for growth continue to be central to improving processes and report writing.

ACCESS TO RECORDS

Record access is crucial for fatality reviews as it allows for a comprehensive understanding of the incident and the factors contributing to the fatality. The NODAFR needs access to additional records in order to make recommendations in the future. The following list includes some of the essential records needed for a thorough review:

Type of Record	Reason Needed
Records related to history of suspect and victim	• Criminal histories outside of Orleans Parish: any criminal history or interactions with the criminal legal system outside of Orleans Parish could help create timelines of escalating violence. • Department of Child and Family Service: any previous involvement or reports with DCFS regarding the victim, suspect, or their children could provide insight into potential gaps in services. • Housing information: records related to subsidized housing, evictions, and emergency shelters could provide insight into housing statuses of victims and survivors. • School records: records related to school-based interventions and services can provide insight into the supportive resources individuals had throughout their youth. • Mental illness history, treatment, and medication records: medical and community-based care records could provide insights into gaps in services and help inform recommendations for improved responses to mental health.

RECOMMENDATIONS FOR IMPROVING THE NODAFR

INTERVIEWS WITH RELEVANT INDIVIDUALS

Domestic abuse fatality review teams across the country use trauma-informed interview processes to gather firsthand accounts and additional insights into relationship dynamics and events that precipitated the fatality. The NODAFR will explore best practices for using interviews for future fatality review sessions.

LANGUAGE IMPROVEMENTS

To maintain consistency with other violent death and fatality review teams across the state, the NODAFR often used definitions from the Center for Disease Control's National Violent Death Reporting System Web Coding Manual Version 6. One limitation to using this coding system is that language is often not inclusive nor does it center person-first language. The NODAFR will work with the LADAFR to determine updated definitions that are inclusive and use person-first language.

IMPROVING IDENTIFICATION OF CONTRIBUTING FACTORS

The NODAFR is working with the LADAFR to improve identification of contributing factors in all domestic abuse cases. Since the first review session, the LADAFR created an updated recommendations form highlighting common contributing individual, relationship, community, and societal factors. The NODAFR and LADAFR will continue to make improvements to the form so that information is accurately captured.



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ACKNOWLEDGEMENTS

The New Orleans Domestic Abuse Fatality Review Team honors both the individuals whose lives have been lost due to domestic violence and the experiences of survivors of domestic abuse in New Orleans. It is our hope that this initiative will help eradicate domestic abuse in our community and prevent fatalities from occurring in the future.



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