

LETHALITY ASSESSMENT PROGRAM FOR FIRST RESPONDERS



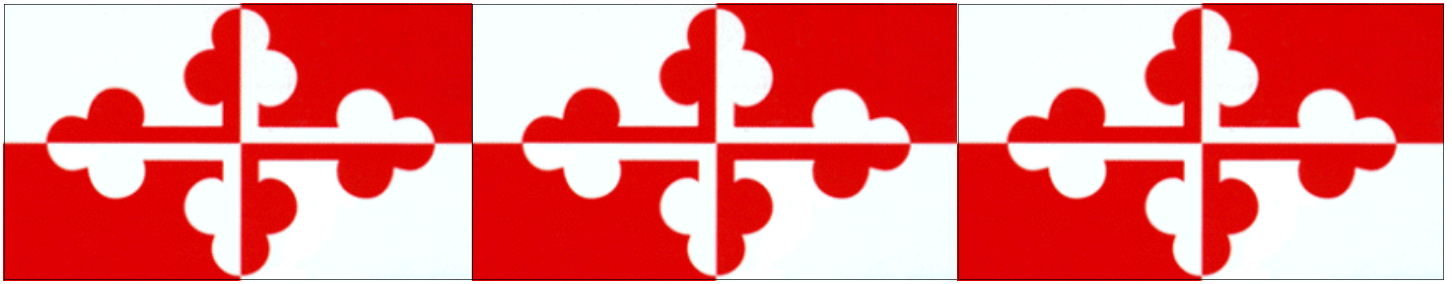
Learning to read the danger signs



About the Design of this Packet

The various mastheads used on the pages of the Lethality Assessment Program information packet are to honor the colors, symbols, and heraldry of the Maryland flag. The colors and symbols—alternating quadrants of yellow and black and the red and white bottom cross design—reflect those on the coat of arms of two of Maryland's founding families.



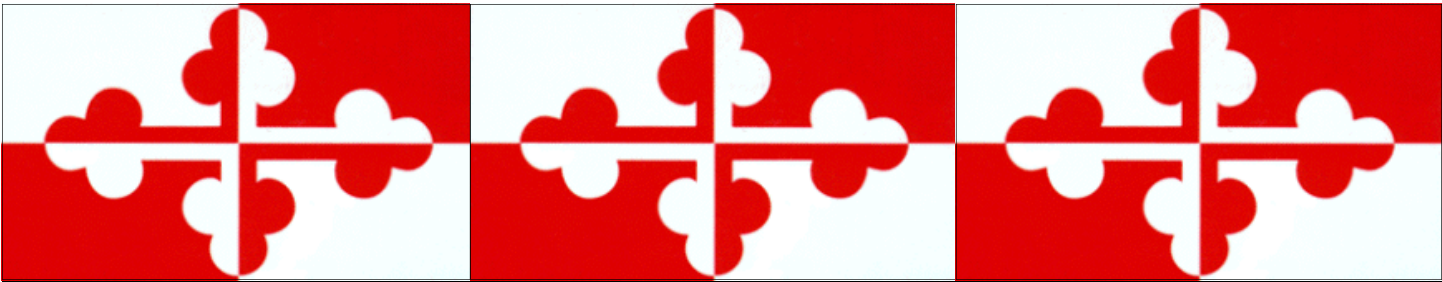


LETHALITY ASSESSMENT PROGRAM FOR FIRST RESPONDERS

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ABOUT THE LETHALITY ASSESSMENT PROGRAM FOR FIRST RESPONDERS

The Lethality Assessment Program (LAP), currently a program for first responders, represents an opportunity born from three bodies of significant research by Dr. Jacquelyn Campbell, of The Johns Hopkins University School of Nursing, spanning 25 years: 1) only 4 percent of domestic violence murder victims nationwide had ever availed themselves of domestic violence program services; 2) in 50% of domestic violence-related homicides, officers had previously responded to a call on the scene; and 3) the re-assault of domestic violence victims in high danger was reduced by 60% if they went into shelter. The goal of the LAP is to prevent domestic violence homicides, serious injury, and re-assault by encouraging more victims to utilize the support and shelter services of domestic violence programs.

The LAP is a two-pronged intervention process that features a research-based lethality screening tool and an accompanying protocol referral that provides direction for officers to initiate appropriate action based on the results of the screening process. The process begins when an officer arrives at the scene of a domestic violence call. The officer will assess the situation. When the standards that indicate danger are met, the officer will ask the victim to answer a series of eleven questions from the *"Lethality Screen for First Responders."*

If the victim's response to the questions indicates an increased risk for homicide, the officer initiates a protocol referral by privately telling the victim she/he is in danger and that in situations similar to the victim's, people have been killed. The officer makes a phone call to a domestic violence hotline and proceeds with one of two responses to address the immediate safety.

Response #1: When the victim chooses not to speak with the hotline counselor. The officer reviews the factors that are predictive of death so the victim can be on the lookout for them, encourages the victim to contact the domestic violence program, provides the victim with referral information, and may follow other protocol measures designed to address the victim's safety and well-being.

Response #2: When the victim chooses to speak with the hotline counselor. The officer responds to the outcome of the telephone conversation between the victim and the counselor, and the officer or law enforcement agency may participate in coordinated safety planning with the victim and the counselor. After having spoken to a hotline counselor at their local domestic violence services program, the victim may or may not seek further assistance.

To the best of our knowledge, the LAP is the only lethality assessment program in the nation that makes use of a research-based screening tool and accompanying referral protocol, which "takes the approach to a more sophisticated level of application," according to Dr. Bill Lewinski, executive director of the Force Science Research Center. It enables law enforcement and domestic violence programs to work hand-in-hand to actively engage high-risk victims who are, otherwise, unlikely to seek the support of domestic violence intervention services.



Page 5 – Domestic Violence Lethality Screen for First Responders

This page is not available for distribution on BWJP's website.

For more information about the Lethality Assessment Program and the Lethality Screen in particular, please write to the Maryland Network Against Domestic Violence at info@mnadv.org or go to www.mnadv.org.



Conducting a Lethality Screen for First Responders *Initiating the Protocol*

When to Initiate a Lethality Assessment

- When an **intimate relationship** is involved;
AND
- You believe an **assault** has occurred,
- You sense the potential for **danger** is high,
- Names of parties or location are **repeat** names or locations, or
- You simply **believe** one should be conducted.

How to Conduct a Lethality Assessment

- Use *Lethality Screen for First Responders*.
- After asking questions, handle information as follows:
 - Yes to Q.1, 2, or 3 = Protocol Referral
 - No to Q.1-3, but Yes to four of Q.4-11 = Protocol Referral
- “No” responses may still trigger Protocol Referral if first responder believes it appropriate. Ask unnumbered question to help determine whether protocol referral should be triggered.

Not Screened in or Did/Could Not Participate in Assessment

1. Advise of dangerous situation.
2. Advise to watch for signs of danger.
3. Refer to provider.
4. Provide first responder contact information.
5. Prepare report.



Conducting a Lethality Screen for First Responders *Initiating the Protocol*

(continued)

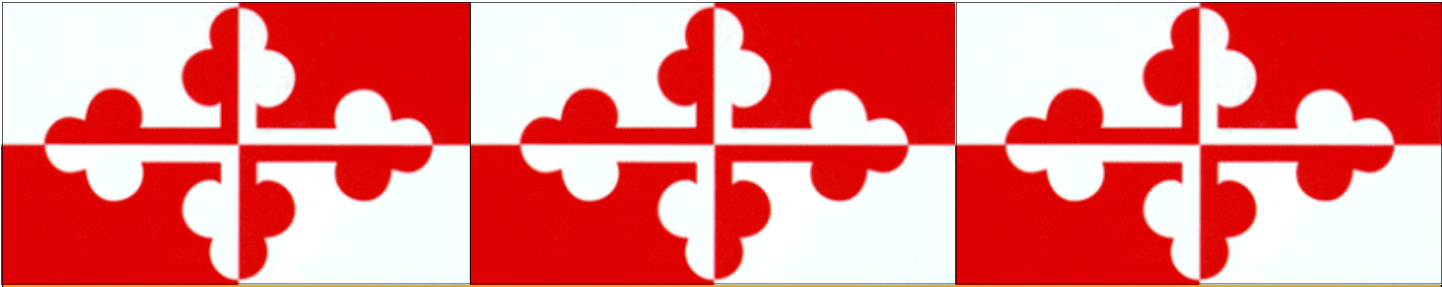
Screened in— Implementation of the Protocol Referral Process

1. Advise of assessment.
2. Advise that you need to call hotline and you would like for victim to speak with counselor. (*Remember: You are seeking the victim's permission.*)
3. If victim does not want to speak with counselor, tell victim you need to speak with counselor to seek guidance and gently ask victim to reconsider.
4. If victim still does not want to speak with counselor, use same procedures as in first response.
5. If victim wants to leave, arrange for or provide transportation.
6. Assist counselor with safety planning if asked.
7. Notify domestic violence unit or supervisor.
8. Prepare report.

Lethality Assessment Program Principles

- Be Compassionate.
- "Go The Extra Mile."
- Coordinate Efforts.
- Use the Phone!
- Be Aware of the Dangers in All Domestic Violence Situations.
- Trust Your Instincts.
- Recognize That the Victim Is in Charge!

*Simply because of your presence as a law enforcement officer, the victim may feel compelled to speak with the hotline counselor when you ask. Tell the victim whether or not she/he chooses to speak with the counselor, **you are there to help her/him.***



MARYLAND NETWORK AGAINST DOMESTIC VIOLENCE

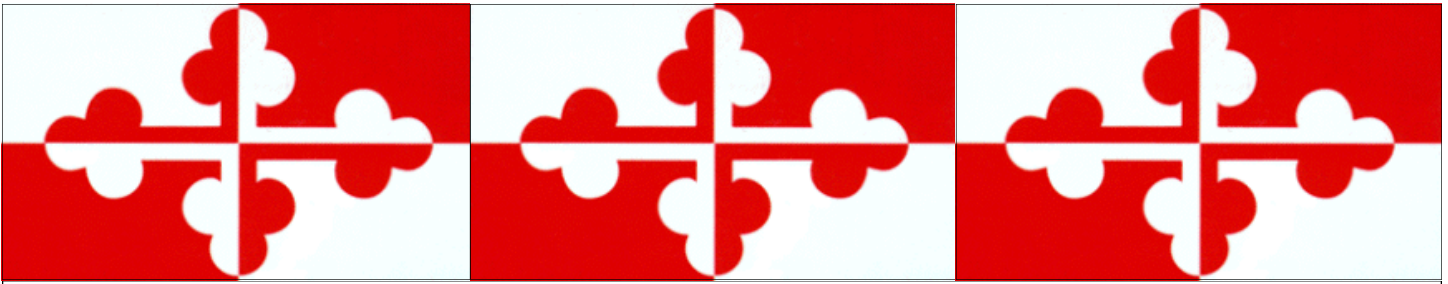
REPORT TO THE
LETHALITY ASSESSMENT COMMITTEE
CONCERNING THE PILOT OF THE LETHALITY SCREEN
FOR FIRST RESPONDERS AND THE PROTOCOL

(Pages 7 and 8)

Conducted July 29 to August 28, 2004



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INTERVIEW RESULTS

Four interviewers conducted 29 interviews (11 counselors, 11 officers, and 7 contacts). The interviews generally lasted 35-45 minutes.

Counselors

Generally, the counselors received the project well. They felt that the screen and protocol were helpful in obtaining additional information from victims so the counselors could make better assessments and in bringing victims to safety and into services. While some thought the screen was not too different from what they already do, they also believed that the screen is a valuable tool that improved their screening methods. One noted that the screen validated advocates' and victims' beliefs about levels of danger and that it made the danger "seem more real." One said that "to see it in black and white is powerful." One felt that the main implication of doing the lethality screen was that the programs needed to be more thoroughly prepared to do safety planning and resource referral. One interviewer wrote that the counselors felt that "it would have taken a lot more nudging to get them (victims) to (come in for services) if they hadn't had the screening tool. The screening tool was effective in working with a client who wanted to run around the truth. It laid a solid foundation for their counseling later. They (counselors) felt so strongly that they now feel at a deficit not having the screen to use."

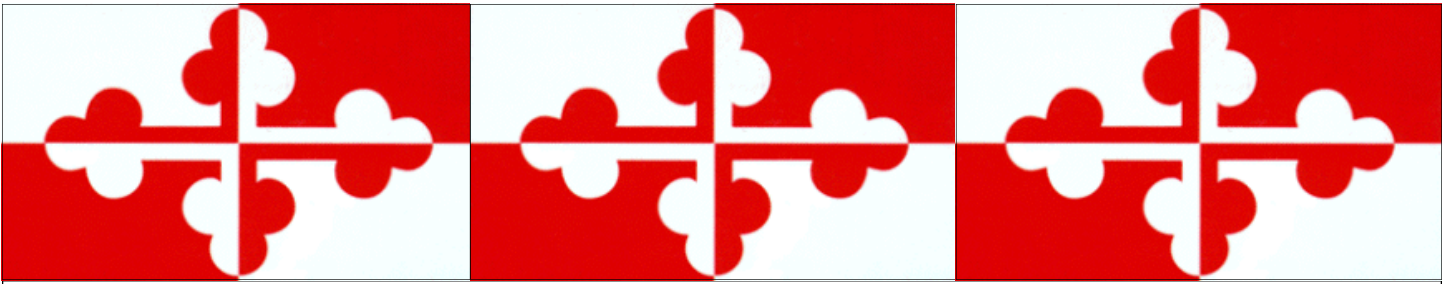
Law Enforcement

The law enforcement officers were generally positive about the project, but in some cases more lukewarm. All except one thought the project was a worthwhile endeavor; the one wasn't sure. There were questions about consolidation of the screen into the current domestic violence form that two agencies use that would make the project more acceptable. Still, most seemed to think the screen was a "great tool," an "appropriate checklist," that enabled officers to ask specific questions. One noted that officers wanted to do a good job and "appreciated" the screen and protocol. One said that the screen was "basic, common sense, straightforward... (and) helps you open your eyes, the way the questions are asked." One said that officers were "surprised with the results." Most thought the screen was user-friendly, some noting that there was some anxiety the first time they used it, but after that it was easy to administer.

Pilot Contacts

The pilot contacts were enthusiastic about the outcome of the pilot and described it generally as "outstanding," going "very well," going "well because officers bought into it," and "exceeded expectations." One said it gave officers another avenue to pursue and rhetorically asked "How many doors did this open (for officers)?" Two noted that the number of questions should be reduced.





All provided substantive responses to the question that asked whether they believed the screen and protocol offered their staffs a different way to treat high danger cases. One noted that it made officers more conscious and thoughtful that “a person is at peril.” Another said that it gave a officers “a focus, a checklist.” Another said that they would have treated a caller in a different way that might not have “gotten to the danger factor earlier.” Another noted telling a victim that in such situations people have been killed was something the police would never have done before, but that they felt comfortable doing it with the screen (backed up by research) and protocol and training they had. One said it was an “eye opener” to the staff.

In response to staffs feeling more confident in dealing with high danger situations because of the screen and protocol, all answered affirmatively. They noted that the screen gave them information with which to effectively evaluate a threat, that the MNADV spent a lot of time with them (making them feel more comfortable and familiar) and that the agency was committed to the project, that it provided an alternative to “walking away and wondering,” that the screen allowed counselors to be “clearer as to where the danger was” and identified a victim as being “on a short list,” and that being able to call the program provided an officer with “reinforcement.”

In response to changes in the protocol, one suggested that programs develop in-house procedures and noted that when a Danger Assessment reaches 10, programs should seek to contact law enforcement to begin developing a coordinated, short-term safety plan. One expressed concern about phones not always being available. One noted that some “yeses” require follow-up questions. One noted that in-the-home safety planning for a victim should be done in anticipation of the abuser returning home from being incarcerated, as an example.

One veteran police officer, in response as to whether the project is a worthwhile project, said that it “provides officers with a way to do their job and provides for the needs of victims as effectively as I’ve seen it done.” Another said: “We think we kept people safe.”

The most significant by-products that were reported were the improved and closer communication and coordination between the programs and law enforcement, and that programs “got to people we wouldn’t have gotten to” because law enforcement “sees different people” than the program (SARC, in this particular case).

In identifying innovative or different than usual approaches, the contacts noted that the phone contact is “as good as you’ll come up with,” the program meeting over cases with law enforcement (with no compromises in confidentiality), an internal team approach to high danger cases, and the decision by one of the programs to dramatically amend its policy so that “we will shelter everyone” despite intoxication and previous disruptive behavior.

In identifying successes, one police contact noted that they now look upon the domestic violence program “in the same way we look at Social Services in child abuse cases.” They are “part of the team.”



MARYLAND LETHALITY ASSESSMENT STATISTICAL AND STATUS REPORTS

MARYLAND LETHALITY ASSESSMENT STATISTICAL REPORT

January 2006-September 2008

Estimated Population: 5,672,000

MD Participating -Population & % -Agencies -Year	Lethality Screens	Lethality Screens Per Population Per Day	High Danger	Non-High Danger	Did Not Answer	"Positives" Who Spoke to Counselor	"Spoke to" Who Went for Services
807,000 (14%) 21 agencies 2006	1,839	1/439 5/day	990 (54%)	698 (38%)	151 (8%)	531 (54%)	158 (30%)
1,725,000 (30%) 43 agencies 2007	3,304	1/521 9.1/day	1,923 (58%)	1,179 (36%)	202 (6%)	1,030 (54%)	263 (26%) 0.7/day
3,307,500 (58%) 63 agencies 01/2008-09/ 2008	4,696	1/543 17.1/day	2,697 (57%)	1,722 (37%)	277 (6%)	1,557 (58%)	433 (28%)
33 Month Totals	9,839	1/501 9.81/day	5,610 (57%)	3,599 (37%)	630 (6%)	3,118 (56%) 3.1/day	859 (28%) 0.9/day

MARYLAND LETHALITY ASSESSMENT STATUS REPORT

Through September 30, 2008

Participating and committed law enforcement agencies: 87 (79% of 110 agencies)
Participating domestic violence programs: 19 (95% of 20)
Involved Counties [including Baltimore City]: 24 (100% of 24)
Total Population Being and to Be Served: 3,640,500 (64% of 5,672,000)





LETHALITY ASSESSMENT PROGRAM BEST PRACTICES

Certain practices have resulted from the implementation of the Lethality Assessment Program (LAP). They have improved our ability to contact and communicate with high risk victims and to get them into domestic violence services (shelter or intake). The new practices are part of the continuing effort to improve the effectiveness of the LAP in Maryland.

Following up with High Danger Victims.

Most domestic violence service providers in Maryland now follow-up with victims who have been assessed by a law enforcement officer as being at greatest risk of being killed (in “high danger”). They either make home visits (advocate and officer together) or phone calls soon after the incident. In the second and third quarters of 2008, six programs that actively conduct follow-ups doubled the state average of victims going into services (56% compared to 28%).

Assessing Protective Order Petitioners.

In two counties, deputies assess victims immediately after interim and temporary protective order hearings. With high danger victims, deputies either call the domestic violence hotline, as patrol officers do, or have an advocate housed in the same facility respond to speak with the victim. Since beginning in January (in one county) and August 2008 (in another county) through September, 40 of these victims have gone into the two involved local programs for services.

Hotline Guidelines for Communicating with High Danger Victims.

The phone conversation that a hotline worker has with a victim from the scene of a police call for service is a new and different type of communication. Time on the phone is short; the victim may not be “ready” to speak with a domestic violence advocate. After two years of implementation, we realized we needed a written guideline to standardize the communication in a way that would provide for immediate safety and better encourage the victim to go into services. The guidelines are ready. Training will be provided to all domestic violence programs in early 2009. Between January 2006 and September 2008, 859 high danger victims have gone into services after the victim has spoken on the phone with a hotline worker. We hope the guidelines will improve that rate. We believe the guidelines will improve the way we communicate with high risk victims.



LETHALITY ASSESSMENT PROGRAM IN THE NEWS

FEATURED SUBMISSION

Assessing lethality in domestic violence cases

Program helps first responders save lives

By David H. Sargent and
Jacquelyn C. Campbell, PhD, RN

According to a 2001 study by the journal *Prevention Medicine*, police officers were called to the scene of 89 per cent of domestic violence homicides. The study also found that only four per cent of domestic violence murder victims had ever used the services of a domestic violence provider. In a different sample of victims who had gone to the shelter, the rate of re-murder dropped by a staggering 80 per cent.

In a law enforcement community — and in our broader community — we can respond to these statistics by turning them into opportunities to save the lives of potential domestic homicide victims. In the state of Maryland, we started with the question, "What can we do?"

In 2003, the Maryland Network Against Domestic Violence (MNAADV) received a grant to establish a lethality assessment instrument and accompanying protocol, both of which would help assess the risk that a victim of domestic violence would be killed by his or her partner.

Recent lethality assessment is generally applied in a clinical setting; the MNAADV sought to develop an assessment tool for first responders, primarily law enforcement officers. The initiative is called the Lethality Assessment Program (LAP) for First Responders.

To ensure professional methodology, the MNAADV organized a Lethality Assessment Committee comprised of law enforcement officers, criminal justice system practitioners, domestic violence advocates, and researchers — including

In the LAP protocol, the officer calls the hotline to seek advice and — equally important — to encourage the victim to speak to the hotline counselor.

FEATURED SUBMISSION

Though still early in its implementation, there are positive signs that the LAP is affecting domestic homicide statistics in the state of Maryland.

lethality assessment contact who communicates with the MNAADV co-ordinator and other agency program contacts. All contacts serve on the Lethality Assessment Participants' Committee, which meets annually and communicates frequently via e-mail.

In October 2005, the LAP was voluntarily implemented by four law enforcement agencies and two partner providers in two of Maryland's 23 jurisdictions. Today, 46 police agencies (Maryland State Police included) involving 17 domestic violence programs in 23 jurisdictions have either implemented the LAP, planned it, received LAP training or committed to go forward.

Though still early in its implementation, there are positive signs that the LAP is affecting domestic homicide statistics in the state of Maryland. The MNAADV reported the following statistics during 2004 and 2005:

- Partner agencies administered 1,343 Lethality Screen across a participating population of 1.7 million.
- 27 per cent of persons screened were assessed as being in "high danger." In these jurisdictions where a police officer and domestic violence program advocate visit "high danger" victims immediately, up to 50 per cent of visited victims sought services.
- 54 per cent of "high danger" victims ended up on the phone with a domestic violence program counselor.
- 27 per cent of the victims who ended up on the phone went to the services.
- One arrested victim was killed.
- In 2005, the number of domestic violence fatalities in Maryland was at its lowest since 1991.

The Neil Vidulich of the National Domestic Violence Fatality Review Initiative says that instruments such as the LAP can successfully avert serious outcomes, including a greater awareness of danger and lethality among victims and the law enforcement community, a greater consideration of proactive interventions, the education of system partici-

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THE LAP IN ACTION

The Lethality Assessment Committee spent nearly a year developing the Lethality Screen and LAP protocol, and field testing them in three jurisdictions. The primary focus of field testing was to determine whether the screen and protocol were user-friendly for officers on the scene. Eighty-four per cent of officers surveyed reported that the instrument and protocol were "easy" or "fairly easy" to administer and 89 per cent stated that the tools bolstered their confidence.

The committee spent the next year gathering data, holding regional workshops to explain the LAP and obtain additional feedback, including the screen, and producing a training video for police officers.

The MNAADV now co-ordinates the LAP and provides a direct route to the major curriculum for law enforcement agencies. It also offers an in-service curriculum for participating domestic violence service providers. Each agency and program that implements the LAP is asked to voluntarily gather and report Lethality Screen data to the MNAADV on a quarterly basis. To date, all participating agencies have honored this request. The MNAADV then provides all participants with quarterly and annual reports, comments and recommendations.

Each participating agency and domestic violence program appoints a

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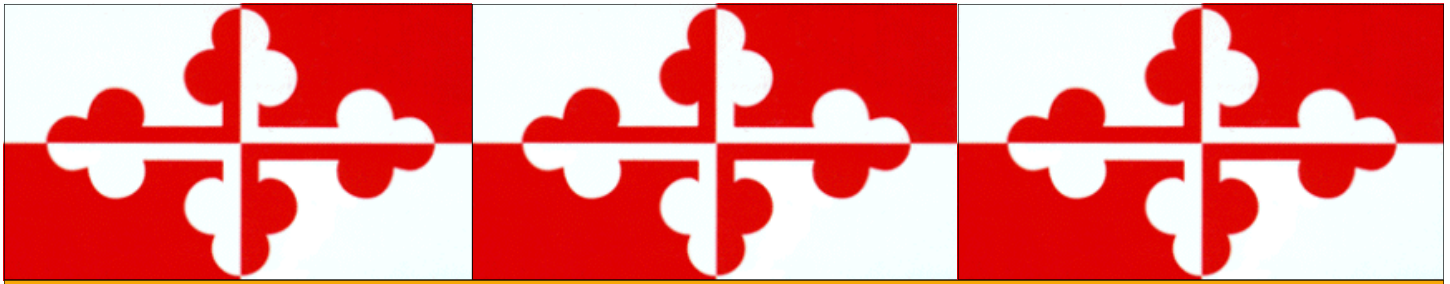
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LETHALITY ASSESSMENT PROGRAM IN THE NEWS

"A lot of states are watching what Maryland is doing... They are very interested in seeing the results."

—Cheryl O’Donnell, National Network to End Domestic Violence

(In "Police Tool Assesses Domestic Abuse 'Lethality'")

Identifying those most at risk so they can get help is the aim of an innovative Maryland program that is gaining national attention. **The program is helping to save lives, and that should spur its expansion.**

—Editorial in the Washington Post

(In "Helping Women at Risk: A Maryland Program Aimed at Averting Domestic Violence is Given Deserved Recognition")

"We believe that by getting that victim into services, we have enhanced her chances of survival."

—Dave Sargent, Retired Police Lieutenant and Law Enforcement Coordinator/Trainer at the Maryland Network Against Domestic Violence

(In "Police Tool Assesses Domestic Abuse 'Lethality'")

"Officers have been trained to make somewhat similar inquiries of victims in a number of other jurisdictions... including Duluth (MN) and San Diego, whose police departments have had strategies in place for several years. But the Maryland program takes this to a new level of sophistication."

—Dr. Bill Lewinski, Executive Director, Force Science Research Center

(In "Lethality Assessment" Helps Gauge Danger from Domestic Disputes)

"Now we're going to take it nationwide to save lives nationwide."

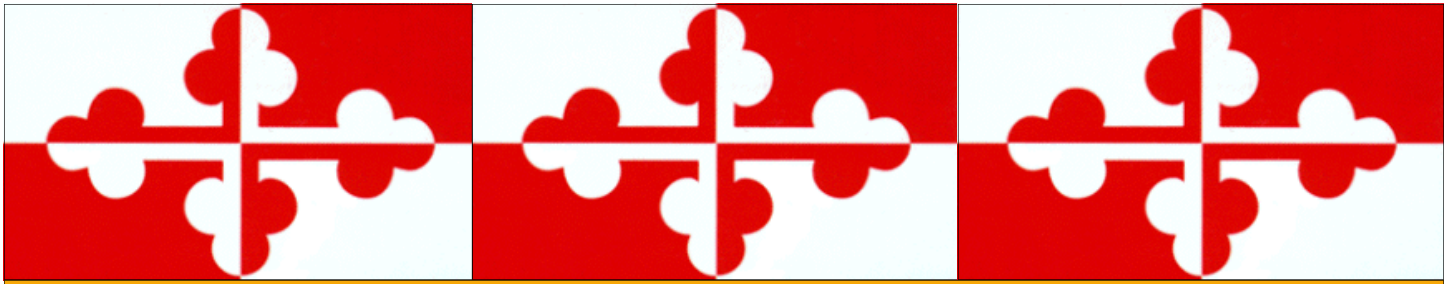
—Senator Barbara Mikulski, announcing the Byrne grant

(In "Grant to Spread Domestic Violence Program to Other States")



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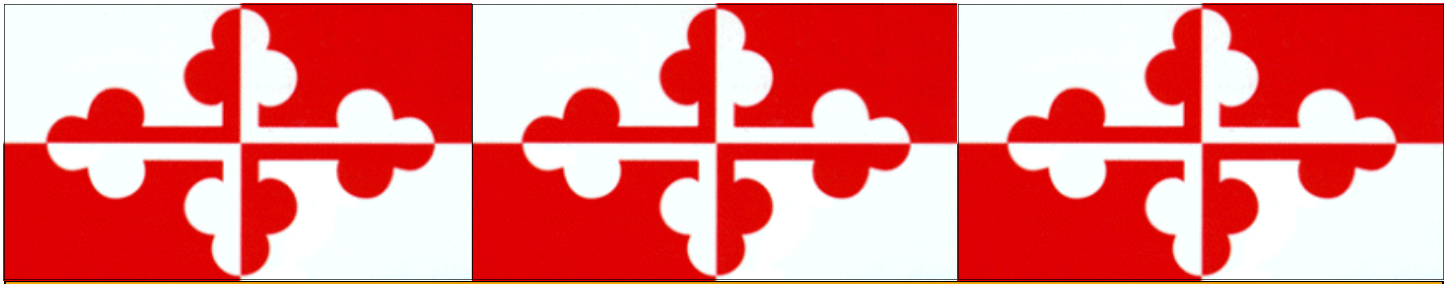
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LETHALITY ASSESSMENT PROGRAM IN THE NEWS

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LETHALITY ASSESSMENT PROGRAM: A TOP 50 PROGRAM OF THE ASH INSTITUTE 2008 INNOVATIONS IN AMERICAN GOVERNMENT AWARDS COMPETITION

The Maryland Network Against Domestic Violence (MNADV) is very proud to announce that our **Lethality Assessment Program** has been selected by the Ash Institute for Democratic Governance and Innovation at Harvard Kennedy School as **one of the Top 50 Programs of the 2008 Innovations in American Government Awards competition**. A portion of the press release is appended below.

HARVARD KENNEDY SCHOOL'S ASH INSTITUTE ANNOUNCES TOP 50 INNOVATIONS IN GOVERNMENT

Innovations in American Government Awards Top 50 Programs to Compete for \$100,000 Award

Cambridge, Mass., – April 15, 2008 – The Ash Institute for Democratic Governance and Innovation at Harvard Kennedy School today announced the Top 50 Programs of the 2008 Innovations in American Government Awards competition. Selected from a pool of nearly 1,000 applicants, these programs represent the best in government innovation from local, county, city, tribal, state, and federal levels.

Established in 1985 at Harvard Kennedy School by the Ford Foundation, the Innovations in American Government Awards Program is designed to improve government practice by honoring effective government initiatives and encouraging the dissemination of such best practices across the country. Over its 20 year history, the Innovations in American Government Program has honored 181 federal, state, and local government agencies.

Many award-winning programs are now replicated across policy areas and jurisdictions, serving as forerunners for today's reform strategies and new legislation. Such programs also inform research and academic study at Harvard Kennedy School and other academic institutions around the world. In the midst of widespread cynicism in government, the Innovations in American Government Awards Program provides concrete evidence that government is working to improve the quality of life of citizens.

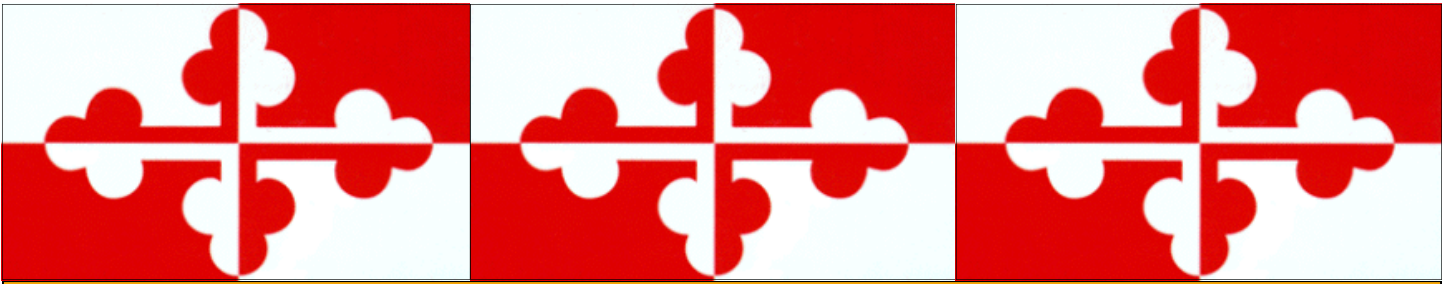
Each of the Top 50 programs underwent several rounds of rigorous evaluation from a committee of practitioners and policy experts from Harvard Kennedy School as well as renowned institutions nationwide. Selected programs address a number of important policy areas including health and social services; management and governance; community and economic development; education and training; criminal justice; transportation and infrastructure; and the environment.

Representing a range of jurisdictions from across the country, the Top 50 Programs include seventeen cities/towns, four counties, six federal agencies, three school districts, nineteen states, and one tribal government. Massachusetts, Pennsylvania, Connecticut, and Maine have multiple programs represented in the Top 50.

"The 50 best innovations for the 2008 Innovations in American Government Awards demonstrate effective solutions to some of our nation's most pressing issues," said Stephen Goldsmith, director of the Innovations in American Government Awards Program, Harvard Kennedy School. "From child welfare reform and improvements in homicide case review to promotion of our nation's parks, these programs are improving the way we live our daily lives."

"We commend the innovative initiatives of these Top 50 Programs," said Gowher Rizvi, director of the Ash Institute for Democratic Governance and Innovation. "In their path to finding new ways for doing the public's business better, these programs are paving the way for nationwide - and even global - reform strategies."





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