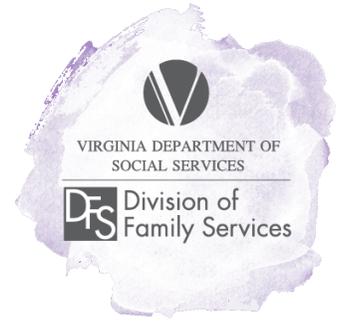


# SECTION: Non-Shelter/ Community-Based

## TOPIC TITLE: Lethality Assessment Protocol – Maryland Model

---



### Importance of Topic:

The Lethality Assessment Program is an evidence-based, multi-pronged approach that seeks to connect high-danger victims (assessed by law enforcement using a lethality screen) to emergency advocacy services (via direct hotline call made by law enforcement on the scene). It is one of two programs in the country recognized by the Department of Justice as an evidence-based “promising practice” to reduce domestic violence related fatalities. The Office of the Attorney General of Virginia has adopted the LAP for use across the Commonwealth and works with DCJS to provide ongoing training and support to LAP communities and partnerships.

### Statutes/Professional Standards:

- Code of Virginia Reference: None
  - [Professional Standards Reference:](#)
    - Standard #9 - SDVAs will be accessible 24/7 to the public and to first responders to provide crisis intervention services by trained advocates. While this is more general, the LAP could fit into this standard and would require additional training for advocates and first responders in the community along with a specific MOU adapted to meet the requirements of a LAP response.
    - Level II Training requirements - Lethality/Danger assessment is included in the training matrix and could be expanded to include LAP in a community that is participating in the program since specialized training is required.
-

## **Terms Used or Needed to Understand this Topic:**

*Lethality Screen:* A set of 11 questions that can be asked by law enforcement on the scene of a domestic violence call (or by other professionals and community members) that assess risk for severe or fatal violence in the near future of a victim of domestic violence. The screen is based on the groundbreaking research and Danger Assessment tool from Dr. Jacquelyn Campbell.

*High-Danger Victim:* An individual who is screened as being at elevated risk for experiencing severe violence or homicide based on responses to the lethality screen or the beliefs of the responding officer.

*Lethality Assessment Protocol:* After a law enforcement officer completes the lethality screen, if a victim is identified as high-danger, the officer will place a call to the local domestic violence service agency and offer an opportunity for the victim to talk with a specially trained advocate and receive information about protective safety strategies including accessing shelter or other resources available in the community. The officer on scene determines whether or not to deploy the LAP tool per the Maryland Model.

## **Did You Know?**

Research shows that, in the year prior to the homicide, more than 44% of abusers were arrested, and almost one-third of victims contacted the police. These contacts demonstrate missed opportunities to identify victims in danger of being killed by their intimate partners. Alternatively, only 4% of abused victims had used a domestic violence hotline or shelter within the year prior to being killed by an intimate partner. This statistic shows that victims who need the most help aren't self-initiating contact with domestic violence-specific resources. They do, however, come in contact much more often with law enforcement. The LAP capitalizes on the contact that law enforcement has with victims in danger of intimate partner homicide and connects them to local resources. (LethalityAssessmentProgram.org - Sharps, P. W., Koziol-McLain, J., Campbell, J. C., McFarlane, J., Sachs, C., & Xu, X. (2001). Health care providers missed opportunities for preventing femicide. *Preventive Medicine* 33, 373-80.)

## **Racial/Social Justice Focus:**

On-going evaluation with the DVP and community partners is needed to determine the effectiveness of this law enforcement centered response in communities of color and other marginalized communities for whom trust in law enforcement has been historically low. Community partners should include those who work with underserved populations. The LAP does create a minimum-barrier avenue to access shelter for some high-danger survivors; however, law enforcement must be involved to make this work.

*Scenario 1:* Maria has been abused by her husband for years. She has never called law enforcement because while her husband and children have their papers, she does not, and she fears being separated from her children or worse - being forced to return to Guatemala alone. Maria's neighbor calls the local sheriff's office after hearing screaming and what sounds like furniture crashing around in Maria's home. Maria refuses to say anything to the officers, minimizing what has happened. She just keeps repeating that everything is ok. Since this is the first time law enforcement have responded to a call at this residence, Maria's husband had left before they arrived, and Maria seems to be ok, the officers decide not to conduct the lethality screen and leave a card and some information for the local domestic violence hotline written in English.

- Does this scenario indicate a need for a lethality screen?
- Was Maria's primary language taken into consideration?
- If Maria does contact the local DVP, how might they respond to their local law enforcement with any concerns about how this was handled?

*Scenario 2:* Tandra calls the police after her live-in boyfriend rapes her. When the police arrive, her boyfriend has left. They suggest to Tandra that she go to the hospital and say that they will take her there. Her boyfriend's two children are there at the apartment, but she is able to leave them with one of her boyfriend's family members. At the hospital, Tandra meets with the forensic nurse examiner and an advocate from the local DV/SV program. After conducting the exam and getting a lot of information, the FNE goes over the 11 questions for the lethality assessment. Tandra answers yes to a number of the questions. The advocate and the FNE express their concern for her safety. Tandra says that she had been thinking about leaving and that her mother who lives 2 hours away is on her way to get her. As the advocate finishes up with information about their program services,

the local victim witness coordinator arrives at the hospital. She says that she will help Tandra get an emergency protective order if she wants one. The advocate and victim/witness assist Tandra in thinking through next steps and describe possible resources available to support her.

- How did these different community partners all work to keep Tandra safe?
- How can DV programs help their community partners know about doing a lethality assessment?
- What else might be needed to help Tandra be successful in staying safe?

### **Trauma-informed Focus:**

The Lethality Screen and Protocol is an attempt to improve community response to domestic violence victims and get them connected to advocacy services while offering information about their risk of homicide or severe violence and their options for safety planning and using community resources. Victims are not forced to talk with the domestic violence advocate nor are they required to complete the screening. Law enforcement and domestic violence advocates are trained on how to appropriately engage with victims on the scene or during a follow-up and how to encourage and empower victims to make choices that enhance their safety.

### **Promising Practices:**

#### *Overview of General Characteristics:*

- Law enforcement has access to functional cell phones to use for direct calls to trained LOCAL advocates while on the scene when responding to domestic violence calls.
- Ongoing training is available for law enforcement and advocates to ensure proper use of lethality screen and to maximize the effects of the brief phone conversation between the survivor and advocate.
- Next-day appointments for counseling, legal services, and intake are available for high-danger victims. Guarantees of shelter are available if requested.

- Advocates conduct a danger assessment when following up with high-danger victims to identify potential risks and coordinate an effective safety plan.
- Medical professionals such as forensic nurse examiners or emergency department personnel can be a valuable partner with lethality assessment. Consider expanding your training and outreach efforts to these personnel.

*Examples:*

- The **Women’s Resource Center of the New River Valley**, a rural program, collaborates with three law enforcement agencies to operate LAP in multiple localities. WRCNRV has one full-time staff person overseeing all aspects of their LAP including recruiting and training law enforcement agencies; tracking statistics and following up with law enforcement after a LAP call comes in; following up with survivors to provide additional resources and coordinate appointments with WRC advocates; and, training hotline staff on responding to LAP calls. The LAP is a no barrier shelter entry protocol, and this has encouraged staff to minimize barriers for non-LAP individuals seeking shelter services.
- Virginia DVPs participating in Lethality Assessment Programs as of October 2021 (please note, for each agency listed below, not all jurisdictions may participate in the Lethality Assessment Program):
  - Shelter for Help in Emergency
  - Franklin Family Resource Center
  - Transitions Family Violence Services
  - Avalon
  - Loudoun Abused Women’s Shelter/Loudoun Citizens for Social Justice
  - The James House
  - YWCA of Richmond
  - Women’s Resource Center of the New River Valley

- Abuse Alternatives
- YWCA of Central Virginia
- Southside Survivor Response Center
- New Directions Center
- ACTS DV Service
- The Haven Shelter and Services
- Fairfax Office on Women/Artemis House
- Family Crisis Support Services
- Clinch Valley Community Action Center
- Bedford Domestic Violence Services
- HER Shelter
- Samaritan House
- Project Hope/THRIVE Virginia

*Program Focus:*

- Does your program have an existing relationship with local law enforcement from which to explore LAP implementation?
- Does your program have the capacity to identify a LAP coordinator or a staff person responsible for making follow-up calls to law enforcement and ensuring all relevant information is shared from your local law enforcement agency regarding LAP calls and high-danger victims?
- Has your locality conducted a fatality review to better understand domestic violence homicide in your community?
- Are you able to provide a locally-staffed 24/7 hotline with the capacity to respond to LAP calls?

- What would that look like for your staffing and training? Is there emotional support available for staff who have to respond to LAP calls?
- If your organization prioritizes shelter entry for LAP calls, does that exclude any other high-danger victims from services?

### **COVID-19 Focus:**

With less ability for people to leave their homes, COVID-19 creates an increased need for law enforcement connections with local domestic violence agencies. Many localities are seeing an increase in domestic homicide. Law enforcement is more likely to be the first point of contact for a survivor who may not have been able to access services while in their own home. Increased police interaction highlights the critical role that domestic violence agencies have in working with law enforcement to ensure the best outcome for the survivor, especially with communities that may have a history of mistrust with law enforcement. Law enforcement can also be useful during this time in assisting survivor's filings for protective orders and in enforcing protective orders that are not being respected.

#### *During COVID-19:*

- Has your program worked to keep connections with local law enforcement strong in regards to LAP assessments?
- Has your community seen an increase in domestic homicide and/or domestic violence calls to law enforcement?
- If your program has had to limit shelter residences and/or set limits on localities served, is safety planning being done with any survivors that you may not be able to serve due to the pandemic?

#### *COVID 19 Example:*

Many shelter programs have had to limit the number of residents in their shelters and as such, may be using lethality assessment tools to help determine the level of danger with survivors. Feeling comfortable with using these tools is important for the support of staff. Additionally, staff will want to have options available for survivors who may not be able to come to the shelter due to capacity limitations.

## **Additional Resources + Links:**

### *Videos:*

- [Lethality Assessment Program, Connecticut Coalition Against Domestic Violence](#) (17:09 minutes): \*content warning - brief, explicit descriptions of homicide to begin the video. Includes description of LAP with rationale for engaging in LAP as a community along with real life scenarios.
- [Domestic Violence and the Restoration of Hope TED Talk by Dave Sargent](#) (18:11 minutes): Retired police officer, Dave Sargent, discusses community responsibility as an answer to the pervasive problem of domestic violence. At the 9:15 mark, he begins to specifically address LAP.

### *Publications:*

- Office of the Attorney General of Virginia, Lethality Assessment Program Information: [Lethality Assessment Program](#). Brief overview of the LAP in Virginia and how to access training and resources; List of communities participating in LAP.
- Maryland Network Against Domestic Violence (MNADV) Lethality Assessment Program Information: [Lethality Assessment Program](#). In-depth information about history and development of the program, how it works, and research and talking points to support implementation.
- [Police Departments' Use of the Lethality Assessment Program: A Quasi-Experimental Evaluation](#): 2014 evaluation paper studying 7 jurisdictions in Oklahoma.