2017 Statewide Needs Assessment

Domestic Violence in Louisiana

Louisiana Coalition Against Domestic Violence
2017
ACKNOWLEDGEMENTS

This statewide needs assessment would not have been possible without the help, support, and contributions of many people. The Louisiana Coalition Against Domestic Violence (LCADV) is indebted to the following people:

- The domestic violence survivors who were willing to share their experiences, thoughts, and insights with us. We sincerely appreciate your willingness to provide the information that will directly affect the future of domestic violence victim services in Louisiana.

- The domestic violence service providers who took time out of their busy schedules to talk with us, participate in roundtable discussions, assist in dissemination of surveys, recruit additional participants, and complete surveys themselves. Your expertise, observations, and recommendations are valuable additions that can be used in planning efforts to address domestic violence effectively in our state.

- The individuals from a variety of allied agencies and organizations throughout Louisiana who completed surveys for this needs assessment. We appreciate your time, effort, and candid responses.

- The LCADV staff who assisted in the development and implementation of this needs assessment project. Dr. Rhonda Evans developed survey instruments, collected and analyzed data, and drafted findings. Kimberly Clement and Ashle’ Hayes planned and conducted roundtable discussions with advocates. We also appreciate the efforts of the staff who helped behind the scenes: reviewing drafts of instruments and findings, gathering documents and information, and otherwise making this project possible.
# Table of Contents

Acknowledgements ................................................................. 1  
List of Appendices ............................................................... 5  
Assessment Purpose .............................................................. 6  
**Executive Summary** ............................................................ 7  
**Assessment Methods and Process** ......................................... 13  
Survey of Domestic Violence Programs on Healthcare, Housing, Child Advocacy, Education and Prevention Efforts .................................................. 13  
In-Depth Interviews with Victim Service Providers on Healthcare, Housing, Education and Prevention .................................................. 14  
Survey of Domestic Violence Programs on Legal Advocacy ................................. 14  
In-Depth Interviews with Victim Service Representatives on Legal Advocacy and Justice System Responses to Domestic Violence ...................................... 15  
Survey of Programs Serving Underserved and Culturally Specific Populations .............. 15  
Women of Color Round Table Discussion ....................................... 16  
Survey of Law Enforcement Agencies ............................................ 16  
Survivor Surveys ........................................................................ 17  
Survivor Listening Sessions .......................................................... 17  
Prosecutor Survey ....................................................................... 19  
**Findings: Housing Advocacy and Options for Domestic Violence Victims** ............ 20  
Barriers to Housing Stability ........................................................ 20  
Housing Advocacy ...................................................................... 22  
Usefulness of Housing-Related Training ............................................ 23  
Shelter and Emergency Housing ..................................................... 23  
Transitional Housing .................................................................... 24  
Rapid Rehousing ......................................................................... 24  
Permanent Supportive Housing ....................................................... 24  
Use of State-Level Housing Protection Law by Survivors ................................. 25
Findings: Healthcare Advocacy

Healthcare Advocacy and Training of Healthcare Providers

Findings: Child Advocacy

Child Advocacy Efforts and Strategies

Findings: Education and Prevention

Education and Prevention Efforts
School Dating Violence Policy and Reports

Findings: Legal Advocacy

Structure and Nature of Legal Advocacy
Frequency and Circumstances in Which Domestic Violence Victims Receive Legal Advocacy
Domestic Violence Program Legal Advocate Training
Domestic Violence Program Collaboration with Justice Agencies

Findings: Law Enforcement Trainings, Policies, Protocols and Responses to Domestic Violence

Domestic Violence Program Provision of Training for Law Enforcement
Law Enforcement Officer Training
Perceptions of Helpfulness of Training Topics
Preferred Methods of Training Delivery
Presence of Domestic Violence Policies, Protocols, and Written Guidelines
Interest in Receiving Technical Assistance with Developing Domestic Violence Specific Policies, Protocols, and Written Guidelines
Law Enforcement Interagency Collaboration
Domestic Violence Program Experiences of Law Enforcement Practices in Handling Domestic Violence Cases
Survivor Experiences with Law Enforcement

Findings: Prosecutors’ Training and Responses to Domestic Violence

Domestic Violence Program Provision of Training for Prosecutors
Domestic Violence Program Experiences of Prosecutor Practices in Handling Domestic Violence Cases 61

Findings: Judicial Training and Responses to Domestic Violence 63

Domestic Violence Program Provision of Training for Judges 63

Advocate Experiences of Judicial Practices in Handling Domestic Violence Cases 64

Survivor Experiences of Judicial Practices in Handling Domestic Violence Cases 65

Findings: Legal Aid Attorney Training 66

Domestic Violence Program Provision of Training for Legal Aid Attorneys 66

Findings: Underserved and Culturally Specific Programs and Service Providers 68

Perceptions of Prevalence of Domestic Violence Among the Communities Agencies Serve 68

Level of Awareness Among Population Served About Domestic Violence Programs and Services in Area 68

Reported Use of Services of LCADV Member Programs 69

Barriers to Accessing Domestic Violence Resources 69

Helpfulness of Strategies for Ensuring that Domestic Violence Victims have Access to Domestic Violence Programs and Services 70

Agency Staff/Volunteer Training on Domestic Violence Topics 71

Perceived Helpfulness of Information on Domestic Violence Topics 72

Likelihood of Staff/Volunteers Attending Particular Types of Trainings on Domestic Violence 72

Collaborative Endeavors 73

Conclusion 75

Appendices 76
LIST OF APPENDICES

Appendix A   Healthcare, Housing, Child Advocacy, Education, and Prevention Survey for LCADV Member Programs

Appendix B   Interview Guide for In-Depth Interviews on Healthcare, Housing, Child Advocacy, Education, and Prevention with Domestic Violence Program Representatives

Appendix C   Legal Advocacy and Collaboration Survey for LCADV Member Programs

Appendix D   Interview Guide for In-Depth Interviews on Legal Advocacy and Collaboration with Domestic Violence Program Representatives

Appendix E   Survey for Programs Serving Underserved and Culturally Specific Populations

Appendix F   Survey for Law Enforcement Agencies

Appendix G   Survivor Survey

Appendix H   Guidelines for Administering Survivor Survey

Appendix I   Plan for Conducting Listening Sessions with Domestic Violence Survivors

Appendix J   Consent Form for Survivor Listening Sessions

Appendix K   Prosecutor Survey
ASSESSMENT PURPOSE

This assessment report was designed to provide an analysis of select aspects of domestic violence response in Louisiana, to supplement information already available from other sources, and to identify significant areas of remaining need in our state’s domestic violence response. It was meant to give a voice to domestic violence survivors as it relates to their experience navigating various systems. It is presented in a detailed format that can be used as a reference document for planning purposes.

In conjunction with information available from other sources, the information in the report sections can be used for:

- Providing discussion points for planners and funders.
- Planning services to meet victims’ immediate needs, as well as their needs related to the long-term impacts of domestic violence victimization on their lives.
- Prioritizing services so they can be provided in a way that has the greatest impact for victims.
- Devising system supports to law enforcement, prosecutors, and service providers so they can most effectively meet the needs of victims.
- Designing the content, location, audience and methods for future trainings.
- Determining the type of information on domestic violence victims’ needs and rights to disseminate to partners within various systems, including mental health practitioners, medical care providers, law enforcement and courts.
EXECUTIVE SUMMARY

The Louisiana Coalition Against Domestic Violence conducted a 10-month needs assessment of the current state of domestic violence victim services and victims’ needs in Louisiana. The 2017 statewide needs assessment was conducted from August 2016 through May 2017 with the primary objectives of:

- Reviewing the structure and composition of the field of domestic violence victim services and criminal justice system response to domestic violence in Louisiana.
- Providing information about the current needs of domestic violence victims and the state of the service delivery and criminal justice systems.
- Developing the beginnings of a comprehensive understanding of unmet needs and service gaps through the perspectives of both service providers and victims.
- Identifying gaps in available services and barriers to accessing services among populations considered to have specific needs.

Data collection for the 2017 Louisiana Statewide needs assessment included:

- Web surveys with 16 domestic violence victim service providers.
- Web surveys with 18 community-based organizations who serve primarily culturally specific or traditionally underserved communities.
- Web surveys with 49 law enforcement agencies.
- Listening sessions with 18 domestic violence survivors.
- Roundtable discussion with 27 advocates of color who work in domestic violence programs.
- In-depth interviews with 12 domestic violence victim service providers.
- Anonymous surveys completed by 137 domestic violence survivors who received services at one of the 16 domestic violence programs affiliated with the Louisiana Coalition Against Domestic Violence.

This report is a compilation of the findings gathered across the broad range of individuals who gave their time, knowledge, and voice to the needs of Louisiana domestic violence victims and the various systems that serve them. The findings in this report are presented in detail to serve as a reference for future planning. They are organized in sections based on the content areas of the data gathered. Any recommendations are made based on participant suggestions, an analysis of the data gathered, and a knowledge of promising practices in place in other areas of the country. This executive summary is a brief compilation of the highlights of what we
heard, the details of which are presented throughout the sections that follow.

Shelter and Housing

The quantity of emergency shelter beds in Louisiana is insufficient to meet the existing need for immediate shelter. The ability of a local domestic violence shelter to meet the need in its community varied statewide. However, programs reported making up to 50 referrals to outside agencies each month due to lack of space.

The vast majority of domestic violence service providers reported that obtaining affordable permanent housing or transitional housing was frequently or always problematic for the survivors they serve.

The most prominent theme emerging from survivor listening sessions, particularly in rural areas, was the need for long-term housing options after their stay in emergency shelter. Many survivors indicated a desire for affordable housing of their own immediately, while others indicated a preference for a transitional housing format with additional support and case management services provided for a longer period of time.

Barriers to safe and stable housing were amplified for survivors who were born outside of the United States.

Staff of domestic violence programs reported a need for training on federal and state laws related to housing protections for domestic violence survivors.

There is insufficient transitional housing available for domestic violence survivors in Louisiana, with fewer than 25% of domestic violence programs being able to provide transitional housing. Programs that do provide transitional housing report that funding for such services has decreased in recent years, despite ongoing need for the service.

Fewer than half of domestic violence programs surveyed are able to provide rapid rehousing for survivors of domestic violence.

Permanent supportive housing units across the state are few, with each program providing this service reporting that they are typically unable to grant new requests for permanent supportive housing due to existing units being full to capacity.

Healthcare

Conversations with survivors emphasized the importance of affordable and
accessible healthcare. Survivors indicated that they were rarely or never screened by healthcare providers for domestic abuse during regular visits. However, some shared experiences of healthcare providers who responded compassionately and appropriately when they presented with injuries stemming from abuse. These inconsistencies indicate a need for ongoing healthcare provider training on domestic violence screening and supported referrals to advocacy programs.

Domestic violence programs report consistently making referrals to low- and no-cost healthcare providers and regularly providing informational materials to providers. However, there is a need for additional or more formalized partnerships between domestic violence advocacy programs and healthcare providers.

Child Advocacy and Childcare

Survivors emphasized the importance of high quality children’s programming within domestic violence shelter settings. Each listening session provided a glimpse of the difficulties domestic violence survivors face as they parent their children in a shelter setting and navigate various child-focused systems to ensure the safety and wellbeing of their children.

Survivors expressed a need for additional supervised visitation centers, judicial education on batterers as parents, and additional training for k-12 school staff on domestic violence.

Lack of affordable childcare remains a significant barrier for survivors seeking to gain employment or pursue formal education. This in turn affects survivors’ ability to secure stable long-term housing and economic stability.

There is a need for schools or school boards to develop policies and procedures that promote safety planning and supportive responses to children who are or were living in homes with domestic abuse.

Education and Prevention

A consistent theme in survivor listening sessions was a need for increased awareness of available resources for domestic violence survivors. This need was amplified for survivors whose native language is not English.

There is a need for additional and consistent violence prevention education in elementary and secondary school settings. Domestic violence programs report some difficulty in accessing schools to provide evidence-based prevention education. They also report a lack of sufficient funding dedicated to prevention education efforts.
Louisiana law requires public schools to present annual reports on teen dating violence to their school governing authority. However, compliance with this law is sporadic and inconsistently monitored. There is a need for increased collaboration between school systems and advocacy systems to ensure appropriate policies and responses to dating violence.

Legal Advocacy

Though all domestic violence programs surveyed have dedicated staff positions focused on legal advocacy, there is a vast need for legal representation of domestic violence survivors in both civil and criminal matters.

The largest reported area of unmet need in existing legal advocacy services is advocacy for survivors who have been charged with crimes related to their abuse.

There remains a need for ongoing training of legal advocacy staff in order to ensure consistent practices and up to date knowledge as there are frequent changes in both state and federal law affecting domestic violence survivors.

There is a need for ongoing facilitation of coordinated community responses to domestic violence. Many communities have strong, well-functioning partnerships among advocacy and criminal justice systems. However, data provided indicate that some partnerships remain in early stages or would benefit from additional formalization.

Law Enforcement Response and Training

The most common law enforcement training needs, as reported by law enforcement agencies and confirmed by information gathered in survivor listening sessions, include:

- Constructing an evidence based case that does not require victim testimony
- Firearm restrictions in domestic violence cases
- How to effectively communicate with domestic violence victims and offenders
- Strangulation

Sheriff’s departments were more likely than municipal police departments to report most of their staff having been trained on various domestic violence topics, indicating a need for additional training in local or regional settings to allow smaller municipal police departments to participate.
There is a need among many law enforcement agencies to develop and maintain written policies and protocols that govern agency response to domestic violence incidents.

There is a need for increased collaborative endeavors between law enforcement and advocacy organizations, with fewer than half of police departments reporting that they collaborated in any way with nonprofit organizations in their response to domestic violence.

In anonymous survivor surveys, a slight majority of survivors reported that they felt police responses to their past domestic violence incidents were helpful. However, approximately half of these survivors reported that police responses to past incidents were either not helpful or made the situation worse. These responses indicate a need for consistency in law enforcement response to incidents of domestic violence.

Prosecution and Courts

A small percentage of domestic violence programs provide training for prosecutors on best practices in handling domestic violence cases. It is likely that prosecutors receive domestic violence training from other sources. However, the extent and nature of their training could not be ascertained due to low response rates on the prosecutor survey.

There is a significant need to ensure that prosecutors have the knowledge, skills, tools, and technical assistance to implement practices that will ensure the safety and empowerment of domestic violence victims, while holding offenders accountable. Areas of remaining need, as reported by advocacy organizations and survivors, include constructing an evidence-based case that does not require victim testimony and upholding firearm restrictions on offenders.

Reports from domestic violence programs, supported by information gathered during survivor focus groups, indicate a need for consistency and transparency in judicial practices related to domestic violence. The issuance of mutual stay-away orders in place of protection orders was one area of greatest concern. In addition, survivors indicated feeling that a lack of training on domestic violence among judges results in abusers being able to use the judicial system to further control survivors. Survivors also expressed concern with a perceived lack of monitoring or accountability of court representatives in their handling of domestic violence cases.
Culturally Specific and Underserved Populations

The most commonly reported barrier to accessing domestic violence services for underserved communities in Louisiana, as reported by programs serving culturally specific populations, is a belief that these services and programs do not exist for their communities.

A significant barrier to safety mentioned by survivors in listening sessions was a lack of awareness materials in languages other than English.

The strategies most likely to be considered helpful for overcoming barriers to service, as reported by culturally specific service providers, were:

- Knowing that staff who deliver services embrace and respect cultural diversity
- Making awareness materials available in the churches of culturally specific communities
- Providing services geographically closer to the communities where marginalized populations live
- Providing funds for public transportation to services

Very small percentages of culturally specific programs reported that representatives from their organization engaged in collaborative endeavors with traditional domestic violence programs. This indicates a need for domestic violence service providers to develop and implement strategies for building and maintaining relationships with culturally specific providers.
ASSessment METHODS AND Process

Data for Louisiana’s statewide needs assessment was collected and analyzed over a period of 10 months. To obtain as comprehensive picture as possible of existing services and areas of outstanding need, this assessment included collection and analysis of a wide range of data, including surveys, in-depth interviews, roundtable discussions, and listening sessions.

Survey of Domestic Violence Programs on Healthcare, Housing, Child Advocacy, Education and Prevention Efforts

To assess the current nature of victim service provider strategies for healthcare, housing, child advocacy, education and prevention, as well as the available housing options for domestic violence victims in Louisiana, in the fall of 2016, a survey (see Appendix A) was constructed using Survey Monkey and distributed as a link via email to all LCADV member programs in Louisiana. Member programs are non-profit, community based programs that provide direct services to survivors of domestic violence and their children. These programs share in LCADV’s Principles of Unity and philosophy, comply with minimum standards of service for domestic violence programs, and provide comprehensive services to survivors of domestic violence that minimally include: providing access to shelter, transportation to shelter, a crisis hotline, direct crisis intervention, and advocacy and/or support services to domestic violence survivors and their children in both residential and nonresidential settings. The purpose of the survey was to collect information on the following: (1) staff positions that engage in healthcare advocacy and/or training of healthcare providers; (2) frequency in which staff engage in various practices in healthcare advocacy; (3) staff positions that engage in housing advocacy; (4) estimated number of shelter beds available, requested/needed, and referred out due to lack of availability in a given month; (5) presence of transitional housing, number of housing units available, number needed/requested monthly, number of requests that must be denied or referred elsewhere due to lack of availability, sources of financial support for transitional housing and whether financial support has decreased, increased or stayed the same in recent years; (6) presence of rapid rehousing, number of survivors who use this service, number of clients needing/requesting that were denied or referred elsewhere due to lack of funds, funding sources for this program, and whether funding has increased, decreased or stayed the same in recent years; (7) presence of permanent supportive housing, number needed or requested, number unable to grant due to lack of funds, sources of funding and whether funding has increased, decreased or stayed the same in recent years; (8) whether advocates foster relationships with landlords to facilitate housing referrals for survivors; (9) whether any survivors have made use of state-level
housing protection laws and how many; (10) how problematic obtaining various types of housing for survivors is in a program’s service area; (11) how useful various training topics would be to helping programs meet the housing needs of domestic violence survivors; (12) presence of various types of child advocacy strategies and services; (13) which staff positions are charged with community education and prevention efforts; (14) frequency of engaging in various types of prevention efforts; (15) percentage of schools in a program’s service area where the program has engaged in prevention efforts; (16) whether schools have refused to allow programs to engage in prevention efforts; (17) how many schools in a program’s service area are submitting yearly reports that are required by law; and (17) how many of the schools in a program’s service area have a policy on domestic violence in their handbook. The response rate was 100%, with all 16 member programs responding to this survey.

In-Depth Interviews with Victim Service Providers on Healthcare, Housing, Education and Prevention

After the healthcare, housing, education and prevention survey data were collected, face-to-face meetings were held with representatives from five domestic violence programs to gather insights on current strategies for working with schools, healthcare providers, and landlords/property management companies and to identify areas of outstanding need to promote and strengthen responses to domestic violence in these areas. An interview guide (see Appendix B) was constructed to guide this process and ensure that all areas of concern were discussed.

Survey of Domestic Violence Programs on Legal Advocacy

The second survey assessing Louisiana’s current needs in domestic violence response focused on legal advocacy and collaboration with justice system representatives (see Appendix C) by LCADV’s member programs. This survey was constructed using Survey Monkey and a link to the survey was distributed via email in the fall of 2016 to all 16 member programs. This survey collected information on the following topics: (1) types of staff positions providing legal advocacy; (2) types of legal advocacy services offered by different types of staff; (3) strengths and potential gaps in reaching domestic violence survivors; (4) involvement of program staff in partnerships and collaborative efforts to increase victim safety; (5) the presence of coordinated community response teams and court watch programs in program service areas; (6) training of staff on various topics related to promoting victim safety and offender accountability; (6) whether programs offer training for law enforcement, prosecutors and judges in their service area; (7) types and frequency of training programs provided for law enforcement, prosecutors, and judges in their service area; and (8) program estimates of frequency in which law enforcement,
prosecutors and judges engage in various practices in handling domestic violence. The response rate for this survey was 100%. Thus, the summary findings represent all 16 LCADV member programs in the state of Louisiana.

In-Depth Interviews with Victim Service Representatives on Legal Advocacy and Justice System Responses to Domestic Violence

After the legal advocacy surveys were completed, face-to-face meeting were held with seven LCADV member programs in order to gain in-depth insights into the nature and processes of existing legal advocacy, with a focus on collaborative endeavors with justice system agencies. An interview guide (see Appendix D) was constructed to facilitate this process and ensure that all areas of concern were discussed.

Survey of Programs Serving Underserved and Culturally Specific Populations

A third survey (see Appendix E) targeting programs that serve underserved and culturally specific populations was constructed in Survey Monkey and a link to the survey was distributed via email in the fall of 2016 to 99 agencies/organizations. This survey collected information on the following main topics: (1) group/agency/organization information; (2) domestic violence services offered by the group/agency/organization; (3) domestic violence prevalence, awareness level, and access to programs and services; (4) barriers to domestic violence services and methods for improving access; (5) training on domestic violence; and (6) participation in collaborative endeavors. The response rate for this survey was relatively low, with only 18 groups/agencies/organizations responding. Of the 18 agencies/organizations that responded to this survey, the majority were non-religion based nonprofits (66.67%). The remaining programs reported other (27.78%) and state government (5.56%). The majority of agencies that responded reported serving elders (66.67%). Additionally, these agencies reported serving LGBTQI (22.2%), individuals living in poverty (22.2%), African Americans (22.2%), individuals who are homeless (16.67%), individuals living in rural areas (11.11%), Hispanics or Latinos (11.11%), immigrants (11.11%), individuals with mental health issues (11.11%), Native Americans (5.56%), individuals with physical disabilities (5.56%), and individuals with substance abuse issues (5.56%). Only one agency reported that their service area included all parishes in the state (statewide provider). The remaining 17 agencies were parish wide and each reported one parish in their service area. All parishes in the state are represented by at least one agency in this survey. Only one of the 18 agencies/organizations that responded to this survey reported providing only domestic violence specific services. This agency/organization reported providing the following types of domestic violence specific services:
emergency shelter, transitional housing, education, legal advocacy, economic relief (aid paying electric bills, obtaining food, paying rent, etc...), community awareness events, victim counseling/advice, and support groups for victims.

Women of Color Round Table Discussion

A women of color round table discussion session was held February 2, 2017, at the East Baton Rouge Parish Public Library with women of color working in LCADV member programs. Seven of 16 member programs were represented by one or more staff member at this event. A total of 27 advocates attended. The attendees were employed in a variety of positions, including: program director, community educator, counselor, shelter advocate, women’s advocate and shelter manager. This session aimed at garnering insights into the strengths and gaps in existing domestic violence services in terms of capacity to meet the needs of survivors who are women of color. Additionally, this session focused on identifying suggestions for how domestic violence programs can enhance the safety and empowerment of survivors of color and center the perspectives of traditionally marginalized communities in their work.

Survey of Law Enforcement Agencies

A fourth survey (see Appendix F) assessing law enforcement’s capacity to respond to domestic violence was constructed using Survey Monkey and a link to the survey was distributed via email to city, sheriff, and university police departments in the fall 2016. This survey collected information on the following topics: (1) agency type and location; (2) prevalence of officers trained on various topics related to best practices in handling domestic violence; (3) departmental administrator perceptions of helpfulness of various training topics related to domestic violence; (4) perceptions of likelihood that officers within the departments would attend trainings delivered by different methods and in different settings; (5) interest in having one officer trained extensively on domestic violence, who could then train other officers in their department; (6) departmental engagement in various collaborative efforts in handling domestic violence; (7) existence of domestic violence coordinated community responses to domestic violence in their service areas; (8) interest in involvement in a coordinated community response to domestic violence; (9) existence of domestic violence specific policies, protocols, or written guidelines within departments on various topics; and (10) interest in receiving technical assistance with developing domestic violence specific policies, protocols, or written guidelines on various topics. A total of 49 law enforcement agencies responded to this survey. Of these 49 agencies, 59.18% represent city police departments, 24.49% represent sheriff’s offices, and 16.33% represent university police departments. The exact response rates for city police departments is unknown and fairly low, with 28
departments responding to the survey. University departments had the highest response rate at 44.4% and sheriff’s departments had a 18.75% response rate. Twenty-seven of the 64 parishes in Louisiana had at least one law enforcement agency that responded to this survey. Thirty-nine cities/towns were represented in this survey.

Survivor Surveys

For this assessment, we constructed a voluntary, anonymous survivor survey (see Appendix G) that focused on the experiences of domestic violence survivors with accessing and interacting with law enforcement in their efforts to maintain their safety and the safety of their children. LCADV member programs were given written guidelines see (Appendix H) for administering this survey that requested that they collect data from November 2016 through February 2017 from both residential and non-residential survivors who have made use of their program services. They were instructed that each survivor should only complete one survey and were given tips for administering the survey and returning the survey for analysis. The survey collected information on the following topics: (1) characteristics of most recent incident of abuse (year experienced, type of crime, relationship to offender, victim and offender sex); (2) whether police were called in most recent incident of abuse and if not, why; (3) who called police; (4) agency that responded; (5) length of time it took agency to respond; (6) total number of times ever called this agency; (6) total number of times ever called any law enforcement agency because of abuse; (7) reason for calling police in most recent incident; (8) reason for calling police in all other incidents other than the most recent; elements of police response in most recent incident; experiences with law enforcement during most recent incident; (9) helpfulness of police responses; (10) perceptions that officers did or did not take their situation seriously; and (1) whether or not they would call police the next time they were in danger. A total of 137 survivors from across the state responded to this survey.

Survivor Listening Sessions

In March of 2017, two listening group sessions were held with a total of 18 survivors of domestic violence in Louisiana. These sessions were designed to allow survivors to define those resources that have been most helpful in promoting their safety and empowerment; any concerns they have about experiences with systems, organizations, and agencies; needs they have that have not been met; and their suggestions for promoting the safety and empowerment of survivors of domestic violence and their children. Our target population was survivors of domestic violence who had or had not utilized residential or non-residential domestic violence program services. To recruit survivors, we requested that domestic violence programs in
regions of the state chosen for a listening session do the following: (1) have those advocates who facilitate support groups make an announcement at all meetings the week prior to the listening session, (2) have staff place invitations in a central location or in various locations within the shelter, (3) have staff place an announcement in mailboxes for residents, if these exist in the program, and (4) request that their local victim witness coordinators invite 5 to 10 domestic violence survivors to attend the session. These sessions were held at two facilities that were chosen based on the desire to have survivors from both urban and rural geographic locations included, the desire to have a sizable number of survivors from diverse backgrounds attend the focus group sessions, and the desire to ensure that survivors were from more than one geographic region within our state. To facilitate the process, a plan for conducting listening sessions with domestic violence survivors (see Appendix I), invitation template, and consent forms (see Appendix J) were constructed and shared with the participating member programs.

Two LCADV staff members facilitated each of these listening sessions and took detailed notes during the discussion, which were later transcribed, analyzed for common themes, and incorporated into this report. At the beginning of the sessions, survivors were verbally informed of LCADV’s purpose and mission. All participants were given consent forms and signed them prior to the start of the session. Additionally, survivors were given the four main questions in hard copy with space to write their ideas and told they could do this prior to our discussion, if they felt it would help them organize their thoughts or ensure that they would not forget to mention ideas that are important to them. Some chose to use this form and others did not. Some came with their ideas already written in notebooks.

Of the 18 survivors who participated in the listening sessions, five participated in a rural area and 13 participated in an urban area. Although this did not necessarily mean that the survivors themselves were from such locations, it increased the likelihood that they would represent various areas within our state. In fact, during conversation it became clear that the survivors were from a variety of cities within our state and some were from outside of the state. Additionally, survivors represented a variety of racial and ethnic backgrounds, and at least three were originally from countries outside of the U.S. Most of these survivors were in long term relationships with their abusers and the majority were married to their abusers. However, a significant minority of survivors were cohabitating with their abusers. Participants had various levels of educational attainment, employment statuses, and income levels. Some of the survivors had a college education and had obtained professional occupations, while others never worked outside the home and had difficulty obtaining gainful employment or were forced to work for low wages. Thus, although only 18 survivors participated in these focus groups, they had diverse life experiences in addition to their common experience as survivors of domestic violence.
Prosecutor Survey

The sixth survey (see Appendix K), assessing Louisiana’s capacity to respond effectively to domestic violence was distributed to prosecutors and assistant prosecutors. This survey was constructed using Survey Monkey and a link to the survey was distributed via email to the Louisiana District Attorney’s Association (LDAA) in the fall of 2016. LDAA agreed to distribute the survey via email to all LDAA members. The email requested that prosecutors complete the survey and that they forward the request to all assistant district attorneys who handle domestic violence cases. This survey collected information on the following topics: (1) training issues related to handling domestic violence cases; (2) engagement in collaborative endeavors designed to hold domestic violence offenders accountable and promote the safety and empowerment of their victims; (3) frequency of engaging in certain practices in prosecuting domestic violence cases; and (4) presence of guidelines or protocols that incorporate best practices for prosecuting domestic violence cases. There were a total of 13 questions on this survey. Because only two prosecutors responded to this survey, data from this survey is not included in this report.
FINDINGS: HOUSING ADVOCACY AND OPTIONS FOR DOMESTIC VIOLENCE VICTIMS

To promote long-term safety and security of domestic violence survivors, it is crucial to understand the barriers they face in obtaining safe housing and identify housing advocacy and housing options that are. Findings in this area pertain to housing barriers faced by survivors of domestic violence, and various types of housing and housing advocacy provided by domestic violence programs.

Barriers to Housing Stability

In order to assess barriers to survivor safety and stability in Louisiana, domestic violence program representatives were asked to report how problematic obtaining affordable housing, transitional housing, permanent housing and landlord discrimination are on a scale from not at all to always problematic. The vast majority of programs reported that obtaining affordable (87.5%), transitional (81.25%) and permanent housing (81.25%) are frequently or always problematic. On the other hand, only 18.75% of programs reported that landlord discrimination is frequently problematic, but 50% report that this is sometimes a problem in their service area.

During survivor listening sessions, a frequently reported barrier limiting the safety and empowerment of domestic violence survivors, especially those survivors in rural areas, was lack of housing. Survivors noted that the length of time available in emergency shelters is too brief for them to get on their feet and that housing, other than emergency shelter, is very difficult to obtain or takes a long time to obtain due to lack of funding. The following quotes from survivors indicate their concern with this issue as well as the dire consequences they face due to lack of funding for housing options:

Survivor #4 (rural): Six weeks is too short to get on your feet. Your mind is totally in chaos. You are trying to gather your thoughts and get necessary resources. It feels like you have to keep starting over, because you can’t do this in six weeks. If you’re lucky you can move to another shelter, but then you have to start the process all over again.

Survivor #5 (rural): Sometimes it takes that long just to start a job or get your first paycheck. Then you need time to save for deposits and find a place to live. Fortunately, my abuser is behind bars, but these other women will have to go back.
Survivor #1 (rural): It took me three weeks to find a job. I haven’t even started working yet and my deadline for shelter is coming soon. I am hurt emotionally because I have been in a domestic violence relationship for ten years and I haven’t worked. My children were taken away from me because I live in a shelter and the judge said I can’t provide stable housing. There is no way I can get on my feet by then. I will have to go back to my abuser.

Survivor #3 (rural): They need additional housing options. Need more transitional housing options. It is hard to start over. This is my first time in a shelter trying to move forward with my life. I don’t want to go back, but am worried that I won't have options. I am having trouble finding affordable housing still and don’t have the funds saved for all the deposits that will be required.

Survivor #2 (rural): I am trying to stay in [city redacted], but I have to save funds for a $200 water deposit. I am disabled. They help with lights, but not with deposits.

Survivor #3 (rural): When we are forced to keep hopping shelters and our children have to keep switching schools, DCFS (Department of Child and Family Services) will judge us for this and take our children for not providing a stable home.

All of the survivors that took part in the rural listening session were extremely concerned with finding affordable housing and being able to pay deposits. This group of women were more likely than the survivors who attended the urban session to report that they did not work outside of the home prior to leaving their abusers. They suggested that more funds be available for housing domestic violence survivors, that Section 8 prioritize domestic violence survivors, and that transitional-style housing be available to domestic violence victims once they leave the emergency shelter. Based on the responses from survivors in both groups, obtaining housing is a major concern for all rural survivors, and some—though fewer—survivors in the urban listening session expressed such concern as well. This could be due to the wider availability of affordable housing in urban areas, the higher overall educational attainment level of the survivors in the urban focus group, or the greater likelihood that this group of survivors were employed prior to leaving their abuser and currently.

Most survivors from the urban listening session who faced barriers to obtaining housing were born outside the U.S. and were here on visas when they experienced abuse. Quotes from the two survivors below highlight housing concerns as well as the manner in which their abusers used their nationality to intimidate and control them. Additionally, they portray the complexities of domestic abuse for victims with marginalized statuses and the heightened risk for ongoing abuse. They also
highlight the importance of ensuring that domestic violence outreach strategies incorporate the lived realities of victims from underserved or culturally specific populations.

Survivor #6 (urban) My abuser tried to kill me. He is an American with lots of money. He makes nearly $500,000 per year. We were married for 22 years... I will not stay with my children because I don’t want to put them in danger. He recently came to my house and raped me. In the court order, I have the house and he wants to leave me homeless. He told me that I’m not from this country and said that if I call the police I will pay, and to remember that I have kids too. I do not have money and had to sleep four days in my car before coming to the shelter.

Survivor #11 (urban): I am very isolated here... I did not have any family to turn to and was seeking advice from his mom. She told me to stay and that he would eventually change. I took the abuse for a long time but one day I was at a restaurant letting my son play and he called and asked where I was. I told him and he came and beat me in front of my child and everyone there. I did not have anywhere to go so I started sleeping in my son’s room with a metal baseball bat. He would stand in the door and verbally abuse me, but would not come near me.

Housing Advocacy

In order to assess the structure of housing advocacy with domestic violence survivors, domestic violence programs were asked to identify the positions within their program that engage in housing advocacy. Programs were approximately equally likely to report that survivor advocates (43.75%) and other staff positions (50%) were charged with this task. The following positions, or some combination of these positions, were included in the other responses: housing advocates, case managers, program coordinators, empowerment advocates, legal advocates, transitional housing staff, women’s advocates, shelter advocates, outreach advocates, and executive directors. Thus, housing advocacy is central to many positions within domestic violence programs.

Usefulness of Housing-Related Training

Ensuring that program staff have knowledge and skills to engage in effective housing advocacy and that landlords and property managers understand housing laws that pertain specifically to domestic violence survivors are crucial to promoting survivor safety. In order to assess perceptions of usefulness of training on housing
related topics, program directors were asked to report how useful each of five types of training would be in helping their program meet the housing needs of domestic violence survivors. Three of the trainings were focused on training for their own staff and two were focused on training for landlords and property management companies. Programs were most likely to view trainings for their own staff on state and federal laws related to housing protections as very useful or useful (87.5%). Additionally, programs reported that training for landlords and property management companies on Louisiana and federal domestic violence housing protection laws would be very useful or useful (81.25%). Although the majority of programs still reported that training and/or technical assistance on strategies for building relationships with landlords and/or property managers would be very useful or useful (62.5%), this is the type of training they were least likely to view as very useful or useful. It is likely that this reflects the fact that most programs are already engaging in this strategy effectively.

Shelter and Emergency Housing

The availability of short-term emergency shelter for women and children who are in crisis due to domestic abuse can mean the difference between life and death and is essential to promoting their safety. Survivors who took part in listening sessions noted that family members often do not want to take them in because they are also afraid of their abusers, or that victims did not want to risk putting their family members in danger by staying with them. To determine whether availability of emergency shelter beds in Louisiana is currently meeting the needs for beds requested by victims of domestic violence, member program executive directors were asked to report the average number of emergency beds requested monthly in their program and the average monthly number of survivors who request emergency shelter who must be housed outside of the program or referred to another shelter due to lack of beds. Only three shelters in Louisiana reported having enough emergency beds to meet the needs of domestic violence victims in their service area. The large majority of programs are forced to refer domestic violence victims to other shelters outside of their area of residence. The average number of referrals to other programs monthly was between 1 and 50 per program. Thus, these findings highlight the need to increase the number of shelter beds available in most areas of Louisiana. However, as the findings from survivor listening sessions indicate, emergency shelter alone is not sufficient for long-term safety and stability, and it is unreasonable to expect that survivors of domestic violence will be able to independently provide for their needs or the needs of their children within the short period of time in which emergency housing is available, typically 45 days.
Transitional Housing

Given the nature of abuse and high levels of economic marginalization of many domestic violence victims, access to transitional housing is crucial to maintaining their safety and paving their path to empowerment and stability. Transitional housing is designed to prevent homelessness by providing temporary housing, typically from 6 to 18 months, and supportive voluntary services that promote the ability of domestic violence survivors to obtain permanent housing. In order to assess the availability, need and funding for transitional housing in Louisiana, domestic violence program directors were asked to report if they have transitional housing available, whether or not the need for transitional housing matches or exceeds the availability of transitional housing, the funding sources for transitional housing, and changes in the amount of funding for transitional housing in recent years. The vast majority of programs do not have transitional housing units available. Only four programs reported the availability of transitional housing units. All programs combined have 70 to 80 transitional housing units. Almost all transitional housing units stay occupied and within these four programs combined, there are an average of 15-17 requests monthly that cannot be met. Reported sources of funding for transitional housing programs included Housing and Urban Development (HUD) and Office on Violence Against Women (OVW). Unfortunately, programs reported that funding for transitional housing has decreased in recent years.

Programs do not typically collect data on the number of requests for transitional housing when they do not offer transitional housing. Thus, these data do not adequately reflect need for such housing across our state. Based on the comments of survivors during focus groups and their central and repeated concern with housing, we can conclude that there is need for additional transitional housing that victims can access when their time in emergency shelters expires.

Rapid Rehousing

Rapid rehousing is a housing option that reduces the likelihood of homelessness and time spent homeless by promoting movement toward permanent housing for victims of domestic violence as quickly as possible. In order to assess the availability, need, and funding for rapid rehousing in Louisiana, domestic violence program executive directors were asked whether their program offers rapid rehousing, the average number of survivors using rapid rehousing monthly, average number of survivors needing and/or requesting rapid rehousing that are denied or referred elsewhere due to lack of funds, funding sources for rapid rehousing, and whether the funds for rapid rehousing have increased, decreased or stayed about the same in recent years. Seven of 16 programs reported offering rapid rehousing as an option. They reported
offering this to a total average of 32 survivors monthly. The funds for this type of housing were reported to be more stable than funds for transitional housing, with all programs with this option reporting that their funds have stayed the same or increased in recent years. Funding for this type of housing program include HUD’s Emergency Solutions Grant and funds from city and parish governments. Because programs do not typically track or report requests for rapid rehousing if they do not offer this service, and survivors must be aware of the existence of a service before making a request, these data do not accurately reflect the full need for housing among domestic violence victims in Louisiana.

Additionally, almost all LCADV member programs report fostering relationships with landlords to facilitate housing referrals for domestic violence survivors (93.75%), which also contributes to helping survivors obtain permanent housing as quickly as possible, thereby reducing likelihood of homelessness among domestic violence survivors.

Permanent Supportive Housing

Permanent supportive housing provides affordable housing, case management, and supportive services for survivors facing multiple barriers to stability. In order to assess the availability, need, and funding for permanent supportive housing in Louisiana, domestic violence program executive directors were asked to report if their program offers permanent supportive housing, average number of survivors who need/request permanent supportive housing monthly, average number of requests for permanent supportive housing they are unable to grant monthly, sources of funding for permanent supportive housing and whether funds have increased, decreased or stayed about the same in recent years. The total number of units available statewide was nine. Programs reported that these units are consistently full to capacity and they are typically unable to grant additional requests for permanent supportive housing. The funding stability for this service varies, with some programs reporting that funding increased and other reporting that it has stayed the same or decreased in recent years. Reported sources of funding for permanent supportive housing included HUD and local government funds.

In sum, victims of domestic violence and their children continue to face tremendous barriers to obtaining housing as such options are vastly limited in Louisiana. Increased funding for, and availability of, housing for victims of domestic violence and their children is crucial to promoting their safety and empowerment.
Use of State-Level Housing Protection Law by Survivors

In addition to federal housing protections, Louisiana has state laws in place that were drafted with the intent to reduce homelessness among victims of domestic violence and their children. In order to assess the impact of this state legislation, programs were asked to report if any of their clients made use of housing protections provided in Louisiana law. Only 31.25% of programs responded yes to this question. Of those programs that reported survivor use of housing protection laws, the reported number of survivors utilizing the law varied drastically or was not reported. It is possible that the overall percentage is low because the law is relatively new, having only been in effect for one year when the survey was administered. These findings also suggest a need for housing advocates to receive ongoing training on federal and state housing protections for domestic violence survivors.
FINDINGS: HEALTHCARE ADVOCACY

Many survivors of domestic violence sustain physical injuries that require medical attention. Due to the trauma of abuse, some survivors may require emotional and mental health care as well. In addition, a growing body of research shows domestic violence victimization has long-lasting impacts on physical and mental health, with domestic violence victims being more likely than non-victims to experience a wide range of health problems. Domestic violence advocates can refer victims to low cost healthcare services and also collaborate with healthcare providers to ensure they are informed on the dynamics of abuse, can recognize signs of abuse, and are able to screen for abuse and refer victims to domestic violence programs for services.

Conversations with domestic violence survivors provide support for the importance of the healthcare system in addressing domestic violence. During one listening session, a survivor noted that her husband beat her so badly that he had to take her to the emergency room. Consistent with best practices, the healthcare staff asked him to leave the room and then questioned her about the abuse. However, survivors also noted that the cost of healthcare is a barrier to receiving medical attention for injuries derived from domestic violence. Additionally, they viewed lack of access to affordable healthcare as negatively impacting their ability to obtain evidence of the abuse, which reduces the likelihood that the criminal justice system will hold the offender accountable. The following quote from a survivor depicts this concern:

Survivor #1 (rural): There is no way to get medical attention or evidence of the abuse, like x-rays, other than the emergency room. We have to pay for the medical bills from the abuse.

Healthcare Advocacy and Training of Healthcare Providers

In order to understand how healthcare advocacy and training are structured within domestic violence programs, directors were asked to report which types of staff positions within their program engage in healthcare advocacy and/or training of healthcare providers. The vast majority of programs reported that outreach advocates are charged with these tasks (81.25%). All dual programs (programs providing both domestic violence and rape crisis services) reported that rape crisis advocates are engaging in these tasks. Some programs rely on survivor advocates (31.25%) or legal advocates (25%) to provide healthcare advocacy.

In order to assess the nature and frequency of healthcare advocacy and training on domestic violence, program administrators were asked to report how frequently their program engages in each of 16 strategies. Programs were most likely to report that they regularly: (1) refer clients to low or no cost healthcare providers (93.75%); (2) distribute educational materials to hospitals in their service area (62.5%); (3)
distribute educational materials to health clinics in their service area (53.33%); and (4) distribute educational materials to private mental health practitioners in their service area (50%). Thus, most programs consistently make referrals and distribute educational materials to healthcare providers. However, a sizable minority of programs do not regularly distribute educational materials to healthcare providers.

Programs were most likely to report only sporadically engaging in the following types of healthcare advocacy: (1) responding to domestic violence incidents at the emergency rooms of the hospitals in their service area (75%); (2) providing training on domestic violence screening for non-ER nurses (62.5%); (3) providing training on domestic violence dynamics for mental healthcare professionals (56.25%); (4) distributing educational materials to doctors’ offices in their service area (50%); and (5) providing training on domestic violence dynamics for ER nurses (50%).

Programs were most likely to report never engaging in the following healthcare advocacy strategies: (1) providing training on domestic violence screening for ER doctors (75%); (2) providing training on domestic violence dynamics for ER doctors (62.5%); (3) providing training on domestic violence screening for non-ER doctors (62.5%); (4) providing training on domestic violence dynamics for non-ER doctors (50%); and (5) providing training on domestic violence screening for ER nurses.

In sum, domestic violence programs provide consistent advocacy to help survivors gain access to healthcare resources they need. Some programs regularly share materials with various types of healthcare providers and in various types of healthcare locations, while many are only engaging in such practices sporadically. A lack of resources or funding dedicated to training-focused staff positions within domestic violence programs likely contributes to inconsistencies in training provided to healthcare providers. The providers who are most likely to come into contact with domestic violence victims who have been seriously injured by their abusers (emergency room healthcare providers) are also the least likely to receive training from domestic violence programs. These results indicate a need for healthcare providers, particularly those practicing in emergency room settings, to receive domestic violence training to ensure they are armed with the knowledge and skills necessary to respond effectively to domestic violence victims. This assessment addressed only training provided by LCADV member programs, so it is possible that healthcare providers receive domestic violence training from other sources. Ensuring healthcare providers are trained consistently on domestic violence dynamics and screening practices, whether by domestic violence programs or other training sources, can increase the ability of the healthcare system to meet the needs of domestic violence survivors.
**FINDINGS: CHILD ADVOCACY**

Researchers have found that children who witness domestic violence are likely to suffer many negative consequences, including: anger management problems, low educational attainment, depression, anxiety, post-traumatic stress disorders, increased risk of being in an abusive relationship, and increased likelihood of suffering from drug and alcohol abuse, among many others. Additionally, children living in households with domestic violence are at an increased risk for experiencing abuse themselves. Child advocacy is an important component of the services provided by domestic violence programs, and plays a crucial role in meeting the physical and emotional needs of children who are exposed to domestic violence.

**Child Advocacy Efforts and Strategies**

Louisiana’s domestic violence programs engage in a variety of advocacy strategies to meet the needs of children who experience domestic violence. In order to assess the nature and prevalence of child advocacy services offered by domestic violence programs in Louisiana, programs were asked to report whether they offer each of 14 services. Programs were most likely to report that they engage in the following types of child advocacy: (1) coordinating with other staff and external agencies to meet the needs of these children (100%); (2) engaging in one-on-one counseling sessions (93.75%); (3) providing childcare during non-residential support groups (81.25%); and (4) conducting needs assessments (81.25%). The majority of programs also reported engaging in the following: (1) facilitating peer support groups (68.75%); (2) developing relationships with school counselors to ensure that the needs of the children are met (68.75%); (3) developing relationships with teachers to ensure that the needs of the children are met (62.5%); (4) training teachers on domestic violence (50%); and (5) providing written domestic violence materials for school counselors to share with students (75%).

On the other hand, fewer than 50% of programs reported engaging in the following types of child advocacy: (1) providing childcare for children in residential programs (31.25%); (2) working with local school boards or schools to develop policies and procedures that ensure they respond effectively to children exposed to domestic violence (43.75%); (3) working with local schools boards or schools to develop safety plans (43.75%); (4) training school board members on domestic violence (31.25%); and serving on educational task forces, commissions, or collaborative efforts (31.25%). Although childcare services need not be offered on-site at programs in order to be provided to survivors, survivors who took part in focus group sessions highlighted the importance of access to childcare and the negative impact of lacking childcare during their 45 days at emergency domestic violence shelters, more
specifically. They noted that it is difficult to get a job and work their plans due to lack of childcare.

Additionally, survivors expressed concerns with creating normalcy in the lives of their children while living at shelters, as well as fear regarding the impact of the abuse on their children and the desire for services to address this concern.

**Survivor #2 (rural):** They need to have more activities for the women and children, like trips to the zoo, fieldtrips, etc... There are lots of free things we can do as a group, like go to the park or library, have a BBQ.

**Survivor #3 (rural):** The courtyard is not big enough or kid friendly. There is nothing for pre-teens or teens to do.

**Survivor #4 (rural):** Children need activities to take their minds off of what is happening.

**Survivor #1 (rural):** Kids suffer and they need therapy. They need to talk about this with someone qualified, even if they come in one time per week. Especially boys, they will grow up and think it is okay to abuse women. My ten-year old son asked me if he can hit on girls when he grows up.

Survivors also noted a need for supervised visitation centers that can monitor the visits their children have with their abusers.

**Survivor #4 (urban):** He has supervised visitation, but in the presence of his own family members. We need a visitation center.

In conclusion, domestic violence programs are proactively advocating with numerous agencies to meet the needs of children of domestic violence survivors and providing in-house advocacy services to those children in their programs. Additionally, most programs actively work to develop relationships and increase awareness of domestic violence among school teachers and counselors. While domestic violence survivors noted that childcare is crucial to supporting their ability to work their plans, only a small percentage of programs directly offer childcare. Domestic violence advocates do, however, frequently help survivors apply for child care assistance and find off-site childcare. Additionally, these results indicate a need for schools or school boards to develop policies and procedures that promote safety planning and supportive responses to children who are or were living in homes with domestic abuse.
FINDINGS: EDUCATION AND PREVENTION

Increasing awareness and knowledge of the causes, nature, and prevalence of domestic violence, as well as the services available for victims of domestic violence and their children, is an important component of efforts to end it. The need to enhance strategies for increasing awareness among domestic violence victims of the services available to them, especially those who are from outside of the U.S., was a prevalent theme in listening sessions, as evident in the following quotes by survivors:

**Survivor #4 (urban):** I was unaware of the free legal resources for survivors and have borrowed a lot of money to pay legal fees.

**Survivor #11 (urban):** I am very isolated here... There needs to be more information that is easy to access and in multiple languages. I did not know what domestic violence was or the resources that were available to help people like me.... I did not know about protective orders or how to access the justice system. I did not know that (the domestic violence shelter) existed. I was afraid to call the cops... It would help to have more information in Spanish. Our abusers tell us that we do not have papers and they will send us home if we call the cops. They threaten to have someone in our native country take care of us once we are sent back.

**Survivor #12 (urban):** I wish I would have known about (the domestic violence program) and the resources they provide, types of abuse and the nature of abuse sooner. I eventually heard about (the domestic violence program) from someone who was using their services.

Survivors also suggested that written materials promoting the availability of domestic violence program services be available in places where victims frequent, such as adult schools, public libraries, apartment complexes, and grocery stores.

**Education and Prevention Efforts**

In order to assess the structure of education and prevention efforts within domestic violence programs, executive directors were asked which positions in their programs are charged with community education or prevention efforts and were given the following choices: child advocates, community education coordinators, or other please specify. They were asked to check all responses that apply for this question. The most common response was other positions (50%), followed closely by community education coordinators (43.75%). Those programs that reported “other” noted a variety of positions engage in these tasks including outreach advocates,
clients’ advocates, case managers, rape crisis advocates, and program directors. Thus, a variety of staff positions within domestic violence programs are tasked with education and prevention efforts.

In order to assess the nature and frequency of education and prevention efforts by domestic violence programs, they were asked to report how frequently their program engages in each of 14 types of education and prevention efforts, and the response choices were regularly, sporadically, or never. The only type of education or prevention effort that the majority of programs reported engaging in regularly was presentations with community groups or organizations (87.5%). A sizable minority of programs reported that they regularly made presentations to 1st-8th grades (46.67%); high school students (43.75%); college students (37.5%); were interviewed by local media (37.5%); and ensured that domestic violence informational materials were present in all public schools (43.75%).

Programs were most likely to report engaging in the following education and prevention efforts only sporadically: (1) presentations with high school students (50%), (2) presentations with college students (43.75%); (3) writing editorials or articles for local newspapers (43.75%); (4) interviews with local media (50%); (5) media campaigns (56.25%); (6) training teachers on domestic violence issues (43.75%); (7) training educational administrators on domestic violence issues (50%); and training educational staff on domestic violence issues (50%).

The majority of programs reported that they never work with educational leaders to develop policies and procedures for keeping domestic violence victims and their children safe (75%). Additionally, a sizable minority of programs reported never engaging in the following education/prevention efforts: (1) writing editorials or articles for local newspapers (37.5%); (2) public service announcements (43.75%); (3) media campaigns (31.25%); (4) training teachers on domestic violence issues (31.25%); (5) training educational administrators on domestic violence issues (37.5%); or training educational staff on domestic violence issues (25%).

In order to ascertain the breadth of domestic violence program education and prevention efforts in schools across Louisiana, directors were asked to report the percentage of schools in their service area in which they have engaged in prevention efforts. The largest percentage of programs reported engaging in prevention efforts in 1%-20% of schools in their service area (37.5%), followed by 21%-40% (25%). Only two programs reported engaging in prevention efforts in 81%-100% schools and two reported engaging in such efforts in 61%-80% of schools in their service area. Thus, the vast majority of programs engage in prevention efforts in 40% or fewer of the schools in their service area. Additionally, the majority of programs (56.25%) reported having schools refuse to allow their program to engage in prevention efforts in their service area.
Increasing awareness of domestic violence and coordinated prevention efforts are crucial to eradicating this social problem. These findings indicate a need to address school administrator resistance to prevention initiatives. There is also a need for increased capacity to provide regular awareness and prevention initiatives in schools and universities. Funding for education or prevention positions in domestic violence programs is limited, which likely contributes to low percentages of programs being able to engage in certain educational activities. There are very few funding streams dedicated to the prevention of domestic violence, which makes the provision of prevention and awareness activities difficult. Additionally, as noted by survivors, there is a need to strategically consider where awareness raising written materials are placed and ensure that they are available in the languages of all populations residing in a given area.

School Dating Violence Policy and Reports

Louisiana law requires public schools to present annual reports on dating violence to their school governing authority. To determine current level of compliance with this law, domestic violence program executive directors were asked to report whether all, most, some, few, or none of the schools in their district are providing the yearly reports that are required by law. Nearly all programs reported that they did not know (87.5%). Of the programs that knew, only one program reported that most schools were submitting annual reports.

Additionally, Louisiana law requires public schools to have a policy on dating violence in their handbook. In order to assess whether schools are in compliance with this law and whether domestic violence programs are involved in this process, executive directors of member programs were asked to report whether all, most, some, few, or none of the schools in their service area have policies on dating violence in their handbooks. The majority reported that they don’t know (62.5%). Others reported responses varying from all to some.

In sum, these findings are consistent with the findings on education and prevention efforts and highlight the need for increased collaboration between advocacy and education systems. This collaboration could increase school systems’ capacity to respond effectively to domestic violence. Additionally, the insights from the following survivor quote demonstrate the need for educational institutions to have policies and protocols on domestic violence and ensure that staff are adequately trained.

**Survivor #8 (urban):** There is a lack of coordination between agencies...The schools never protected my son. My ex-husband went to the school and even sat in on class events, while I was there. The ...
School Board did nothing to help enforce my lifetime protective order...It is a lifetime protective order, but they are not sure it applies to certain locations. My son is in a different school and they are not knowledgeable about protective orders or domestic violence. They were going to make my son walk a mile to school and I brought it to their attention that this would be dangerous for him. It took them a week to determine that they needed to send a bus to pick him up.

Domestic violence is preventable, and strategic investments in prevention initiatives can make a significant impact toward preventing abuse before it occurs. Findings in this area indicate a need for additional collaboration between education and advocacy systems in order to provide adequate evidence-based prevention education to youth in Louisiana. Effective prevention efforts require sufficient resources for both an initial shift toward prevention and ongoing implementation of prevention programming.
**FINDINGS: LEGAL ADVOCACY**

When civil and criminal justice systems consistently utilize practices that promote the safety and empowerment of domestic violence victims and hold offenders accountable, domestic violence homicides are reduced. Legal advocates play key roles in ensuring that survivors have access to, and are supported within, our justice systems and that justice system representatives understand the nature of domestic violence and use effective practices for handling domestic violence cases.

**Structure and Nature of Legal Advocacy**

In order to assess the structure of domestic violence program legal advocacy services to survivors, program administrators were asked to report on which staff positions within their program engage in legal advocacy as a primary duty. The response choices for this question included: legal advocates, attorneys, and other, please specify. The presence of staff with specialized roles/duties increases the likelihood of obtaining experience, advanced training on the topic, and having more time to devote to working on these tasks. The findings from this survey indicate that 93.75% of member programs have legal advocates and 37.5% have attorneys who provide legal advocacy services. The one program that does not have legal advocates does have attorneys and also relies on client advocates to provide legal advocacy. Thus, all programs have at least some specialized staff positions devoted to legal advocacy. Additionally, non-profit organizations face a context of restricted and precarious financial resources and have always responded innovatively by having staff who can engage in multiple tasks required to promote victim safety and empowerment. Eight of the 16 member programs reported having other staff members who engage in legal advocacy tasks as part of their primary duties. This cross-training ensures that survivor needs are met even when programs experience staff turnover. Although some programs lack an adequate number of staff to build and provide a full range of legal advocacy services, all non-profit domestic violence programs in Louisiana are structured in a manner that promotes high human capacity to provide legal advocacy, and some have enhanced this capacity by hiring or contracting with attorneys. Those programs with more restricted resources are ensuring that basic legal advocacy needs are met by having other staff cross-trained on legal advocacy.

The safety and empowerment of domestic violence survivors is dependent upon their ability to garner support, information and services, while navigating complex justice systems. In order to assess which types of legal advocacy services are currently provided by legal advocates within domestic violence programs, program directors were asked “Which of the following types of legal advocacy are offered by non-attorney legal advocates in your program? Please check all that apply.” They were
given 31 services, some of which distinguished where the same service was offered, i.e., which court. The legal advocacy services offered in the vast majority of domestic violence programs are: (1) informing survivors of what to expect when seeking protective orders (100%); (2) helping survivors apply for temporary or ex parte restraining orders in district courts (87.5%); (3) helping survivors apply for temporary ex parte restraining orders in other civil courts (87.5%); (4) accompanying survivors to district courts for protective order hearings (87.5%); (5) accompanying survivors to other civil courts, including family courts, for protective order hearings (87.5%); (6) helping survivors apply for protective orders in district courts (81.25%); (7) assisting survivors with and/or ensuring that they are provided assistance with filing crime victims reparations claims (87.5%); (8) helping survivors apply for protective orders in civil courts, including family courts (75%); and (9) accompanying survivors to court during the arraignment of the abuser (75%).

Although there is a sizable minority of programs where legal advocates are not offering the following services, the majority of programs report that legal advocates do offer them: (1) accompanying survivors to court during divorce proceedings (62.5%); (2) accompanying survivors to court during child custody hearings (56.25%); (3) accompanying survivors to criminal court during the trial and sentencing of the abuser (68.75%); (4) informing survivors of what to expect during the criminal court process (68.75%); (5) working with prosecutors to set up meetings with domestic violence survivors who have not proactively sought services, but have cases that have been referred to the prosecutor’s office (68.75%); (6) advocating for survivors when the offender is charged with a misdemeanor or felony (68.75%); (7) informing survivors of what to expect during child custody hearings in civil courts (62.5%); and (8) advocating for survivors who have been charged with a criminal offense when they were acting in self-defense or the criminal offense was directly related to their abuse (62.5%).

Many programs are unable to offer a full range of legal advocacy services because they are not adequately staffed and lack funds to hire additional staff. Fifty percent or fewer of domestic violence programs reported that legal advocates were offering the following services: (1) accompanying survivors to visitation proceedings (50%); (2) working with systems-based advocates to assist survivors with constructing victim impact statements (50%); (3) testifying in court when relevant (50%); (4) helping survivors apply for temporary or ex parte restraining orders in city courts (43.75%); (5) helping survivors apply for protective orders in city court (31.25%); (6) Informing survivors of what to expect during child custody hearings in juvenile courts (31.25%) and (7) helping survivors apply for temporary (6.25%) or permanent protective orders in juvenile courts (12.5%). It is likely that some of these low percentages reflect lack of need for these services rather than inability to provide these services. For example, many jurisdictions in Louisiana have protective order courts that hear all requests for protective orders and most child custody hearings
do not take place in juvenile court. Additionally, there are ethical considerations, especially in smaller communities, inhibiting non-profit legal advocates from serving as expert witnesses.

Six out of 16 programs reported having staff attorneys who offer legal advocacy services. Of those programs that reported having staff attorneys, 100% reported that staff attorneys were offering the following legal advocacy services: (1) helping survivors apply for protective orders in district courts and other civil courts (including family); (2) informing survivors of what to expect when seeking protective orders; and (3) representing survivors in civil courts, including family courts, during protective order hearings. The vast majority of programs with staff attorneys reported that staff attorneys offered the following legal advocacy services: (1) helping survivors apply for protective orders in district and other civil courts, including family (83.33%); (2) representing survivors in district courts during protective order hearings; (3) informing survivors of what to expect during the criminal court process (83.33%); and (4) informing survivors of what to expect during child custody hearings in civil courts (83.33%). Although a sizable minority of programs with staff attorneys do not have them offer the following legal advocacy services, the majority did: (1) helping survivors apply for temporary or ex parte protective orders or restraining orders in city court (66.66%); (2) representing survivors in city court during protective order hearings (66.66%); and (3) representing survivors during child custody and visitation proceedings (66.66%). Fifty percent or fewer of member programs reported that staff attorneys provide the following legal advocacy services: (1) representing survivors during divorce proceedings (50%); (2) informing survivors of what to expect during child custody hearings in juvenile courts (50%); (3) testifying as an expert witness in court when relevant (50%); (4) helping survivors apply for temporary restraining orders in juvenile courts (33.33%); (5) representing survivors in juvenile courts, during protective order hearings; and representing survivors who have been charged with criminal offenses related to their abuse or when they were acting in self-defense (33.33%).

Those programs with staff attorneys have them offering a variety of legal advocacy services to survivors of domestic violence within the state of Louisiana. Most importantly, they are able to offer representation that legal advocates cannot offer and they augment the programs’ ability to serve more survivors who are accessing the courts.

Thirteen out of 16 member programs reported that other staff members (non-legal advocate and non-attorney) also offer legal advocacy services. When programs reported that other staff offer legal advocacy services within their programs, it was most likely to be client advocates or rural advocates, but supervisors and child advocates were also likely to be cross-trained on and providing legal advocacy
services. The legal advocacy services that programs reported were most likely to be offered by other staff members were: (1) informing survivors of what to expect when seeking protective orders (92.31%); (2) helping survivors apply for temporary or ex parte restraining orders in district courts (76.92%); and (3) accompanying survivors to district and other civil courts, including family courts, for protective order hearings (76.92%). Although a sizable minority of programs did not, the majority of programs also reported that other staff members engage in the following legal advocacy services: (1) helping survivors apply for temporary or ex parte restraining orders in civil courts, including family (61.54%) (2) helping survivors apply for protective orders in district courts and other civil courts, including family courts (61.54%); (3) accompanying survivors to divorce and child custody proceedings (69.23%); (4) accompanying survivors to the criminal arraignment and trial of the abuser (61.54%); (5) informing survivors of what to expect in the criminal court process (61.54%); (6) informing survivors of what to expect during child custody hearings in civil courts (53.85%); (7) accompanying survivors to court during divorce and child custody hearing (69.23%); (8) accompanying survivors to visitation proceedings (53.85%); (9) accompanying survivors to criminal courts during the sentencing of the abuser (53.85%); (10) informing survivors of what to expect during the criminal court process (61.54%); (11) informing survivors of what to expect during child custody hearings in civil court (53.85%); (12) assisting survivors with and/or ensuring that they are provided assistance with filing crime victims reparations claims (69.23%); (13) advocating for survivors when the offender is charged with a misdemeanor (61.54%); and (14) advocating for survivors when the offender is charged with a felony.

Only small percentages of programs reported that other staff members were offering the following legal advocacy services: (1) helping survivors apply for temporary or ex parte restraining orders in juvenile courts (15.38%); (2) helping survivors apply for protective orders in juvenile courts (15.38%); (3) helping survivors apply for protective orders in city courts (23.07%); (4) accompanying survivors to city court for protective order hearings (23.07%); (5) helping survivors apply for temporary or ex parte restraining orders in city courts (30.77%); (6) accompanying survivors to juvenile court for protective order hearings (30.77%); (7) working with systems-based advocates to assist survivors with construction of victim impact statements (30.77%); (8) working with prosecutors to set up meetings with domestic violence survivors who have not proactively sought out services, but have cases that have been referred to the prosecutor’s office (30.77%); (9) testifying in court when relevant (38.46%); (10) advocating for survivors who have been charged with criminal offenses related to their abuse (38.46%); and (11) advocating for survivors who have been charged with criminal offenses when they were acting in self-defense (38.46%).

The vast majority of programs that have other staff members providing legal advocacy services reported that they provide assistance with, information on, and
accompaniment to protective order hearings. These staff members, like legal advocates, are offering a wide array of services in the majority of programs. However, there are many services that are only offered by a small number of programs. One area of unmet need is advocacy on behalf of women who are being charged with crimes related to their abuse. During the survivor listening sessions one survivor stated:

“It is hard to get services for women who are arrested when they retaliate against their abusers. I currently have a client who could be released from jail, but must have a residence and the local shelter will not take her... Her abuser is using the system to further his control over her.”

This highlights the importance of working with justice agency allies to develop processes and policies to ensure that such cases are detected and that effective advocacy is provided to victims charged with crimes.

Frequency and Circumstances in Which Domestic Violence Victims Receive Legal Advocacy

Domestic violence service providers offer a large variety of legal advocacy services to survivors of domestic violence in Louisiana. In order to assess the reach of legal advocacy services provided by these programs, directors were asked to report on the frequency in which survivors in eight different circumstances receive legal advocacy from their program. One hundred percent of programs reported that survivors who directly sought services from their program or who were referred to their program by other agencies/organizations were offered legal advocacy services. Legal advocacy services were offered all or most of the time by lower percentages of programs for the following domestic violence survivors: (1) those who attend district court hearings for protective orders, but have not sought help from the program (31.25%); (2) those who attend other civil court hearings, including family, for protective orders, but have not sought help from the program (37.5%); (3) those who attend misdemeanor, criminal court proceedings related to their victimization, but have not sought help from the program (6.25%); (4) those who attend felony, criminal court proceedings related to their victimization, but have not sought help from the program (12.5%); and (5) those who are being charged with criminal offenses directly related to their victimization (18.75%).

Programs reported offering services to survivors who had not sought services or been referred for services only sometimes or inconsistently. This could be the result of lack of staff to accommodate the need, a lack of interagency protocols to facilitate this process, or an organizational focus on prioritizing voluntary services.
In-depth interviews with domestic violence program representatives indicate that some programs have developed strategies to address this need, such as having a help desk at the Clerk of Court office, establishing Family Justice Centers, or having the Clerks of Court refer requests for protective orders to their programs for screening.

**Domestic Violence Program Legal Advocate Training**

In order to assess the training needs of legal advocates, domestic violence program directors were asked to indicate whether all, most, some, few, or none of staff in their program, who provide any type of legal advocacy services, have been trained on each of 14 topics. The highest percentage of programs reported that all or most of their legal advocacy staff were trained on the following topics: (1) how to process a temporary restraining order (93.75%); (2) identifying predominant aggressor in domestic violence cases (81.25%); (3) firearms restrictions (81.25%); (4) how to effectively collaborate with justice system representatives (81.25%); and (5) the appropriate procedures for sharing information with law enforcement (81.25%). Additionally, the majority of programs also reported that all or most of their legal advocacy staff were trained on: (1) inappropriateness of dual arrest (75%); (2) strangulation (75%); (3) how to advocate for survivors in civil courts (75%); (4) the appropriate roles of each position in the justice system (68.75%); (5) procedural rules of the justice system (62.5%); (6) how to work with legal and other system representatives to create coordinated community responses to domestic violence (62.5%); and how to advocate for survivors in criminal court (62.5%). Directors were least likely to report that all or most staff who engage in legal advocacy were trained on how to serve as a witness in domestic violence cases (50%) and how to aid law enforcement and district attorneys with the collection of evidence when appropriate (50%).

In sum, the vast majority programs report that staff members who are providing legal advocacy services in have been trained on the topics and issues related to advocating for survivors of domestic violence as well as those topics that would prepare them to provide information for justice agencies on best practices in handling domestic violence cases. However, a sizable minority of programs reported that only some or few of their staff were trained on these topics. Thus, there remains a need for additional and ongoing training for legal advocacy staff.
Domestic Violence Program Collaboration with Justice Agencies

Developing inter-systemic responses that prioritize victim safety requires regular interagency collaboration. In our efforts to assess the current level and nature of collaboration when responding to domestic violence in the state of Louisiana, we asked domestic violence programs to indicate if any legal advocates in their program engage in each of four practices. Overall, the level of reported collaborative endeavors was high with the percentage of agencies reporting yes on any indicator ranging from 93.75% to 75%. Nearly all programs reported that legal advocates work regularly with criminal justice agency representatives to address areas of concern (93.75%) and to develop inter-agency policies and procedures for handling domestic violence cases (81.25%). The vast majority also reported that legal advocates serve on domestic violence task forces in their service area and work regularly with criminal justice agency representatives on domestic violence case management.

When asked if there are any domestic violence specific court watch programs operating in their service areas, only two of the 16 programs responded yes. Such programs provide community members the opportunity to work with our courts to assess and enhance the safety and support of domestic violence victims as they navigate the court systems, while also helping to ensure appropriate offender accountability. This is a strategy that is rarely utilized in Louisiana.

On the other hand, 10 of 16 member programs reported that coordinated community response teams are operating in their service area to ensure that inter-agency policies, procedures, and practices hold offenders accountable, while promoting the empowerment and safety of victims of domestic violence. Thus, the foundation for interagency collaboration is solid within the majority of program service areas. The answers to other questions on this survey and the law enforcement survey, as well as in-depth interviews with program administrators, indicate that many of these teams are in the early stages of collaboration. Thus, there is a need to enhance or expand current collaborative endeavors and build new collaborative relationships in those areas of Louisiana where they do not currently exist.
FINDINGS: LAW ENFORCEMENT TRAINING, POLICIES, PROTOCOLS, AND RESPONSES TO DOMESTIC VIOLENCE

Criminal justice system response to domestic violence is critically important in order to ensure offender accountability and promote victim safety. Appropriate and consistent law enforcement response to domestic violence plays an important role in coordinated efforts to end domestic abuse. To gain an understanding of the nature and structure of current law enforcement efforts to combat domestic violence, several components of this needs assessment addressed law enforcement collaboration, training, protocols, and practices.

Domestic Violence Program Provision of Training for Law Enforcement

Domestic violence program staff are uniquely positioned to work with criminal justice agency representatives in assessing, developing, and implementing interagency practices and protocols that will keep survivors safe from the threat of violence. Thirteen of 16 domestic violence programs (81.25%) reported that they provide training for law enforcement. However, these programs provide training on a limited number of topics. Programs were most likely to report that they regularly train law enforcement on the following topics: (1) the services that their program offers that can aid in keeping victims safe (84.62%), (2) basic domestic violence dynamics (61.54%), and (3) the benefits of interagency collaboration to ensure victim safety and decrease the frequency and lethality of domestic violence cases (61.54%). Only 53.85% of programs reported providing regular training for law enforcement on effective communication with domestic violence victims. Only 38.46% or fewer of domestic violence programs reported that they regularly train law enforcement on the remaining practices listed in the survey. Domestic violence programs were more likely to report sporadically, than never, training law enforcement on basic domestic violence dynamics and how to effectively communicate with domestic violence victims.

Programs were more likely to report never providing training, than sporadically providing training, for law enforcement on the following topics: (1) determining predominant aggressor; (2) assessing risk of offender re-offense; (3) assessing the likelihood that the offender poses a serious threat to the victim; (4) assessing for self-defense; (5) strangulation; (6) firearm restrictions; (7) how to effectively communicate with domestic violence offenders; (8) constructing an evidence based case that does not require victim testimony; and (9) the benefits of interagency collaboration. It is likely that this reflects the history of member program
development and the current phase of development of the domestic violence movement in Louisiana, as well as an actual or perceived lack of receptivity to training of law enforcement officers by domestic violence program staff on these topics. In-depth interviews with domestic violence program administrators indicated some resistance to law enforcement being trained by domestic violence advocates. Those programs that reported regularly training law enforcement on all best practices listed on the survey were most likely to be the ones that have formal coordinated community response teams operating in their service areas. Having such teams in place greatly increases the capacity of member programs and their criminal justice allies to engage in cross-training on best practices.

Law Enforcement Officer Training

In addition to LCADV and its member programs, there are many other potential state and national sources of training on law enforcement response to domestic violence. However, given ongoing budget constraints, funding for national trainings is typically extremely limited. In order to determine the current capacity of law enforcement officers in Louisiana to handle violence cases, administrators were asked to report whether all, most, some, few, or none of their law enforcement officers who respond to domestic violence cases were trained on various practices in this area. The largest percentages of law enforcement agency administrators reported that all or most officers who respond to domestic violence incidents are trained on the following topics/best practices in law enforcement management of domestic violence: (1) domestic violence dynamics (87.5%); (2) determining predominant aggressor (75%); (3) assessing the likelihood that the offender poses a serious threat to the victim (70.83%); and (4) informing victims of their rights (70.83%). Fewer than 70% of all department types indicated that all or most of their law enforcement officers had training on any of the remaining topics in law enforcement responses to domestic violence. Fewer than 60% of departments reported that all or most of their law enforcement officers who respond to domestic violence incidents had been trained on the following topics in law enforcement responses to domestic violence: (1) how to construct an evidence based case that does not require victim testimony (43.75%); (2) firearm restrictions in domestic violence cases (55.32%); (3) how to effectively communicate with domestic violence offenders (55.32%); (4) strangulation in domestic violence (58.34%); (5) the benefits of inter-agency collaboration to ensure victim safety and decrease the frequency and lethality of domestic violence cases (58.34%); (6) the need to document ongoing patterned behavior of the abuse in police reports; (7) assessing the risk of offender re-offense (59.58%); and (8) how to effectively communicate with domestic violence victims (59.57%).
The findings on reported prevalence of officer training by type of agency indicate that sheriff departments reported significantly higher percentages of all or most officers being trained on the practices in law enforcement handling of domestic violence cases, and university police departments reported the lowest percentages on these indicators. The largest percentage of sheriff’s departments reported that all or most of their officers are trained on basic domestic violence dynamics (91.66%) and informing domestic violence victims of their rights (91.33%). Sheriff’s departments were least likely to report that all or most officers are trained on constructing an evidence based case that does not require victim testimony, at 41.66%.

The largest percentage of city departments reported that all or most of their officers were trained on basic domestic violence dynamics (93.1%). The percentages for all other practices were significantly below 93.1%, with the next largest percentage being 75.86% for determining predominant aggressor. Like sheriff’s departments, city departments reported that all or most officers were least likely to be trained on constructing an evidence based case that does not require victim testimony, at 48.28%.

The largest percentage of university departments reporting that all or most of their officers were trained on any of the practices included in this survey was significantly below those of sheriff and city departments, at 57.15%. There was not much variation across the indicators, with the exception of the two lowest reported percentages, for officers trained on how to effectively communicate with domestic violence offenders (28.57%) and constructing an evidence based case that does not require victim testimony (28.57%).

These findings show a significant need to expand training in best practices in law enforcement handling of domestic violence cases beyond the basics, and this need is greater for training on some topics and within some types of departments than others.

Perceptions of Helpfulness of Training Topics

In order to determine level of receptivity to various training topics that would increase law enforcement officer capacity to respond effectively to domestic violence cases, law enforcement administrators were asked to report whether training on given topics would be very helpful, helpful, or not helpful in aiding officers in their response to domestic violence. Law enforcement administrators for all types of agencies were most likely to view the following training topics as very helpful: (1) how to effectively communicate with domestic violence victims (82.61%) and (2) constructing an evidence based case that does not require victim testimony (80.43%). Of the remaining topics, between 71.74% and 78.26% of administrators from all
types of agencies indicated that training on these topics would be very helpful, with the exception of three topics. Additionally, the findings indicate that law enforcement administrators from all agencies view all of the training topics listed in this survey as potentially helpful, with no more than 2.17% of administrators responding that any of these topics would not be helpful.

Responses from administrators in city departments indicate widespread perceptions among law enforcement that all topics listed in the survey would be very helpful to officers, with 82.14% as the highest and 70.37% as the lowest percentage of agencies reporting that a given topic would be very helpful. Although there was not much variation across topics, the largest percent of city departments reported that training on how to effectively communicate with domestic violence victims would be very helpful. Additionally, none of the agencies in this survey felt that any of the topics would not be helpful.

Responses from administrators in sheriff’s departments indicate a larger amount of variation across topics in terms of percentage of departments viewing them as very helpful in aiding officers in ensuring accountability of offenders and safety of victims in domestic violence cases. Additionally, a smaller percentage of sheriff’s departments than city departments believed most of the training topics would be helpful. The greatest percentage of sheriff’s departments reported that training on constructing an evidence based case that does not require victim testimony would be very helpful.

Like sheriff’s departments, university departments have a larger amount of variation across training topics in terms of percentage of departments viewing them as very helpful. However, university departments also had the highest percentage of agencies reporting that the following five training topics would be very helpful, at 85.71% each: (1) assessing the likelihood that an offender poses a serious threat to victims; (2) how to effectively communicate with domestic violence victims; (3) how to effectively communicate with domestic violence offenders; (4) constructing an evidence based case that does not require victim testimony; and (5) informing domestic violence victims of their rights.

In conclusion, law enforcement agencies who took part in this survey were likely to view all training on best practices in in law enforcement handling of domestic violence cases as somewhat helpful or very helpful, with only a couple of exceptions. Although there is some overlap in the training topics that they most desire, there are also differences by type of law enforcement agency. This should be considered in development of strategies for ensuring that law enforcement officers in Louisiana are equipped with necessary knowledge and skills regarding domestic violence.
Preferred Methods of Training Delivery

In order to assess which methods of training delivery would most likely appeal to and meet the needs of law enforcement officers, law enforcement administrators were asked to indicate how likely their officers would be to attend various types of training. The choices were: (1) not likely at all, (2) somewhat likely, and (3) very likely. Administrators from all agencies were most likely to indicate that officers would be very likely to attend trainings that were offered face-to-face, in a central location, with other agencies in their parish (72.34%), those that were offered face-to-face, in a central location, with other agencies in their city (69.57%) and via webinars – that could be completed at the officers’ convenience (57.78%). They were least likely to report that officers would be very likely to attend webinars at a specific time (30.43%) and face-to-face trainings, in a central location, with other agencies from across the state (43.48%).

Of the three types of agencies, university departments had the highest percentages reporting that officers would be very likely to attend the following three types of training: (1) webinars at their convenience (100%); (2) face-to-face in a central location, with other agencies in their city (83.33%); and (3) face-to-face in a central location, with other agencies in their parish (83.33%). The smallest percentage of city and university departments reported that officers would be very likely to attend webinars that are interactive, while the smallest percentage of sheriffs reported that officers would be very likely to attend face-to-face trainings in a central location, with other agencies from across the state.

Administrators from all agencies were also asked if their agency would be interested in having one officer trained extensively on domestic violence issues, who could then train other officers in the department. They overwhelmingly expressed interest in this type of training model with 74.47% answering yes, 21.28% maybe, and only 4.26% answering no. University departments reported the greatest interest in having one officer trained extensively on domestic violence issues, who could then train other officers in their agency (100%), followed closely by sheriff’s departments (83.33%), with city departments expressing the least interest (65.52%).

In sum, the training methods that were most preferred by all three types of agencies, based on percentage of departments reporting that officers that would be highly likely to attend, is face-to-face in a central location, with other agencies in the parish or a statewide training where one officer in the department is trained extensively and could then train other officers in the department.
Presence of Domestic Violence Policies, Protocols, and Written Guidelines

Because written policies, protocols, and guidelines are one of the primary mechanisms for ensuring consistent use of best practices both within agencies and across agencies, law enforcement administrators were asked to report whether such policies, protocols, or written guidelines exist on various practices. Although a slight majority of all agencies reported that policies, protocols, or written guidelines exist on 11 of the 19 topics, 68.29% was the highest percentage of law enforcement agencies that reported having policies, protocols, or guidelines on any of the 19 practices.

The highest percentages of all law enforcement agencies reported having policies, protocols, or guidelines on the following practices in handling domestic violence cases: (1) conducting investigations (68.29%); (2) handling incidents when the alleged offender is an employee of your agency (61.54%); and (3) making arrest decisions (60.98%). The lowest percentages of all law enforcement agencies reported having policies, protocols, or guidelines on the following best practices in handling domestic violence cases: (1) how prosecutors read domestic violence-related reports (20%); (2) how defense attorneys read domestic violence reports (20%); (3) handling court house security in domestic violence cases, (4) documenting and reporting inmates attempts to influence the victim’s participation in a case (34.15%); (5) how to handle domestic violence incidents that involve public figures (37.5%); (6) how to respond to domestic violence victims with disabilities (37.5%); and how to respond to strangulation (39.02%). The first two likely reflect a lack of collaboration between criminal justice agencies, while the third and fourth reflect the fact that not all departments transport inmates to court or run correctional facilities.

Findings by type of law enforcement department indicate that sheriff’s departments were most likely to report having domestic violence specific policies, protocols, or written guidelines on the following: (1) notifying victims of the inmate’s release, conditions of release and future court appearances (83.33%); (2) how to handle incidents when the alleged offender is an employee of their agency (75%); and (3) requiring prompt warrant (75%). On the other hand, they were least likely to report having such policies protocols/written guidelines on how defense attorneys and prosecutors read domestic violence-related reports (25%).

City departments were most likely to report having domestic violence specific policies, protocols, or written guidelines on the following: (1) conducting investigations (64%); (2) how to handle cases where the offender is gone-on-arrival (56%); (3) how to make arrest decisions (56%); and (4) supervising investigations in domestic violence cases. These departments were least likely to report having such policies, protocols, or written guidelines on how defense attorneys and prosecutors
read domestic violence-related reports (20.83%) and handling court house security in domestic violence cases. As these agencies are less likely to be charged with court house security, this is not a concern.

The highest percentages of university departments reported having domestic violence specific policies, protocols, or written guidelines on the following topics, at 100% each: (1) how to respond to stalking; (2) conducting investigations in domestic violence cases; and (3) handling 911 calls from domestic violence incidents. The lowest percentages of university departments reported having domestic violence specific policies, protocols, or written guidelines on the following topics, at zero percent each: (1) how defense attorneys read domestic violence-related reports; (2) how prosecutors read domestic violence related reports; (3) how to respond to persons with disabilities; (4) how to handle incidents that involve public figures; and (5) documenting and reporting inmates’ attempts to influence the victim’s participation in a case.

In conclusion, domestic violence specific policies, protocols, and written guidelines are most likely to exist within all agencies for topics that are the most central to the duties of the agency and least likely to exist for those areas that are most closely aligned with collaboration between agencies. Overall, however, domestic violence related policies, protocols, and written guidelines related to many practices are lacking in many law enforcement departments.

Interest in Receiving Technical Assistance with Developing Domestic Violence Specific Policies, Protocols, and Written Guidelines

The majority of law enforcement agencies expressed interest in receiving technical assistance with developing domestic violence specific policies, protocols, or written guidelines on all best practices listed in the survey, with no percentage less than 61.54%. The largest percentage of all agencies reported interest in technical assistance with developing policies, protocols, or guidelines on the following topics: (1) how defense attorneys read domestic violence-related reports (82.05%); (2) how prosecutors read domestic violence-related reports (82.05%); (3) how to respond to persons with disabilities (81.58%); and (4) how to handle incidents when the alleged offender is an employee of your agency (81.58%). The smallest percentage of all agencies reported interest in technical assistance with developing policies, protocols, or guidelines on the following topics: (1) handling court house security in domestic violence cases (61.54%); (2) handling 911 calls from domestic violence incidents (65.79%); and (3) notifying victims of the inmate’s release... (66.67%).
Findings by type of law enforcement agency indicate that university departments are most interested in receiving technical assistance with developing domestic violence specific policies, protocols, or written guidelines on all topics, with 100% answering yes to this question. City departments expressed greater interest in receiving technical assistance for developing domestic violence specific policies, protocols, or written guidelines on all of the topics included in the survey than did sheriff’s departments.

City departments were most likely to express interest in receiving technical assistance with developing domestic violence specific policies, protocols, or written guidelines on how to respond to persons with disabilities and how to handle incidents when the alleged offender is an employee of their agency, at 86.36%. However, city departments were also very likely to express interest in receiving technical assistance with developing domestic violence specific policies, protocols, or written guidelines on the following topics, at 82.61% each: (1) how to respond to persons with disabilities; (2) how prosecutors and defense attorneys read domestic-violence-related reports; (3) how to handle cases where the offender is gone-on-arrival; (4) how to respond to strangulation; (5) how to respond to stalking; (6) how to respond to children in domestic violence-related calls; (7) how to handle incidents involving public figures; and (8) conducting investigations in domestic violence cases. Like city departments, sheriff’s departments expressed a high level of interest in receiving technical assistance with developing policies, protocols, and written guidelines on how prosecutors read domestic violence-related reports. City departments were least likely to express interest in technical assistance with developing domestic violence specific policies, protocols, or written guidelines on handling court house security (60.87%) and handling 911 calls (63.64%).

Sheriff’s departments were most likely to express interest in receiving technical assistance with developing policies, protocols, and written guidelines on how defense attorneys and prosecutors read domestic violence-related reports (75%) and documenting and reporting inmate attempts to influence the victim’s participation in cases. They were least likely to express interest in receiving technical assistance for developing policies, protocols, or written guidelines on how to notify victims of the inmate’s release, conditions of release and future court appearances (50%); and handling court house security in domestic violence cases.

In conclusion, the vast majority of law enforcement agencies expressed interest in receiving technical assistance on most topics related to handling domestic violence cases. However, the topics they were most and least interested in differed based on type of agency. Universities were most interested in receiving technical assistance, followed by city departments, and sheriff’s departments expressed the least interest overall. Although to a lesser degree, the majority of sheriff’s departments were interested in receiving technical assistance with developing domestic violence
specific policies and protocols on almost all topics included in the survey.

Law Enforcement Interagency Collaboration

In an effort to assess the current level and nature of law enforcement collaboration when responding to domestic violence in the state of Louisiana, we asked law enforcement agency administrators to indicate if anyone from their agency engages in each of seven practices. Overall, the level of reported collaborative endeavors was low with the highest percentage for all types of agencies reporting yes on any indicator being only 44.44%. Administrators were most likely to say that they work regularly with non-profit domestic violence programs in their service area to address areas of concern that undermine the safety and empowerment of domestic violence victims (44.44%); work with nonprofits to develop inter-agency policies and procedures for handling domestic violence cases (40%); and work with other criminal justice agency representatives to address areas of concern that undermine the safety and empowerment of domestic violence victims (40%). They were least likely to report that someone from their agency serves on a domestic violence task force in their service area (24.44%) and working with other criminal justice agencies to develop inter-agency policies and/or protocols for handling domestic violence cases (27.27%). Additionally, only 34.88% of all agencies reported that any coordinated community response teams were operating in their service. On a more positive note, 75% of the law enforcement administrators who responded, indicated that their agency would be willing and able to participate if a domestic violence specific coordinated community response team were formed and 20.45% answered maybe. Only 4.55% of administrators said they would not be interested in participating in such an initiative.

Findings by type of agency indicate that a larger percentage of sheriff’s departments reported engaging in any of the collaborative efforts included in the survey. A larger percentage of university departments than city departments reported working with non-profit domestic violence agencies to develop inter-agency policies and procedures for handling domestic violence and to address areas of concern, and serving on domestic violence task forces. All three types of departments were most likely to report working regularly with non-profit domestic violence programs to address areas of concern that undermine the safety and empowerment of domestic violence victims, at 66.67% of sheriff’s departments, 40% of university departments, and 35.71% of city departments. University and city departments were as likely to report working with non-profit domestic violence agencies to develop inter-agency policies and procedures (40% and 35.71%, respectively), while sheriff’s departments were as likely to report working regularly with other criminal justice agency representatives to address areas of concern (66.67%). Sheriff’s departments were least likely to report serving on domestic violence task forces (41.67%); while city departments
were least likely to report working with other criminal justice agencies to develop inter-agency policies and/or procedures for handling domestic violence (14.81%). University departments were least likely to report the following five types of collaborative efforts, at 20% each: (1) serving on domestic violence task forces; (2) working with other criminal justice agencies to develop inter-agency policies and/or procedures for handling domestic violence; (3) working regularly with other criminal justice agency representatives to address areas of concern; (4) working regularly with other criminal justice agencies on domestic violence case management; and (5) working regularly with non-profit domestic violence programs on case management.

Findings by type of agency indicate that 75% of sheriff's departments, 23.08% of city departments, and zero percent of university departments report any coordinated community response teams operating in their service area to promote the safety and empowerment of domestic violence victims. Even if this is a more accurate reflection of level of perception than reality, which we do not have the data to determine, these responses minimally reflect level of awareness of the existence of such endeavors and offer an indirect indicator of the likelihood that departments are involved in collaborative endeavors.

On a more positive note, 100% of university departments, 83.33% of sheriff's departments and 66.66% of city departments reported possible or solid interest in taking part in a coordinated community response team, if one were formed in their service area.

In sum, the foundation for collaboration exists among a sizable number of law enforcement agencies. However, collaboration that extends beyond the domestic violence program and one law enforcement agency appears rare. Development and/or enhancement of coordinated community responses to domestic violence that work to develop human capacity of system representatives has the potential to vastly enhance victim safety and empowerment as well as offender accountability in Louisiana.

Domestic Violence Program Experiences of Law Enforcement Practices in Handling Domestic Violence Cases

In order to assess potential needs as they pertain to law enforcement practices in handling of domestic violence cases, domestic violence programs were asked to report how frequently law enforcement officers in their service areas engage in 13 separate practices that were in alignment with, or outside of alignment with, best practices in handling domestic violence cases. They were instructed to base this on their experiences, reports from colleagues, and reports from victims of domestic violence.
Domestic violence programs reported that the majority of law enforcement in their service area are engaging in the following best practices always or most of the time: (1) referring domestic violence victims to domestic violence programs for safety planning and appropriate services (81.25%); (2) enforcing protective orders in domestic violence cases (68.75%); and (3) informing domestic violence victims of their rights (62.5%). Additionally, only small percentages of domestic violence programs reported that law enforcement in their service areas were engaging in the following potentially harmful practices always/most of the time: (1) practicing dual arrest when responding to domestic violence calls (25%); (2) using victim blaming language in their communications with domestic violence victims (12.5%); and (3) using victim blaming language in their communications with domestic violence offenders (6.25%).

Only 44% or fewer of domestic violence programs reported that law enforcement in their service areas were engaged in the remaining practices included on the survey always or most of the time. They were more likely to report that the following best practices in law enforcement were occurring sometimes/rarely than always/most of the time: (1) assessing for predominant aggressor in domestic violence calls (50%); (2) enforcement of firearms restrictions for domestic violence offenders (62.5%); (3) collecting evidence necessary to prosecute domestic violence cases without victim testimony (56.25%); (4) notifying domestic violence programs when domestic violence incidents have occurred (56.25%); (5) sharing information with domestic violence programs that will aid in ensuring victim safety (50%) and (6) working with member programs on domestic violence case management (56.25%). Additionally, only one program reported that law enforcement in their service areas were proactively countering victim blaming language in their communications with domestic violence offenders. Thus, there is a significant need to ensure that law enforcement agencies and officers are armed with the knowledge, skills, tools, and technical assistance to implement policies, protocols and practices that will ensure the safety of domestic violence victims, while holding offenders accountable. Almost one-third of domestic violence programs reported that they did not know if law enforcement in their service areas were engaging in victim blaming or countering victim blaming in their communications with domestic violence offenders, as they are least likely to be privy to this information.
Survivor Experiences with Law Enforcement

The survivor survey and listening session data also offer insight into survivor experiences with law enforcement in Louisiana. The majority of respondents on the survivor survey reported that the police were called in the most recent violent incident (63.5%).

In order to determine if survivors are reaching out to law enforcement, those survivors who reported that police were called to the most recent incident were asked to report who called the police and were given the following choices: victim, offender, children, someone else inside the home, neighbor, someone else outside the home, unknown, and other. The vast majority of respondents indicated that the victim had called the police (72.73%). The next most commonly reported choices were someone else outside the home (15.91%) and a neighbor (11.36%). Small percentages of respondents indicated that offenders (3.41%); children (1.14%); someone else inside the home (7.95%); unknown (1.14%); and other (2.27%) had called the police in the most recent incident. Thus, the survivor was the most likely person to call police during domestic violence incidents.

In order to determine the nature of the most recent violent incident in which police were called, survivors were asked to report all reasons they called the police in the most recent incident by checking all that apply from a list of 14 common reasons. The top three most commonly reported reasons were: (1) offender physically assaulted the victim (69.66%); (2) offender threatened to harm the victim (61.8%); and (3) the offender made the victim believe he was going to kill her (50.56%). A sizable minority of survivors reported calling the police because the offender destroyed property (33.71%); the offender made threatening or harassing phone calls (30.34%); the offender came to the victim’s house (26.97%); the offender threatened the victim with a weapon (25.84%); and the offender threaten to harm the victim’s children (20.22%). Additionally, small percentages of survivors reported calling the police because the offender violated a temporary restraining or protective order (16.85%); threatened to harm their family members (14.61%); came to their workplace (11.24%); violated a permanent protective order (5.62%); physically assaulted their children (4.49%); and followed their children (3.37%). Thus, the majority of the domestic violence incidents in which police were called involved direct physical harm and threat of harm that was serious enough to make the victims fear for their lives. Additionally, the vast majority of these survivors reported that they had visible injuries (76.27%) and a sizable percentage of these survivors did seek medical treatment for the injuries they sustained in the most recent physical assault (37.25%); although the majority did not. Those survivors who reported that they called the police because the offender physically assaulted their children were asked to report whether or not there were visible injuries and 71.43%
said yes. Additionally, 44.44% of survivors who reported that the offender physically assaulted their children said that medical treatment was sought for injuries.

Because officer response time is crucial to ensuring victim safety during incidents in progress, those respondents who reported that police were called during the most recent incident were asked to report the length of time it took police to respond to the incident. They were given the following response categories to choose from: not relevant—not reported when the incident was occurring, 1-5 minutes, 6-10 minutes, 11-15 minutes, 16-30 minutes, and over 30 minutes. The most frequent responses were approximately equally distributed between 1-5 minutes (25.84%); 6-10 minutes (22.47%); and 11-15 minutes (24.72%). However, a sizable minority of respondents reported not relevant (7.87%); 16-30 minutes (10.11%) and over 30 minutes (8.99%).

Those survivors who reported calling the police in the most recent incident of domestic violence were asked to report on the nature of law enforcement responses by checking all that apply from a list of 11 categories, including other (please specify). The most commonly reported responses were: (1) arrested offender (45.88%); (2) asked victim for a written statement or to sign a complaint (42.35%); (3) other (42.35%); and advised victim of protective order options (41.18%). Although less common, a sizable percentage or survivors reported that officer responses included: (1) giving them a case number and/or telephone number for follow up (29.41%); (2) requesting a warrant for arrest because the offender was not present when police arrived (24.71%); and (3) transporting the victim to a safe place (16.47%). Survivors were least likely to report that the police response included: (1) providing them with written information on how to exercise their rights (11.76%); (2) advising them to attend the arraignment (9.41%); (3) providing them with the date of the arraignment of where to obtain this information (8.24%); and transporting them to the hospital (7.06%). Thus, in the majority of incidents officers either arrested the offender or sought an arrest warrant because the offender was gone on arrival. However, fewer than half of officers advised survivors of protective order options and only small percentages of survivors reported that officers provided advice or written materials that would aid them in navigating the criminal justice process. This highlights the importance of ensuring that law enforcement are provided training on effective strategies for handling domestic violence cases.

In order to assess survivor experiences with law enforcement practices, those survivors who reported that law enforcement were called to the most recent incident were asked to check all that apply to a list of 23 experiences they had with law enforcement during the most recent incident. Some of these experiences are in alignment with best practices and some are not. The most commonly reported experiences with law enforcement officers during the most recent incident include: (1) told victim about option to seek a protective order (33.78%); (2) gave victim information about the domestic violence shelter, (3) told victim about the option to file criminal charges (28.38%); (4) gave victim their name and number to call for
information about the case (28.38%); (5) told victim “there is nothing we can do” (25.68%); and (6) told the offender to leave (22.97%). Smaller percentages of survivors reported experiencing the following during the most recent incident when law enforcement were called to the scene: (1) being given information about the victim advocate program (18.92%); (2) officer refused to arrest the offender (17.57%); (3) officers told the victim to leave (16.22%); (4) officers talked with the victim in the presence of the offender (or where the offender could hear or see the victim) (16.22%); (5) officers threatened to arrest both the offender and the victim (12.16%); (6) Officers yelled or raised their voices at the victim (9.46%); (7) officers failed to take the victims contact information (9.46%); (8) officers told the offender they would arrest the victim if offender said the victim hit him first (8.11%); (9) officers accused the victim of lying (8.11%); (10) officer never came when victim called (5.41%); (11) officers threatened to call child services to take the victim’s children (5.41%); (12) officer was too persistent in questioning the victim (5.41%); (13) officer refused to take victim to the hospital for medical treatment (2.7%); (14) officer refused to arrest the offender without a written statement from the victim (2.7%); (15) officers arrested both the offender and the victim (1.35%); and (16) officer arrested the victim even though she told them the offender assaulted her (1.35%).

In sum, small percentages of survivors had experiences with law enforcement that were consistent with appropriate, trauma-informed practices that support victim safety and empowerment. However, only very small percentages of survivors reported law enforcement responses that undermined or threatened their safety. Also, of those survivors that reported calling police in the most recent incident of abuse, the majority reported that the response was helpful (65.17%). However, a sizable minority of these survivors reported that the response was not helpful (20.22%) or made the situation worse (16.85%). Thus, there is a need to enhance law enforcement responses to domestic violence in Louisiana. Lastly, those survivors who reported that law enforcement had been called to their most recent incident of violence were asked to report their level of agreement with the statement “The officers who responded to my call or report in the most recent incident took my situation and safety seriously.” The vast majority of these survivors reported that they strongly agreed (47.25%) and agreed (26.37%) with this statement. However, a sizable percentage or these survivors disagreed (9.89%) and strongly disagreed with this statement (16.48%).

Understanding reasons why survivors choose not to call police provides insight into the gaps in our systems’ responses to the needs of domestic violence victims. Those who did not call the police were asked “if the police were not called, why not?” They were given several responses to choose from, including other (please specify). Additionally, they were asked to check all that apply. They vast majority of respondents checked more than one answer and the reasons varied widely across individual survivors. The five most common reasons reported by respondents in this
survey were: (1) I thought calling the police would make the situation worse (70.59%); (2) I thought the violence would increase if I called the police (49.02%); (3) offender threatened to harm me if I called the police (39.22%); (4) I did not think the police would help (37.25%); and (5) I was afraid the police would not believe me (31.37%). There were many additional reasons survivors reported for not calling police in the most recent, including: (1) I did not think the incident was serious enough to call the police (23.53%); (2) I did not want my children to know (17.65%); (3) I did not want my family to know (29.41%); (4) I did not want my neighbors to know (19.61%); (5) I would not be able to pay my bills and/or feed myself if my partner were arrested (21.57%); (6) I would not be able to financially support my children if my partner were arrested (13.73%); (7) I was afraid that I would lose my children if I called the police (15.69%); (8) offender threatened to kill me if I called the police (25.49%); (9) I did not want to hurt my offender (17.65%); (10) I have called them before and they were not helpful (25.49%); (11) I have called them before and it made my situation worse (17.65%); (12) other (21.57%). All of these reasons, with the exception of not thinking the abuse was serious enough to call the police, highlight the barriers to seeking help when experiencing domestic abuse as well as the need to ensure appropriate interactions with domestic violence victims. Thus, whether these beliefs are the result of the abuse and intimidation or direct past experiences with law enforcement, they highlight the need for law enforcement to respond in ways that make victims feel supported and safe.

In order to determine how frequently the abuse occurs and how frequently these survivors have sought help from law enforcement, survivors were also asked to report the number of times they ever called (related to abuse) the agency that responded to the most recent incident. The majority of respondents reported calling this agency 1-2 times (62.35%). However, a sizable minority of respondents reported calling this agency 3-4 times (18.82%), 5-6 times (8.24%), and 7 or more times (10.59%). Additionally, in order to obtain a more accurate estimate of frequency in which respondents called law enforcement for abuse, survivors were asked to report the total number of times they ever called any law enforcement agency because of abuse. The largest percentage of respondents reported ever calling law enforcement because of abuse 1-2 times (48.86%). However, the next most common response was 7 or more times (22.73%) followed by 3-4 times (17.05%) and 5-6 times (11.36%).

In order to determine the nature of all incidents in which police were called, other than the most recent, survivors were asked to report reasons they called the police by checking all that apply from a list of 14 common reasons. The most commonly reported reasons were: (1) the offender threatened to harm me (64.38%); (2) the offender physically harmed me (58.9%); (3) the offender made threatening or harassing phone calls (47.95%); and (4) the offender made me believe he was going to kill me (47.95%). A sizable percentage of survivors also reported calling police because offenders followed them (35.62%); came to their workplace (31.51%); came to
their house (30.14%); threatened them with a weapon (27.4%); threatened to harm their children (26.03%); violated a temporary restraining or protective order (23.29%); or threatened to harm their other family members (20.55%). Survivors were least likely to report that they called police because the offender physically assaulted their children (9.59%); violated a permanent protective order (8.22%); or followed their children (5.48%). When these findings are compared to the ones for the most recent incident, it appears that victims are calling law enforcement for threats in earlier incidents and that most recent incidents are likely to involve physical violence, indicating a progression of escalating abuse. This emphasizes the importance of holding offenders accountable for incidents of lesser severity in order to prevent more serious future abuse.

To ascertain the severity of the past violent incidents, those survivors who reported that they called police in any incident other than the most recent because the offender physically assaulted them were asked to report whether or not they had injuries that were visible. The vast majority of these survivors reported that they had visible injuries (77.27%). Additionally, 51.35% of these survivors reported that they sought medical treatment for these injuries. Those survivors who reported that they called the police because the offender physically assaulted their children were asked to report whether or not there were visible injuries and 100% said yes. Additionally, 50% of these survivors reported that medical treatment was sought for the injuries their child(ren) sustained.

Of those survivors who reported that police were called in any past incidents of violence, a slight majority reported that police responses were helpful (51.22%). However, approximately half of these survivors reported that police responses to past incidents were not helpful (30.49%) or made the situation worse (21.95%).

Those survivors who reported that law enforcement had been called to any past incident of violence were asked to report their level of agreement with the statement “The officers who responded to any of my past calls or reports took my situations and safety seriously.” The majority of these survivors reported that they strongly agreed (34.93%) and agreed (26.51%) with this statement. However, a sizable percentage or these survivors disagreed (18.07%) and strongly disagreed with this statement (20.48%).

Those survivors who had called the police in the most recent incident were asked if they would call the police the next time they were in danger and nearly all answered yes (90.22%).

When law enforcement agencies have protocols and practices that are victim-centered, victim safety and offender accountability are enhanced. The following positive comment from a survivor of domestic violence indicates how supportive practices can make survivors feel empowered and safe:
Survivor #5 (rural): The ... sheriff’s officer was great. He offered to stand between me and my abuser during court.

On the other hand, the following survivor comments from listening sessions highlight some barriers victims face when calling law enforcement:

Survivor #4 (rural): One time I called 911 and my husband told them that he did not abuse me. They spoke with him first and heard his story. They told me there was nothing they could do if I did not want to press charges. They made him leave the house for a couple of hours. I depend on this man for everything. He was choking me, but they could not see marks because my skin is dark and they did not believe me. He said I was the aggressor. They gave me a booklet and said I could call to get a protective order.

Survivor #5 (rural): I called the cops so many times. I had scratches all over my chest and he had ripped my clothes off trying to find my money. They came and threatened to arrest both of us. He just laughed at me when they left.

Survivor #2 (rural): In my situation, they knew he was an abuser. When I called and they came to the house, he would leave. They would not go after him or anything. They told me to get a restraining order. That does nothing but piss him off. I had injuries and they did nothing. The cops told me, you know if we arrest him, he will do 10 years. They did not want to arrest him.

Survivor #2 (rural): Each time I called, it took them longer and longer to get there.

Survivor #1 (rural): Law enforcement threatened to take us both to jail. I was afraid to call them because the abuse got worse once I called.

Survivor #9 (urban): I am going to jail all the time. I had a protective order against my children’s father. I can’t get him out of my house. He comes over to where I am staying and says that I hit him. The cop rolled down the window and let my abuser talk to me while I was in handcuffs in the backseat. I had a warrant for a missed court date so they took me to jail and left my drunk husband home with the kids.

Survivor #6 (urban): I am still fighting to get a protective order enforced... I ran into him at the post office this past Saturday. When I got in my car to leave, he bumped into my car from behind trying to
scare me. I called the police and I told them where he was in the parking lot and they just let him leave and told me it was a coincidence that we were at the same location and that I was not in any danger. They did not make a report.

**Survivor #8 (urban):** I only called the police one time, it was always neighbors that called them. The police would threaten to take both of us to jail. I came to the U.S. with a Visa and he was always threatening to have me deported. I wasn’t going to call the cops unless I had no choice.

In sum, these findings indicate that survivors are experiencing serious and lethal forms of abuse in Louisiana. There is a need to enhance the capacity of law enforcement to respond effectively to domestic violence cases in order to ensure the safety of victims and their children, and accountability of their abusers. This capacity can be improved through ongoing training for law enforcement, as well as increased collaboration between advocacy and criminal justice systems.
**FINDINGS: PROSECUTORS’ TRAINING AND RESPONSES TO DOMESTIC VIOLENCE**

Prosecutors play a pivotal role in ensuring appropriate criminal justice response to domestic violence. Appropriate criminal justice responses are victim-centered and prioritize both victim safety and accountability of the offender. Although a prosecutor survey was constructed and distributed for this assessment, we were unable to obtain an adequate response rate to merit reporting the findings from this survey. The findings in this section are gathered from other portions of the assessment process.

**Domestic Violence Program Provision of Training for Prosecutors**

In order to ensure appropriate prosecution of domestic violence offenders, prosecutors must be armed with knowledge and skills pertaining to best practices in handling domestic violence cases. Although domestic violence programs have been relatively successful at providing at least basic training on domestic violence to law enforcement within Louisiana; only five of 16 programs reported providing any type of training for prosecutors. However, these programs provided more consistent training for prosecutors than was provided law enforcement on all topics related to handling domestic violence cases. Of those programs that do provide training of prosecutors, they were most likely to report providing training regularly on the following topics: (1) inappropriateness of charging victims fees for processing protective orders (100%); (2) inappropriateness of charging victims who drop charges (100%); and (3) inappropriateness of charging fees to victims who drop their request for protective orders (100%). The majority of these programs also reported providing regular training for prosecutors on the following topics in handling domestic violence cases: (1) basic domestic violence dynamics (80%); (2) determining predominant aggressor (80%); (3) strangulation (80%); (4) evidence based prosecution without witnesses (80%); (5) inappropriateness of dual arrest (60%); (6) firearm restrictions (60%); (7) rights of domestic violence victims in the court process (60%); (8) legal requirements that batterer visitation be restricted until offenders have completed a batterer intervention program (60%); and (9) the safest process when releasing batterers prior to trial (60%). These programs were least likely to report providing training on self-defense (40%). Programs were minimally providing sporadic training for prosecutors on the remaining topics, with the exception of the safest process for releasing batterers prior to trial. Further, only those programs with extensive collaborative relationships with justice system allies reported providing training for prosecutors. However, not all programs with coordinated community response teams were providing training for prosecutors. Thus, there is a need for enhanced partnerships and training to ensure prosecutors in the state of Louisiana are...
consistently trained on best practices in handling domestic violence cases. It is likely that prosecutors receive domestic violence training from other sources. However, this information could not be ascertained due to low response rates on the prosecutor survey.

**Domestic Violence Program Experiences of Prosecutor Practices in Handling Domestic Violence Cases**

Advocates within domestic violence programs work very closely with victims of domestic violence who informally discuss both their positive and negative encounters with various systems they must navigate as they attempt to maintain their safety and the safety of their children. Additionally, they frequently accompany victims to various civil and criminal justice system proceedings. In order to assess potential needs as they pertain to prosecutor practices in handling domestic violence cases, domestic violence program administrators were asked to report how frequently prosecutors in their service areas engage in 18 separate practices in handling domestic violence cases. They were instructed to base responses on their experiences, reports from colleagues, and reports from victims of domestic violence. Programs were more likely to report that they do not know and to do so for more items on prosecutor practices than law enforcement practices. It is likely that this reflects the fact that victims will come into contact with law enforcement during or soon after a serious battering incident and meet with advocates soon after, when their experiences are foremost in their minds, as well as the closer working relationships between member programs and law enforcement agencies. Additionally, not all domestic violence programs have staff that are regularly involved in criminal justice system processes, and thus privy to prosecutor practices. Also, responses were more evenly distributed across the response categories of always, most of the time, sometimes, rarely and never, which could reflect a lack of widespread prosecutor participation in coordinated community responses to domestic violence within Louisiana.

None of the best practices in prosecutor handling of domestic violence cases were reported as occurring always/most of the time by 50% or more of domestic violence programs. The largest percentages of domestic violence programs reported that prosecutors were engaging in the following practices always/most of the time when handling domestic violence cases: (1) requesting that firearms restrictions be upheld (46.67%); and (2) considering the prior history of abuse in charging decisions when domestic violence victims are arrested for offenses that are directly related to their abuse (40%). Domestic violence programs were most likely to report that the following practices in prosecutor handling of domestic violence cases were occurring only sometimes or rarely: (1) objecting to the issuance of mutual stay-away orders
(60%); (2) attempting to construct an evidence based case that does not require victims to testify (60%); (3) requesting that firearms restrictions be upheld in criminal protection orders in domestic violence cases (53.33%). Programs were most likely to report the prosecutors in their service areas rarely or never engage in the following practices in handling domestic violence cases: (1) object to charging victims court costs when they drop protection orders or fail to appear or testify (40%); and (2) request that batterer visitation with children be restricted until after completion of a batterer intervention program (46.66%).

Though these findings represent only perception or outside knowledge of prosecutorial practices, they indicate a significant need to ensure that prosecutors are armed with the knowledge, skills, tools, and technical assistance to implement practices that promote the safety and empowerment of domestic violence victims, while holding offenders accountable for their crimes.
FINDINGS: JUDICIAL TRAINING AND RESPONSES TO DOMESTIC VIOLENCE

Judges play a crucial role in ensuring offender accountability in domestic violence cases. When armed with the information and skills necessary, judges can promote victim safety through appropriate enforcement of existing laws, establishing courtroom policies and procedures that enhance victim safety, and helping shape a community’s response to domestic violence outside of the courtroom as well. Judges are a critical part of a coordinated community response to domestic violence. Coordination of judicial responses with those of other systems - legal, medical and advocacy - can play a large role in ensuring responses to domestic violence. Due to practical constraints, this assessment did not survey judges directly, but gathered information from survivors and advocates to provide a victim-centered perspective on judicial practices.

Domestic Violence Program Provision of Training for Judges

It is important to for judges to be armed with knowledge on the nature and dynamics of domestic violence and best practices in handling domestic violence cases. Only five of 16 domestic violence programs reported providing any type of training for judges. Also, among those programs that provided training for judges, they were less likely to report regularly training judges and more likely to report sporadically or never training judges, on most topics. Thus, only a small number of domestic violence programs provide training to judges in Louisiana, and those trainings are offered only sporadically.

Among those programs that provided training for judges, the majority reported providing regular training to judges on determining predominant aggressor (60%); strangulation (60%); and the legal requirement for batterer visitation to be restricted until completion of a batterer intervention program (60%). Only 40% of these programs reported providing regular training for judges on all of the remaining topics that were included on the survey.

Again, those programs with extensive interagency relationships or coordinated community response teams were most likely to be providing training on handling domestic violence cases for judges. One explanation for the low rate of domestic violence programs providing training for judges is that judges are offered domestic violence training from several other sources.
Advocate Experiences of Judicial Practices in Handling Domestic Violence Cases

Advocates within domestic violence programs work very closely with victims of domestic violence who informally discuss both their positive and negative encounters with various systems they must navigate as they attempt to maintain their safety and the safety of their children. Additionally, staff frequently accompany victims to various civil and criminal justice system proceedings. In order to assess potential needs pertaining to judicial practices in handling domestic violence cases, domestic violence program administrators were asked to report how frequently judges in their service areas engage in 21 separate practices in handling domestic violence cases. They were instructed to base responses on their experiences, reports from colleagues, and reports from victims of domestic violence. Domestic violence programs were more likely to report that they do not know and to do so for more items regarding judges’ practices than law enforcement practices. It is likely that this reflects the fact that victims will come into contact with law enforcement during or soon after a serious battering incident and meet with advocates soon after, when their experiences are foremost in their minds. Additionally, not all domestic violence programs have staff that are regularly involved in criminal justice system processes, and thus less likely to be aware of judicial practices.

The largest percentages of domestic violence programs reported that judges were engaging in best practices in handling domestic violence cases always/most of the time, at the following percentages: (1) upholding firearm restrictions in civil protection orders (33.33%); (2) communicating with offenders in manner that holds them accountable (33.33%); (3) communicating with victims in a manner that demonstrates they will be supported by the system (33.34%); and (4) communicating with victims in a manner that demonstrates they are not to blame for their victimization (33.34%). Also consistent with best practices, none to very few domestic violence programs reported that judges were always/most of the time engaging in the following practices that can undermine victim safety: (1) allowing offenders to be released without posting bond (0%); (2) allowing offenders to be released with a summons to appear in court at a later date (6.67%); issuing mutual stay-away orders (13.34%); and ordering batterers to attend anger management programs (6.67%). Additionally, all programs reported that judges engaged in the following best practices sometimes or more frequently: (1) sanctioning offenders in a manner that reflects the history of their battering, (2) sanctioning offenders who reoffend, and (3) communicating with victims in a manner that demonstrates they will be supported by the system and that they are not to blame for their victimization.
However, some programs did report that practices that undermine victim trust in the criminal justice system, victim safety, and offender accountability are sometimes occurring: (1) allowing offenders to be released without posting bond (26.67%); (2) allowing offenders to be released with a summons to appear in court at a later date (26.67%); (3) issuing mutual stay-away orders (53.33%); (4) charging the victim court cost when they drop protection orders (13.33%); and (5) charging the victim costs for failure to appear and/or testify (28.57%). Additionally, none of the domestic violence programs surveyed reported that judges engaged in the following practices always/most of the time: (1) ordering offender risk assessment prior to release on bond, and (2) ordering batterer visitation with children restricted until after completion of a batterer intervention program.

**Survivor Experiences of Judicial Practices in Handling Domestic Violence Cases**

When survivors discussed courts during the listening sessions they focused their concern with how lack of economic or social status will impact the outcomes of their cases, the perceived lack of training on domestic violence among judges and how this results in abusers being allowed to use the court system to control survivors. Additionally, they were concerned with the lack of monitoring of court representatives in their handling of domestic violence cases. The following quotes reflect these concerns:

**Survivor #4 (urban)** His family and friends cover up for him and this led to me losing sole custody. The judge dismissed the order for sole custody and gave him domicile. The court forced me into reconciliation therapy... My ex tried to choke my daughter during a supervised visit... I reported this to the police and the detective said he would have him arrested and then called back and said the judge said there is nothing happening here... The courts are calling me an alienating parent, saying I am trying to alienate my children from their father.

**Survivor #5 (urban)** We need watchdog groups in the courts.

**Survivor #6 (urban)** My abuser tried to kill me. He is an American with lots of money.... He has super lawyers... I feel like I will lose the case because he knows the system and is very powerful...

Thus, despite many strengths, there is a significant need to ensure that judges have the knowledge, skills, tools, and technical assistance to implement practices that will promote the safety of domestic violence victims.
**FINDINGS: LEGAL AID ATTORNEY TRAINING**

Research shows that the availability of civil legal services significantly reduces the likelihood of re-victimization, thereby creating possibilities for long term safety and security for domestic violence survivors. Civil legal services include ensuring access to protective orders, assistance with child custody and support, divorce and property distribution, as well as issues of immigration, housing, and public benefits for survivors. Because not all nonprofit domestic violence programs have attorneys on staff, the availability of legal representation through outside legal services programs is vital.

**Domestic Violence Program Provision of Training for Legal Aid Attorneys**

Legal aid attorneys are a primary source of representation for many low income survivors of domestic violence. They frequently represent domestic violence victims who are filing for divorce, child custody, and/or seeking child support. In order to ensure victim safety and empowerment during these civil proceedings, attorneys need training on various topics pertaining to handling domestic violence cases. Only five of the 16 member programs reported providing training for legal aid attorneys. Of the programs that did provide training, they were most likely to report regularly training legal aid attorneys on how to effectively communicate with domestic violence victims (80%); the benefits of interagency collaboration to ensure victim safety and decrease the frequency and lethality of domestic violence cases (80%); and the services that the domestic violence program offers that can aid them in keeping victims safe (80%). The majority of these programs also provide regular training for legal aid attorneys on domestic violence dynamics, assessing the likelihood that the offender poses a serious threat to a victim, and the need to ensure that batterer visitation be restricted until completion of batterer intervention programs. Only 40% or fewer of domestic violence programs reported regularly providing training to legal aid attorneys on any of the remaining topics included on the survey. As with judges, programs were more likely to report only sporadically or never training legal aid attorneys on several topics.

Because member programs are only one of many potential training sources for legal aid attorneys, it is possible and likely that these attorneys receive training on domestic violence from other entities. This assessment addressed civil legal services through surveys and interviews with domestic violence program representatives, as well as listening sessions with survivors. Because the assessment did not specifically seek information from attorneys themselves, it cannot fully capture the scope or
nature of civil legal services currently available to domestic violence survivors in Louisiana.
**FINDINGS: UNDERSERVED AND CULTURALLY SPECIFIC PROGRAMS AND SERVICE PROVIDERS**

While all domestic violence victims face barriers to maintaining their safety, those from underserved and culturally specific populations face unique challenges and enhanced difficulties in obtaining and maintaining safety. In order to increase our understanding of these challenges and gain insight into potential strategies that ensure appropriate outreach and service delivery, we conducted a survey with programs that serve culturally specific or traditionally underserved populations, as well as a roundtable discussion with women of color employed in domestic violence programs.

**Perceptions of Prevalence of Domestic Violence Among the Communities Agencies Serve**

In order to determine service provider perception of the prevalence of domestic violence within the communities they serve and/or among their target population, respondents to the underserved or culturally specific survey were asked, “What is the prevalence of domestic violence among the communities you serve and/or target for services?” They were given the following response categories to choose from: don’t know, not prevalent, somewhat prevalent, and prevalent. The most common response was don’t know (38.89%). Respondents were nearly equally likely to perceive that domestic violence is not prevalent (27.78%) and somewhat prevalent (22.22%) among the communities they serve and/or target for services. They were least likely to believe that domestic violence is prevalent (11.11%) among the communities they serve and/or target for service.

**Awareness Among Population Served About Domestic Violence Programs and Services**

In order to assess the level of awareness regarding available domestic services among underserved and/or culturally specific populations, respondents to the survey were asked, “What is the level of awareness among the population you serve about the domestic violence programs and services provided in your area?” They were given the following response categories to choose from: don’t know, low level of awareness, moderate level of awareness, high level of awareness. Again, a fairly large percentage reported not knowing the answer to this question (33.33%). However, the largest percentage of respondents said that the level of awareness is low (44.44%). A small percentage of respondents reported moderate levels of
awareness (16.67%) and high levels of awareness (5.56%). Thus, there is a need to develop and implement strategies that increase the level of awareness regarding available domestic violence services among these populations.

Reported Use of Services of LCADV Member Programs

Of the programs that responded to the underserved and culturally specific population survey, only 16.67% reported that members of the communities they serve report using the services of their LCADV member, domestic violence program. This could indicate a lack of need for the services, a lack of awareness of services, a lack of ability to access services, or that they seek and receive domestic violence services from culturally specific service providers who may not be members of LCADV. It could also reflect survivors simply not communicating their use of services.

Barriers to Accessing Domestic Violence Resources

In an effort to ascertain potential barriers to accessing domestic violence resources for underserved and/or culturally specific populations in Louisiana, respondents to this survey were asked “Which of the following are barriers that limit access to resources for domestic violence victims in your service area? Please check all that apply.” They were given 15 response categories to choose from, including other (please specify). The two most common responses were a belief that these services and programs do not exist for people like them (64.71%) and lack of knowledge that they exist (58.82%). Additionally, a small percentage of respondents reported that the following are barriers that limit access to resources for domestic violence victims in their services area: hearing about negative experiences that individuals and/or community members have had with these programs and services (17.65%); lack of transportation/distance from the program or services (17.65%); lack of childcare during time services are offered (17.65%); fear of negative impact on their children (17.65%); fear that they will lose custody of their children (17.65%); scheduling or time constraints due to work (11.76%); lack of culturally specific amenities within shelters (11.76%); fear that they will be arrested (17.65%); language barrier between them and service providers (5.88%); and fear of deportation (5.88%). None of the respondents reported that lack of written domestic violence resources in their native language was a barrier to domestic violence victims in their service area accessing resources. However, during the women of color round table discussion, participants noted that lack of advocates and/or interpreters that speak the language of victims is sometimes a problem. Some programs address this challenge by using Language Line or utilizing staff or volunteers who speak multiple languages.
During the survivor listening sessions, survivors from other countries identified lack of knowledge about resources as a barrier to their safety, as indicated in the following survivor quote:

**Survivor #11 (urban)** I did not know about protective orders or how to access the justice system. I did not know that domestic violence programs existed. I was afraid to call the cops. I still never told the cops that he threatened me with a gun. He tells me that he will have me deported and that if I go back to our country he will have me killed there.

Helpfulness of Strategies for Ensuring that Domestic Violence Victims have Access to Domestic Violence Programs and Services

In order to gain insights into which strategies would be most helpful in ensuring that domestic violence victims from underserved and culturally specific populations have access to domestic violence programs and services in Louisiana, respondents were asked “How helpful would the following be to ensuring that domestic violence victims in your service area have access to domestic violence programs and services?” They were given 19 strategies and the response categories were: not helpful, somewhat helpful, and very helpful. The majority of respondents reported that the following strategies would be very helpful: (1) knowing that staff who deliver services embrace and respect cultural diversity (73.33%); (2) making awareness raising materials available in their churches (66.67%); (3) providing services closer to where they live (66.67%); (4) providing funds for public transportation to these resources (66.67%); (5) making awareness raising resources available in their local schools and daycares (60%); (6) making awareness raising resources available in other public spaces in their community (60%); (7) public service announcements on the radio (53.33%); (8) having law enforcement officers provide them with information on these resources (53.33%); (9) having law enforcement officers transport them to safe shelter (53.33%); (10) knowing that the facilities where services are provided will be accessible for individuals with physical disabilities (53.33%). Additionally, a significant minority of respondents reported that the following strategies would be very helpful: (1) public service announcements on television (46.67%); (2) knowing that staff members who deliver these services are similar to them (46.67%); (3) knowing that they will not be judged for mental health issues (46.67%); (4) knowing that resources are available outside of normal business hours (46.67%); (5) having resources available in their own language (40%); (6) making awareness raising resources available in their local healthcare facilities (40%); (7) knowing they will not be judged for substance abuse issues (40%); and (8) knowing that childcare can be provided or that children can accompany them to
receive services (40%). Most of the remaining respondents at least thought these strategies were somewhat helpful. Not more than 33.33% of programs reported that any of these strategies were not helpful. The highest percentages of respondents reported that the following strategies were not helpful: (1) knowing that childcare can be provided or children can accompany them to receive services (33.33%); (2) making awareness raising resources available in their local schools and/or daycares (26.67%); (3) having law enforcement officers provide them with information on these resources (20%) and (4) having law enforcement officers transport them to safe shelter (20%). Only a very small percentage of respondents reported that any of the remaining strategies would not be helpful. Additionally, at the women of color round table, many participants expressed concern with ensuring that women of color have access to hair care and other products that are specific to their needs. These responses highlight the importance of cultural awareness and sensitivity for victims of domestic violence from underserved and culturally specific populations and the crucial need to ensure that staff in traditional domestic violence programs and allied agencies are adequately trained to provide culturally and linguistically appropriate services, and to form partnerships with culturally specific service providers where appropriate.

Agency Staff/Volunteer Training on Domestic Violence Topics

In order to assess the capacity of agencies that target underserved and culturally specific populations to connect domestic violence victims with domestic violence programs and services in their communities, respondents to this survey were asked “How many of your agency staff or volunteers who work with individuals who have experienced or witnessed domestic violence have received training on the following topics?” The topics were basic domestic violence dynamics, how to effectively communicate with domestic violence victims, how to communicate with domestic violence offenders, the benefits of inter-agency collaboration to ensure victim safety and decrease the frequency and lethality of domestic violence cases, the services that are offered by non-profit domestic violence programs in the area and how victims can access these services, and the legal resources available to aid victims of domestic violence and how they can access these resources. The response categories were all, most, some, few, and none. Fewer than 20% of respondents reported that all or most of their staff/volunteers were trained on any of these topics. Respondents were most likely to report that some of their staff/volunteers were trained on the services that are offered by non-profit domestic violence programs in the area and how victims can access these services (23.53%). The vast majority of respondents indicated that few or none of their volunteers were trained on any of these topics with responses ranging from 58.83% to 76.42%. Thus, there is a tremendous need develop relationships with staff in programs that serve underrepresented and culturally
specific populations to increase their awareness of available domestic violence resources and to develop processes to ensure that victims of domestic violence in these communities have access to services.

Perceived Helpfulness of Information on Domestic Violence Topics

In order to assess perceived helpfulness of information on various domestic violence topics among representatives from programs for underserved and culturally specific populations, respondents to this survey were asked “How helpful would information on the following topics be for aiding your staff and/or volunteers in responding to domestic violence in your community?” The topics were basic domestic violence dynamics, how to effectively communicate with domestic violence victims, how to communicate with domestic violence offenders, the benefits of inter-agency collaboration to ensure victim safety and decrease the frequency and lethality of domestic violence cases, the services that are offered by non-profit domestic violence programs in the area and how victims can access these services, and the legal resources available to aid victims of domestic violence and how they can access these resources. The response categories were not helpful, somewhat helpful, and very helpful. Almost all respondents reported that every topic would be somewhat or very helpful. The largest percentage of respondents reported that information on the legal resources available to aid domestic violence victims and how they can access these resources would be very helpful (70.59%) and information on the services that are offered by non-profit domestic violence programs in the area and how they can access these services (64.71%). Program representatives were least likely to report that information on the benefits of inter-agency collaboration would be very helpful (35.29%).

Likelihood of Staff or Volunteers Attending Particular Types of Trainings on Domestic Violence

In order to assess which method and format of training delivery would be most likely to reach staff in agencies that serve underserved and/or culturally specific populations, respondents in this survey were asked “How likely would your staff and/or volunteers be to attend the following types of training/information sessions on domestic violence?” The types included: (1) face-to-face in a central location with other agencies in your city, (2) face-to-face in a central location with other agencies in your parish, (3) face-to-face in a central location with other agencies from across the state, (4) webinars – online trainings that can be completed at your convenience, (5) webinars – online trainings on specific times and dates that allow them to interact with trainers and other trainees. The largest percentage of respondents
reporting that they would be very likely to attend any of the training was 29.41%. Respondents were most likely to report that staff/volunteers would be somewhat likely to attend webinars – online trainings on specific times and dates that allow them to interact with trainers and other trainees (52.94%). Programs were most likely to report that staff/volunteers would be somewhat likely to attend all of the types of training with the exception of face-to-face in a central location with other agencies from across the state. The majority (58.82%) of programs reported that staff/volunteers would not be likely at all to attend this type of training.

Collaborative Endeavors

Collaboration among programs is one effective strategy for ensuring interagency awareness, training, and policies/protocols that promote the safety and empowerment of all victims of domestic violence. While all domestic violence victims face barriers to safety, those from underserved and culturally specific populations encounter unique challenges. Thus, interagency collaboration becomes more crucial to ensuring the safety of these populations. In order assess whether programs serving culturally specific and/or underserved populations are involved in domestic violence specific collaborative endeavors, program representatives were asked “Does any representative from your agency/organization engage in the following?” The items were: serve on domestic violence task force or other domestic violence specific coordinated community response teams in your service area, serve as board members of domestic violence programs, work with other non-profit domestic violence agencies in your service area to develop inter-agency policies and procedures for handling domestic violence cases, and work regularly with non-profit domestic violence programs in your service area to address areas of concern. Very small percentages of respondents reported that representatives from their agency/organization engaged in any of these practices. The largest percentage reported working regularly with non-profit domestic violence programs in the service area to address areas of concern (23.53%). Thus, very few culturally specific programs are involved in these endeavors. This indicates a need for domestic violence service providers to develop and implement strategies for building relationships with culturally specific programs. This could include, when appropriate, inviting culturally specific service providers to join coordinated community response teams that are working to improve responses to domestic violence in their local communities.

To assess current perceptions and/or awareness of the presence of domestic violence specific coordinated community response teams in their service areas, program representatives were asked, “Are there any coordinated community response teams operating in your service area to ensure that inter-agency policies, procedures, and practices promote the safety and empowerment of domestic violence victims?”
33.33% of respondents responded yes. Thus, more programs reported the presence than their involvement in coordinated community responses to domestic violence.

Lastly, to assess the willingness of programs that serve and/or target culturally specific or underserved populations to become involved in coordinated community responses to domestic violence, respondents were asked, “If a coordinated community response team were being formed in your service area, would your agency be willing and able to take part in such an initiative?” Only two of the respondents answered no to this question and 31.25% said maybe. The vast majority were interested in taking part in coordinated community responses to domestic violence.
CONCLUSION

Much progress has been made in addressing domestic violence in Louisiana in recent years, but there is still more to do. Participants in this needs assessment, including domestic violence program representatives, law enforcement representatives, and domestic violence survivors identified many outstanding needs in Louisiana’s efforts to serve domestic violence survivors. Participant recommendations for improvement in service provision and criminal justice systems were frequently included in the conversations informing this needs assessment.

The single most common recommendation from all types of participants was an increase in funding. Participating victim service organizations receive a combination of federal, state, and local public funding, as well as private grants and donations to fund their work. Where a specific need is not being met, it is frequently the result of organizational capacity and existing resources being insufficient to provide the service. Throughout our data collection, funding was mentioned not only in the context of increasing and stabilizing funding for service providers, but also establishing funding priorities, increasing unrestricted funding, and providing funding for partnerships with culturally specific service providers.

Recommendations gathered from the data collection process also included increasing specific types of training and technical assistance available to victim service providers and criminal justice entities. Much of the data provided throughout this assessment indicate potential priority topics and approaches for training and technical assistance projects. Training and technical assistance suggestions generally included continuing or expanding existing training projects, providing training on new and advanced topics for victim service providers, localizing trainings closer to providers or members of the community, providing victim-centered and trauma-informed training on various topics to criminal justice representatives, and providing ongoing technical assistance to facilitate collaborative endeavors.

The primary objectives of this statewide needs assessment were to review the structure and composition of domestic violence victim services and criminal justice system response to domestic violence in Louisiana, provide information about the current needs of domestic violence victims, develop the beginnings of a comprehensive understanding of unmet needs and service gaps, and identify barriers to accessing services among marginalized and culturally specific populations. Though much of the data included herein have addressed these topics at length, this document should be considered a starting point rather than a conclusion.
APPENDIX A

HEALTHCARE, HOUSING, CHILD ADVOCACY, AND EDUCATION/PREVENTION SURVEY FOR LCADV MEMBER PROGRAMS
APPENDIX B

INTERVIEW GUIDE FOR IN-DEPTH INTERVIEWS ON HEALTHCARE, HOUSING, CHILD ADVOCACY, EDUCATION, AND PREVENTION WITH DOMESTIC VIOLENCE PROGRAM REPRESENTATIVES
APPENDIX C

LEGAL ADVOCACY AND COLLABORATION SURVEY FOR LCADV MEMBER PROGRAMS
APPENDIX D

INTERVIEW GUIDE FOR IN-DEPTH INTERVIEWS ON LEGAL ADVOCACY AND COLLABORATION WITH DOMESTIC VIOLENCE PROGRAM REPRESENTATIVES
APPENDIX E

SURVEY FOR PROGRAMS SERVING UNDERSERVED AND CULTURALLY SPECIFIC POPULATIONS
APPENDIX F

SURVEY FOR LAW ENFORCEMENT AGENCIES
APPENDIX H

GUIDELINES FOR ADMINISTERING SURVIVOR SURVEY
APPENDIX I

PLAN FOR CONDUCTING LISTENING SESSIONS WITH DOMESTIC VIOLENCE SURVIVORS
APPENDIX J

CONSENT FORM FOR SURVIVOR LISTENING SESSIONS
APPENDIX K

PROSECUTOR SURVEY