

Review of Lethality Assessment Programs (LAP)



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Item 393 #4c of the 2013 Budget Bill directed DCJS to “review the experience of other states in establishing lethality assessment programs to train law enforcement officers in responding to situations involving domestic violence and potential deadly threats. The review shall include an assessment of the costs and benefits of establishing a program in Virginia and potential first steps which could be taken by the department within existing resources. Copies of the review shall be provided to the Secretary of Public Safety and the Chairmen of the Senate Finance and House Appropriations Committees by October 1, 2013.”

This report describes what comprises a lethality assessment program (LAP), the goals of the program and how it works. It discusses the experiences of states and localities that have lethality assessment programs in operation, and in particular, what it takes to prepare for implementation of such a program. The report also lists some of the ways that implementation of a lethality assessment program would benefit Virginia as well as some of the costs that such an effort would incur. Finally, it discusses the recommended first steps to implementing a lethality assessment program within existing or with minimal resources.

Description and background

Lethality assessments are risk assessment tools that were developed to provide law enforcement and other first responders with a simple and consistent method to measure the level of danger that a victim of intimate partner domestic violence is in given their current situation. The tool consists of a standard set of questions that are asked of the victim in a specific order; the responses that the victim provides to those questions help indicate the level of danger. It is important to note that these assessments are only one of many tools used in domestic violence (DV) intervention and that a “lower risk” score on the assessment questions does not necessarily mean that the victim is not in serious danger.

Danger Assessment

Field-based lethality assessment instruments, such as the types used by law enforcement and other first responders, were developed from similar tools called danger assessments.

In the mid 1980s, Dr. Jacquelyn Campbell of the Johns Hopkins University School of Nursing developed an assessment tool, now widely known as the Danger Assessment, through her research and advocacy in domestic violence and intimate partner violence (IPV)¹. The Danger Assessment is a validated risk assessment instrument that helps determine the level of danger that a woman has of being killed or seriously injured by her intimate partner². It is typically administered by an advocate who asks a victim of domestic violence questions to assess and score her level of risk and develop an appropriate safety plan. There are two parts to this tool: a 20-item scored assessment and a calendar.

The 20-item scored assessment uses a weighted system to score yes/no responses to risk factors associated with intimate partner homicide.³ Among the 20 risk factors measured is partner’s employment status, gun ownership, drug use, alcoholism, if there were past threats of violence, stalking, and incidence of choking. The calendar portion asks the victim to use the calendar to note and track dates of abuse and severity of the abuse. *(A copy of the Danger Assessment tool can be viewed at <http://dangerassessment.org/uploads/pdf/DAEnglish2010.pdf>.)*

Lethality Assessment

The most well-known and probably the most-used lethality assessment field tool is the one developed by the Maryland Network against Domestic Violence (MNADV) starting in 2003. Their tool, called the Lethality Screen for First Responders, uses Dr. Campbell’s Danger Assessment as a model and also includes a protocol on actions to be taken based on what the assessment screen indicates regarding a

¹ Jacquelyn Campbell. (n.d.). In Johns Hopkins School of Nursing Faculty Directory. Retrieved July 25, 2013 from http://nursing.jhu.edu/faculty_research/faculty/faculty-directory/community-publichealth/jacquelyn-campbell

² What is the Danger Assessment? (n.d.). *DangerAssessment.org* Retrieved July 25, 2013 from <http://dangerassessment.org/About.aspx>.

³ What is the Danger Assessment? (n.d.). *DangerAssessment.org* Retrieved July 25, 2013 from <http://dangerassessment.org/About.aspx>.

victim's level of risk.⁴ This evidence-based field screening tool is part of the protocol that makes up Maryland's model Lethality Assessment Program.

Maryland's model Lethality Assessment Program

Maryland's Lethality Assessment Program (LAP) consists of the lethality screen used in combination with an accompanying field protocol. The lethality screen is typically initiated by law enforcement at the scene of an intimate partner domestic violence call-for-service, but can also be initiated by other first responders such as hospital staff and other practitioners who come into contact with victims of domestic violence during the course of their primary work. *(A copy of the questions currently used in the MD LAP is attached at the end of this report.)*

When victims screen in on the lethality screen at a level of high danger, the officer or other first responder contacts the partnering 24-hour domestic violence hotline to speak with a counselor. The purpose of the phone call is to do immediate safety planning and try to have the victim enter services. The victim is encouraged to speak with the counselor but is not required to do so. If the victim does speak with the counselor, they will be encouraged to seek services from the domestic violence program. Once a victim enters services, an advocate will conduct the more detailed Danger Assessment and will develop a detailed safety plan based on the victim's specific circumstances. Research indicates that victims who are immediately connected with services are at a reduced risk of DV-related homicide, serious assault and repeat victimization.⁵ Among victims of DV-related homicide, only 4% had ever accessed DV services.⁶

The success of the Maryland model LAP is apparent in the numbers – Maryland had a 34% drop in intimate partner DV homicides between July 2007 and June 2012.⁷ This program is now being used by hundreds of jurisdictions in 32 states and has also been recognized as a 2008 Top 50 Program of the Ash Institute's Innovations in American Government Awards Program at Harvard University, received the 2010 Celebrating Solutions award from the Mary Byron Project, and the 2011 Partnership for a Safer Maryland award.⁸

Goal of the program

The goal of the LAP is to prevent domestic violence homicides, serious injury, and re-assault by encouraging more victims to use the support and shelter services of domestic violence programs.⁹

How it works

The LAP is an easy-to-use protocol that identifies victims of domestic violence who are at the greatest risk of being killed by their intimate partners and immediately connects them to the domestic violence

⁴ Law Enforcement. (n.d.). *DangerAssessment.org* Retrieved July 25, 2013 from <http://dangerassessment.org/About.aspx>.

⁵ (October 23, 2012). Lt. Governor Brown Announces Domestic Violence Program Adopted by Prince George's Law Enforcement. *Office of Lt. Governor Anthony G. Brown*. Retrieved May 16, 2013 from <http://www.governor.maryland.gov/ltgovernor/pressreleases/121023.asp>

⁶ 2011. *Lethality Assessment*. Lethality Assessment Program for First Responders. Curriculum for Service Providers. MNADV.

⁷ How is the LAP Making an Impact in Maryland? *LAP: Maryland*. Retrieved August 8, 2013 from <http://mnadv.org/lethality/lap-maryland>.

⁸ What Kind of Recognition has the LAP Received? *LAP Recognition*. Retrieved August 8, 2013 from <http://mnadv.org/lethality/lap-recognition>.

⁹ (October 23, 2012). Lt. Governor Brown Announces Domestic Violence Program Adopted by Prince George's Law Enforcement. *Office of Lt. Governor Anthony G. Brown*. Retrieved May 16, 2013 from <http://www.governor.maryland.gov/ltgovernor/pressreleases/121023.asp>

service provider in their area. It features a short, 11-question lethality screening tool and an accompanying response and referral protocol.¹⁰

The protocol starts when a trained officer arrives at the scene of an intimate partner domestic violence call (or other first responder believes a victim of abuse may be in danger) and assesses the victim's situation. If the officer or first responder believes the victim is in danger of serious injury or death, knows that this victim has had a previous domestic violence call, or if they are not sure of the victim's risk, they will ask the victim to answer a series of questions (known as the Lethality Screen for First Responders). If the victim's responses to the questions indicate an increased risk for homicide, the officer (or first responder) will call the partnering 24-hour DV hotline to seek advice on making a safety plan for the victim and will encourage the victim to speak directly with the DV counselor. The victim is under no obligation to speak with the counselor and is free to decline; however, the officer/first responder will discuss the situation with the counselor and advise the victim based on that discussion.

When the victim chooses not to speak with the DV counselor or did not respond to the lethality screen questions, the officer/first responder will advise the victim of the danger involved in their situation and will tell victim about the warning signs of serious injury or death. S/he will also provide the victim with contact information for DV services and law enforcement, and may also follow up with victim through calls or visits.

When the victim screens in high danger and chooses to speak with the DV counselor, they may decide to immediately access program services or to take action at a later time. Officers/first responders may assist the victim by arranging or providing transportation to the program offices, assist the counselor with safety planning if asked, and may also follow up with the victim through calls or visits.¹¹

Law enforcement officers and other first responders trained in LAP often use a “reference card” which outlines each of the steps in the LAP protocol, such as when to initiate a lethality assessment, how to conduct a lethality assessment, and the steps to take based on the victim's responses or refusal to respond. (A copy of the protocol reference card can be found at the end of this report.)

¹⁰ The State of New Hampshire. Governor's Commission on Domestic and Sexual Violence. *Eighth Report of the Domestic Violence Fatality Review Committee.* (June 2011) Russell, Timothy. *The State of New Hampshire Domestic Violence Lethality Assessment Program (LAP)* (Page 20–22). Retrieved August 26, 2013 from <http://doi.nh.gov/criminal/victim-assistance/documents/domestic-violence-report-2011.pdf>.

¹¹ What is the LAP? *What is LAP?* Retrieved August 1, 2013 from <http://mnadv.org/lethality/what-is-lap>

Experiences of other states and localities

We contacted 10 states and localities that have implemented lethality assessment programs and asked them to describe their experiences. We received responses from all but two. In the case of Norfolk, Virginia, we met with the prosecutor and law enforcement personnel that oversee that program to learn how they started their program and how it is proceeding so far. The states and localities providing responses were:

Connecticut — This statewide program was implemented in September 2012 with eight DV agencies and 14 law enforcement agencies and has now expanded to 11 DV and 29 law enforcement agencies.

Delaware — A statewide program was implemented in November 2010. All police agencies in Delaware utilize the LAP in partnership with the two 24-hour Domestic Violence Hotline/Shelters. The program was piloted by the Delaware State Police for approximately one year prior to statewide implementation.

Indiana — Implemented in May 2009, this regional program includes 19 law enforcement agencies and 6 DV agencies from 6 Indiana counties.

Massachusetts–Plymouth Co. — This local, county-wide program was modeled after both LAP and High Risk Team approaches. The lethality assessment program was implemented in 2010, and then in 2012, Safety First was added to the LAP to combine the two approaches county-wide.

Missouri–Jackson Co. — This county-wide program began in June 2009 and involves five police departments (including the Kansas City Police Department) and three DV programs, partnered by location.

Oklahoma — Six Oklahoma police departments and their collaborating DV advocacy agency participated in the Oklahoma lethality assessment study. This study was funded by the National Institute for Justice (NIJ) to evaluate the use of the lethality assessment intervention protocol as compared with standard operating procedures. The study period was January 2009–2013; the first few months of 2009 were spent training the police for the study and the intervention.

Vermont–Rutland Co. — This regional program was implemented in late 2012/early 2013 and involves five police departments and the county DV agency and shelter.

Virginia–Norfolk — This program was implemented in fall 2012 as a partnership between the city police department, local DV agency and prosecutor's office. Norfolk trainers have also trained law enforcement and DV agencies in neighboring jurisdictions.

Based on the information received from the states/localities above which have implemented LAPs, the following section identifies some of the major challenges that should be considered in developing an LAP, and some of the lessons learned from their experiences with LAPs.

Buy-in and pre-implementation

Preparing for implementation of a lethality assessment program typically begins three months to a year before first responders and advocates are trained. Much of this time is spent meeting with leaders of the potential partner agencies to explain the program, its processes, its goals and its potential outcomes.

Buy-in

For a program to be successful, it is critical that all of the administrative leaders are fully on board. This was seen as key for a program's continued success in a community. In those communities where partners already had a history of collaboration and a framework was in place, buy-in was achieved more quickly. Several programs noted that if a potential partner is not fully committed to the program, it is best to leave them out of the initial implementation then bring them in when they are fully committed. The success of a program helps to sell it to other agencies and localities.

Buy-in from the DV agencies and advocates does not pose a problem, however, it is apparent from the program's responses that achieving full buy-in from law enforcement agencies can present some challenges. Selling the program to law enforcement leadership is often a very different process than selling it to line officers and first-line supervisors. Many reported that a General Order/Chief's Directive was helpful in ensuring that line officers and first-line supervisors followed the protocol. Once the project is implemented in a community and positive results are seen, buy-in is adapted quickly.

Achieving buy-in from state/community leaders and law enforcement administration was helped by the following:

- Sharing information about the overall success of Maryland's model LAP program and survivor statements about why the LAP screen is important.
- Conducting a community safety assessment was helpful in one community to establish the need for LAP.
- Providing data to show the program's effectiveness in communities with LAP (fewer DV-related homicides, fewer repeat calls, more victim cooperation) and that the program's protocol is not time-consuming for officers at the scene of a domestic incident.
- Legislative studies to inform the state legislature about the lethality assessment process and its success in other communities.

Getting buy-in from line officers and the rotation of officers to new posts presented significant challenges. This was addressed in various ways:

- News conferences about the program which included law enforcement leadership.
- Educating line officers and their supervisors on how the program will help them (fewer repeat DV calls, more cooperative victims, following the protocol is not time consuming).
- Training all officers in the lethality assessment protocol.
- Having officers experienced in the program tell other officers that the program works (rather than having researchers or advocates tell them this).

Pre-implementation

After buy-in is achieved, the pre-implementation phase of the program begins. Many programs identified one or more program coordinators from the partnering agencies to organize and begin the pre-implementation phase. There was agreement from the programs that this phase requires the most intensive work: collecting and organizing program materials, conducting meetings with partnering agencies, continuing to work on buy-in from other community/agency leaders, planning how the protocol will work internally and among the program partners, how lethality assessment forms will be used, and how data will be tracked. After implementation of the program, the coordinator's time investment is greatly reduced.

Once a general plan is in place for how the process will work, partnering agencies should develop agreements (MOUs) so that everyone understands their roles and responsibilities. MOUs are sometimes outlined in the early stages of the pre-implementation phase then made more detailed and finalized after the train-the-trainer sessions. Many programs also issued a Chief's Order at this phase to let line officers and supervisors know that this is now a mandated protocol in how the department responds to DV calls.

Identifying who should attend the train-the-trainer training is considered part of the pre-implementation phase. It is important to find the right people since they will be training line officers and DV advocates and will generally help to promote the program.

One program also discussed gaining support from local government by presenting before their city council on the LAP's benefits to the community and gaining support from local foundations for funding the coordination of LAP and the support services provided by the local DV programs. Another program implemented a one-year pilot phase before taking the program state-wide. This began with consultation with the Maryland Network Against Domestic Violence (MNADV) and collaboration with the hotline/shelter programs. Within 2–3 months the results from the pilot were presented to the statewide police chiefs' council and immediate agreement to accept LAP was obtained. In this case the time spent preparing for full implementation was approximately two years.

Training

Programs used a train-the-trainer approach to train officers, advocates and others in the steps and processes that make up the lethality assessment program. Most reported this training was provided by MNADV, and that the training is simple and straightforward; it does not require a great deal of staff time to be trained. It was typically reported that the train-the-trainer course takes about a half day to a day to complete. MNADV reports that the curriculum is currently under revision and will result in a four-hour train-the-trainer session. Those being trained as trainers learn about the full program and its processes/protocols on both the law enforcement side and the domestic violence advocate side. Training line staff in how to manage their part of the protocol takes about an hour for law enforcement officers and 1.5–2 hours for DV advocates.

Those trained to be trainers were often supervisors/managers, head of a DV unit, sergeants or field training officers, or administrators (chief operating officers, shelter directors) from the local DV agencies. Typically at least one person from each partner agency was selected to become a trainer. In DE's state-wide approach, all police chiefs were offered the opportunity to send a representative from their respective agencies to be trained on the program and take that information back to their agency personnel.

All lethality assessment programs train law enforcement and DV advocates in the LAP protocols. Some localities trained *all* sworn law enforcement in the LAP and some trained all advocates who might answer a "hotline" call. Some programs also train prosecutors, 911 dispatchers, magistrates, and medical personnel (ER, EMTs, SANE nurse). Training all officers and advocates in a locality typically occurred over a 1–3 month period, however this may vary depending on the size of the law enforcement agency and how the training sessions are scheduled.

After the trainers were trained, some met as a team to organize the next steps and decide how the protocol would work specifically in their localities and among each of the principal agencies. To ensure that line officers and advocates were following the proper procedures, some teams kept in contact by offering frequent refresher trainings (some in roll-call), progress emails, meetings, and updates.

Implementation

Once buy-in is achieved and partner agencies have agreed upon who will perform which functions and how paperwork is handled/cases are documented and tracked, implementation is very simple. As far as direct operation of the program, most reported no significant extra resources were needed. However, it was recommended that all partner agencies should have an agreed-upon SOP and/or MOU in place to ensure that all necessary tasks are being managed and that everyone understands their role.

For law enforcement agencies, this often included a General Order or Chief's Directive to line supervisors and staff. There were reports of some early missteps where lethality assessments were not conducted at an appropriate DV call, but with supervision and oversight these issues were quickly ironed

out. It was also reported that after officers find that use of lethality assessments were not overly time-consuming and that it increased victim cooperation and reduced repeat DV calls, they were able to make it a routine part of their response to DV calls for service. This adjustment period lasted a few months for some agencies, for others up to a year. In Norfolk, it was reported that most officers will perform about one lethality assessment per month. The process takes about 15 minutes with the victim (30 minutes including paperwork).

On the DV agency side, it is critically important to have a trained advocate answering the hotline 24/7. One program reported using a special telephone number for the lethality assessment program. There were a few occasions when officers did not know the special phone number so the program made extra efforts to ensure that all law enforcement officers were aware of any changes to hotline numbers. All programs expressed that regular communication between the domestic violence agencies and law enforcement agencies is critical to a successful program.

DV agencies in one program found it beneficial to provide a presentation on LAP to the other local DV programs. Although these programs did not answer the hotline, they recognized that LAP partner DV agencies would be referring survivors to the others' shelters and support services.

In DE's statewide program, they found the lack of one overhead agency with authority to enforce proper use of the LAP tool was problematic in getting the program fully implemented statewide. The program in Delaware was implemented through the Delaware State Police (DSP), however, DSP does not have the authority to enforce the LAP's use by other agencies. This created some difficulty in getting all agencies trained and in analyzing/enforcing the proper use. This problem is still being assessed.

Staff resources

The types of staffing resources required depend on the type of program being implemented. Regional and local programs often had a program coordinator at each partner agency. This person is typically responsible for communicating and coordinating with the other partner agencies and some were also program trainers. Other duties included providing training and technical assistance to the community partners, reviewing cases and forms to ensure that the program is operating as designed, tracking cases for which a lethality assessment was completed and seeing that the lethality assessment forms are forwarded to responsible agencies per agreed-upon processes, and gathering and evaluating program statistics.

Most programs reported that the coordinators devoted more time to the LAP in the pre-implementation, training, and early implementation phase, but as the program became routine, their time dedicated to program operations dropped significantly. A coordinator in an established program reported that they typically spend between 4–8 hours a week on LAP-related tasks.

It is advised that the program coordinators be proactive and address issues quickly before they became problems. Regular communication between the DV agencies and law enforcement agencies is critical to a successful program.

The types of personnel designated as coordinators at the various programs were typically law enforcement captains, lieutenants, and detectives; domestic violence community educators; court advocates; directors of community services; and prosecutors.

State-level programs often required a designated program director and staff personnel to handle the police department and DV agency trainings in each county (in person and/or at a distance through webinars, certification courses) and a centralized data base to house all lethality assessments from the counties. Again, once the program was established it was estimated that a state-level coordinator would spend approximately 4–8 hours a week following up on technical assistance, data collection, meetings with coordinators, and presentations on the program. (Report writing was not included in this time estimate.)

One regional program said that they immediately found that their estimates of how many screens would be completed and how many requests for shelter they would receive were very low. The high number of referrals to the DV programs resulted in a shortage of bed space and the need to hire two additional advocates to help answer hotline calls, provide next day appointments and make follow up calls. After a capital campaign, they were able to increase the number of beds to help accommodate the increased requests. (Like they said, “It takes time to do this right.”)

Program partners and other associates

The Maryland model LAP requires commitment from all partner agencies. This, at minimum, involves law enforcement and domestic violence agencies. The programs we heard from discussed a number of different arrangements.

One program started as a partnership between the city’s prosecutor’s office, city police department and a local DV agency. This program has also trained neighboring jurisdictions upon request so that they can conduct their own LAP.

Another program started a regional program with eight domestic violence agencies and 14 police departments and has now expanded to 11 domestic violence agencies and 29 police departments. The police departments range in size from large urban departments to small suburban departments.

Another regional program was implemented on a local basis, a partnership between the local DV service program and the law enforcement agencies which serve its service area. However, it noted that, one community which involves a county sheriff’s office and three police departments in its program has not yet convinced the fully-sworn university police department to participate, leaving a service gap of roughly 20,000 individuals in that county.

A county-wide program includes 27 county police departments, the county sheriff's office, three community advocacy agencies, the county prosecutor's office, four probation/parole districts and the state's Parole Board.

Program maintenance

From all accounts, direct program maintenance is not a difficult or time consuming process because the LAP process is very simple and easy to use. Some of the tactics used by the programs to help maintain a well-run program and educate the public about the program's operations include:

- Occasional reminders to the line officers and their supervisors are helpful until use of the lethality assessment becomes part of their routine.
- Issue a General Order/Chief's Directive in law enforcement agencies that mandates officers to participate in the program.
- Maintain contact with line officers through frequent roll-call refresher trainings, progress emails, meetings and updates.
- Hold news conferences and present at conferences information about the program's outcomes (how many victims entered services, number of arrests, decreases in DV-related homicides, decreases in repeat calls). Include representatives from all of the partner agencies.
- Provide reports to local and state governments; meet with state-level law enforcement-related agencies and professional organizations to discuss how the program works and how it benefits communities.
- Enact legislation to include lethality assessment training in all law enforcement academy DV training curricula.

Handling of lethality assessment forms

Completed lethality assessment forms are handled differently by different programs. While they are typically shared by both the law enforcement and DV agencies, some also forward the forms to the prosecutor's office to assist with bond when an arrest is made. In programs with multiple law enforcement agencies participating, the individual agencies may have differences in how the forms are handled internally. Additionally, when an arrest is made, the form is available to defense attorneys through discovery.

One law enforcement agency also said that they scan the form and attach it to its case in their records management system so other agencies on their system have access to it as well. Another program reported that they use an electronic police report system to complete the lethality assessment form which can then be reviewed by supervisors to ensure proper use and be easily forwarded to other partner agencies.

Outcomes, so far

Maryland, considered the leader in its use of the Maryland model LAP, contributes at least some of its success in reducing domestic violence-related homicides to its widespread use of the LAP. Maryland showed a 34% drop in intimate partner DV homicides between July 2007 and June 2012¹².

Most of the programs contacted said that they track DV case information such as the number of DV calls-for-service to law enforcement, the number of such calls in which a lethality assessment was administered, the number of victims that were screened as high risk or not high risk, number of victims that refused to answer the assessment questions, the number of officers who called the DV hotline, the number of victims who spoke with a DV counselor, and the number of victims that entered services.

About half of the programs that responded to our questions are relatively new programs and don't yet have an analysis of the program's outcomes. Anecdotally, they do report seeing fewer DV-related repeat calls-for-service and more victims willing to cooperate and speak with DV counselors.

Statewide programs, such as Delaware, are still working on effectively tracking this information across all localities. They are continuing to work through the various issues involved in asking all law enforcement agencies to consistently administer the LAP and consistently report the statistics associated with the program.

As a NIJ study site, Oklahoma looked at specific outcomes such as whether the lethality assessment

- decreases death,
- decreases injuries,
- decreases calls to police for services, or
- increases victims seeking/receiving help and services in the state.

The study period concluded in January 2013 and the research group has not yet released its findings, however, a report is expected to be available in the near future.

Jackson County, Missouri reported that, since implementation of their program in June 2009 and through June 30 2013, there have been 8,969 lethality screens completed by the Kansas City Police Department. Of these, 72% of victims screened in high danger and, of those in high danger, about half spoke with a hotline counselor. They also noted that, prior to LAP, 2% of hotline callers reported police as their referral source. In 2012, LAP referrals accounted for 23% of the 1,616 hotline calls. Their partnering DV agency reported a 56% increase in the number of LAP-related hotline calls from 2010 to 2012.

¹² How is the LAP Making an Impact in Maryland? *LAP: Maryland*. Retrieved August 8, 2013 from <http://mnadv.org/lethality/lap-maryland>

Potential benefits of establishing a lethality assessment program in Virginia

The programs we contacted identified numerous benefits from their LAP programs:

- Reduces DV-related homicides
- Fewer serious injuries associated with domestic violence
- Reduces repeat calls-for-service to the same residence in cases of domestic violence
- Increases victim safety by providing better and timelier service to victims in potentially lethal situations and extending needed domestic violence services
- Victims feel like they have support from the police and crisis services; they are provided with information to increase their safety and that of their children
- Allows for direct conversation with a victims advocate while a victim is in crisis, as opposed to just being given information that they may or may not use at a later time
- Increases collaboration/communication between police and DV counselors/advocates
- Improves collaboration and services provided by first responders, domestic violence programs and other professionals
- Strong partnerships develop between law enforcement and the DV agencies—many officers call DV advocates for guidance and direction even if the victim is not in high risk of danger
- Law enforcement officers get to know the local DV advocates by name and can personally refer victims to specific advocates in all types of cases—even when they are not high risk
- Serial batterers are identified due to records being shared between advocates and police
- Police officers are actively engaged in providing safety at the time of the DV incident—by working with/contacting the advocates they are able to assist with an immediate safety plan
- Law enforcement officers gain a greater understanding of the dangers women/children face and of the dangers they and other community members face with a DV perpetrator
- Increased calls to DV hotlines means brings more DV victims in seeking services
- In addition to screening for risk of danger, the screen is an extremely useful tool for safety planning
- The success of the LAP helped to demonstrate the need for DV program funding and local, state and private foundations have responded with sustained or increased funding
- Besides being the right thing to do, the LAP is good for law enforcement’s image in the community

Other sources have found additional benefits in operating a lethality assessment program since it is an educational tool for victims and screeners and helps them to better understand and recognize the potential for danger. Additionally, the program empowers victims to take positive action to protect themselves by providing early planning, information and resources, and by providing critical safety planning assistance to high risk victims.

And from MNADV: An important by-product of the LAP has been improved partnerships and collaborations among law enforcement personnel, domestic violence programs, health care providers, the faith community, and allied professionals. New guidelines were created for hotline workers who speak to high risk victims and special protocols were developed for health care providers and the faith community. Best practices now include follow-up telephone and in-person visits to victims to provide support and encouragement to use program services, and the screening of victims in court prior to or following temporary protective order hearings. In the coming year, the MNADV will work with domestic violence programs to review their services to ensure that they are providing the most effective assistance to high risk victims.¹³

¹³ What is the LAP? *What is LAP?* Retrieved August 1, 2013 from <http://mnadv.org/lethality/what-is-lap/>

Potential costs of establishing a lethality assessment program in Virginia

The programs we contacted identified numerous costs related with their LAP programs:

Cost of training

- Train-the-trainer program from MNADV—some programs were able to secure grant funds for this training. Current training costs for a train-the-trainer session range from \$2,500–\$4,000. MNADV is open to negotiating their training fees to accommodate the specific training needs of a locality or region.
- Training officers, first responders, DV staff, and others in how to use the LAP protocol—these costs were reportedly fairly minimal, just the costs of training materials, training location and staff time (see below).
- Training materials—these costs are minimal and typically include copies of presentation and training materials, binders, training handouts, etc.
- Training location—location costs are minimal, sometimes free. Training was usually conducted in available rooms at a partnering agency’s office or in another available community-based space.
- Staff time spent in training—these costs vary depending on who is being trained and how many staff is being trained. For those being trained as trainers, their initial training took approximately a day and then their time training others; for non-trainers, the time spent in training was typically 1–2 hours.

Program maintenance costs

- Program coordinator—this was not reported to be a full-time devoted position by most responding localities. Program coordinators’ responsibilities were usually assigned to an existing officer or staff person (often a trainer) in each of the program’s partner agencies. However, for a statewide program, it is recommended to have a full-time devoted position to manage statewide trainings, program coordination, technical assistance, and data tracking and analysis.
- Time spent conducting screenings and following protocol—each law enforcement officer takes a little bit longer on a call when s/he completes the screen and calls the advocate (estimated to take an extra 15–30 minutes). However, not all DV calls-for-service will result in a lethality assessment screen being conducted.
- Increased hotline calls, services and follow up for DV advocacy agency—depending on the level of increased demand due to the LAP, there may be need for hiring extra advocates and for funds to respond to an increased demand in services.
- Regarding increased workload for law enforcement and DV counselors, projections estimate that a city with a population of 100,000 will conduct between 240–400 lethality screens per year. Of these, a little over half (132–220 victims) will screen in high danger. Of the victims who screen in, 50–70%

(79–132) will speak with a DV hotline counselor and of those, 30–50% (32–53 victims) will enter services¹⁴.

- Lethality assessment forms—costs are typically minimal. Costs of making paper copies of the form, or IT costs for developing an online or electronic form.
- IT costs for maintenance of program website—some programs maintain a program website, this was not reported by all responding agencies.
- LAP protocol reference cards—costs for producing laminated, pocket-size cards with the LAP questions, protocol, and hotline numbers for all law enforcement officers/first responders.
- Staff time spent in meetings—some programs reported conducting regular meetings (usually quarterly or monthly) with program coordinators from all partnering agencies to review program’s progress and problem solve. Others reported occasional refresher trainings for line officers and DV staff to discuss program results, adherence to protocols, and inform of any changes to protocols (for law enforcement these were often conducted as part of roll-call).

Program participants reported that any training and program-related costs were far outweighed by the benefits that the program has provided: lower DV-related homicide rates, fewer repeat calls, and more cooperation between law enforcement and DV advocates.

¹⁴ 2011. Projection estimates provided in *Lethality Assessment Program, The Maryland Model*. Train-the-trainer Curriculum for Law Enforcement and Domestic Violence Programs.MNADV.

Recommended first steps to implementing a LAP within existing or with minimal resources

The programs that responded to our questions were very forthcoming in offering advice based on their experiences with the lethality assessment program. First and foremost, it is critical that a program has the full support of each partnering agency's leadership.

Buy-in

- Work with the state's Chiefs of Police Association/Sheriff's Association and explain the program. Determine who might be the fast adopters and ask them to sign up to begin the program in their law enforcement agencies. Find out what their relationship is with their local DV advocacy agency.
- Meet with the state-level DV Coalitions to explain the program and the advocate's role in the LAP intervention. Gain their support for the program and discuss which local/regional programs could handle the additional workload (basically handle 24/7 hotline commitment) and possible increases in service provision.
- Gain the support from the administrators and first line supervisors in the partnering law enforcement agencies. Be sure everyone understands that LAP is simple and easy to use, takes little time on behalf of the officer and the potential benefit for the victim is *immeasurable*.

Training

- Training for this program is necessary due to its specific protocols, but is not excessive in cost or time commitments. Some communities have paid for the initial Train-the-trainer training with grant funds. Funding for training could be sought from federal sources or sponsors (health care companies, hospitals, women's advocacy groups, corporations).
- Enlist the Attorney General's Office in the effort. It may have funds to help provide training, technical assistance and consultation for law enforcement agencies, DV/crisis centers and prosecutor's offices to ensure consistent use of the LAP statewide and to expand the LAP to other professionals who have direct contact with victims of domestic violence.

Pre-implementation

- Draft MOUs/SOPs for all partner agencies (especially law enforcement and DV advocacy agencies) so that each partner knows what its roles and responsibilities are. This will reduce the chance of future misunderstandings between these agencies.
- Have the police chiefs/sheriffs of each partnering law enforcement agency issue a Chief's Directive/General Order to their departments prior to program implementation.

Implementation

- Cell phones are necessary equipment for officers to follow LAP protocol. If line officers are not issued department cell phones and supervisors are, it is suggested that supervisors go to the scene to assist. (Officers generally do not like using their personal cell phones for official duties.)
- In the case of a statewide program, it is helpful to have a state-level authority that can ensure proper and consistent implementation, address any issues, and provide oversight and program monitoring.
- Occasional refresher trainings help keep officers and advocates on point regarding the LAP protocol. Updates on the program's efforts (number of screens conducted, number of victims who talk with DV counselor, number of victims that enter services, changes in DV-related deaths and serious injuries) help remind everyone of why this program is important.
- If there is not full buy-in by either the police department or DV agency, it is better to not include them in the initial implementation of the program so as not to compromise the credibility of the program. Some agencies may want to say they have the program but may really not be invested in the protocol. It is better to move forward without them and have them join in when they are ready to fully invest.

Possible Next Step

If LAP is eventually implemented and running well in a locality, the next step is to look at adopting the High Risk Team (HRT) Model developed by The Jeanne Geiger Crisis Center in Newburyport, MA. The HRT model includes representatives from victim services, probation, law enforcement, prosecutor's offices, batterer intervention programs and local hospitals. HRT uses lethality assessment screens and danger assessment screens to assess the victims at greatest risk and develops individual intervention plans/safety plans for that victim. The victim enters DV services and the batterer/offender is closely monitored in an effort to contain the offender using pretrial conditions, jail, etc. This program helps to keep victim *in their community* (not in a shelter) and *instead* contains the offender.

FINAL NOTES: CURRENT CONDITIONS IN VIRGINIA

- Norfolk has demonstrated that a Virginia locality, with cooperative and committed partnering agencies, can successfully implement and maintain an effective lethality assessment program.
- Existing domestic violence and victim services resources in Virginia are minimal. None of the current related programs and services could afford to have their resources diverted to start a new program and still maintain the level of services that are currently provided.
- The Fiscal Impact Statement completed in response to SB1061 during the 2013 General Assembly session noted "According to MNADV, the recruiting of domestic violence programs and law enforcement agencies to participate in a LAP is labor intensive and the ongoing monitoring is even more difficult and labor intensive. In the case of the State of Maryland, the (statewide) rollout of the program took seven years to complete. DCJS estimates that 2 additional positions are necessary to implement Virginia's LAP." (A copy of the FIS is attached to this report.)

- It has been suggested that any efforts that encourage law enforcement and domestic violence agencies to establish lethality assessment programs include campus police departments to help with the issue of dating violence on campus.

ATTACHMENTS

- Questions used in the Domestic Violence Lethality Screen for First Responders
- Protocol reference card
- 2013 Fiscal Impact Statement for HB 1061

Questions used in the Domestic Violence Lethality Screen for First Responders

This screen is not to be used by any law enforcement agencies or other first responders unless trained in the proper use of the Lethality Assessment Program protocol.

A “yes” response to any of Questions 1–3 automatically triggers the protocol referral.

1. Has he/she ever used a weapon against you or threatened you with a weapon?
2. Has he/she threatened to kill you or your children?
3. Do you think he/she might try to kill you?

Negative responses to Questions 1–3, but positive responses to at least four of Questions 4–11, trigger the protocol referral.

4. Does he/she have a gun or can he get one easily?
5. Has he/she ever tried to choke you?
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?
7. Have you left him/her or separated after living together or being married?
8. Is he/she unemployed?
9. Has he/she tried to kill himself?
10. Do you have a child that he/she knows is not his/hers?
11. Does he/she follow or spy on you or leave threatening messages?

An officer may trigger the protocol referral if not already triggered above, as a result of the victim’s response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.

Is there anything else that worries you about your safety? (If “yes”) What worries you?

Protocol Reference Card

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.

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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

*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.***

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2013 Fiscal Impact Statement for HB 1061

**Department of Planning and Budget
2013 Fiscal Impact Statement**

- 1. Bill Number:** SB1061
House of Origin Introduced Substitute Engrossed
Second House In Committee Substitute Enrolled
- 2. Patron:** Herring
- 3. Committee:** Senate Committee for Courts of Justice
- 4. Title:** Lethality assessments; Virginia Sexual and Domestic Violence Victim Fund.
- 5. Summary:** Requires the Department of Criminal Justice Services to establish a lethality assessment program for first responders and to adopt guidelines to make the resources of the Fund available to law enforcement authorities or appropriate programs to implement an evidence based lethality assessment program.
- 6. Budget Amendment Necessary:** Yes, Item 393
- 7. Fiscal Impact Estimates:** Preliminary (see Item 8)

7a. Expenditure Impact:

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2014	\$203,606	2	Non General Fund
2015	\$206,918		Non General Fund
2016	\$206,918		Non General Fund
2017	\$211,056		Non General Fund
2018	\$211,056		Non General Fund

- 8. Fiscal Implications:** The Lethality Assessment Program (LAP) is designed to identify victims of domestic violence who are at risk of being seriously injured or killed by their intimate partners and immediately connects them to the domestic violence service provider in their area. The LAP is a two-pronged intervention process that features a research-based lethality screening tool and an accompanying referral protocol that provides direction for officers on how 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.

This fiscal impact statement was prepared with assistance from the Maryland Network Against Domestic Violence (MNADV). MNADV is the organizer of the nationally recognized Maryland Lethality Assessment Program. They provide training and technical support to other organizations and states seeking to implement such a program. According to MNADV, the recruiting of domestic violence programs and law enforcement agencies to participate in a LAP is labor intensive and the ongoing monitoring is even more difficult and

labor intensive. In the case of the State of Maryland, the rollout of the program took seven years to complete.

DCJS estimates that 2 additional positions are necessary to implement Virginia's LAP.

9. Specific Agency or Political Subdivisions Affected: Department of Criminal Justice Services and local law enforcement agencies.

10. Technical Amendment Necessary: No

11. Other Comments: None

Date: January 24, 2013

Document: G:\FY 2013 FIS\SB1061.Doc