

The Lethality Assessment Program in Virginia Perceptions of Practitioners

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Executive Summary

Background and Methods

In collaboration with the Virginia Lethality Assessment Program (LAP) Task Force and with grant funding from the L. Douglas Wilder School of Government and Public Affairs, this project examined practitioners' experiences with the LAP - a lethality assessment designed to identify high danger incidents of intimate partner violence (IPV). The project was designed and executed by Principal Investigators (PIs) Dr. Amanda Goodson and Dr. Sarah Jane Brubaker, both of whom are faculty members in the Criminal Justice Program in the L. Douglas Wilder School of Government and Public Affairs at Virginia Commonwealth University (VCU).

The project goals were to assess 1) police leadership and victim advocates perceptions with the LAP, and 2) police leadership and victim advocates experiences with the LAP. To achieve these goals, the PIs used a qualitative methodological approach in which interviews were conducted with law enforcement personnel and victim advocates. Overall, 15 victim advocates and 2 law enforcement officers participated, for a total of 17 interviews. Qualitative data were analyzed to identify major themes associated with the practitioners' perceptions of, and experiences with, the LAP.

Summary of Findings

Overall, the participants who chose to be interviewed for the study shared positive and favorable views of the LAP. Many felt that it increased victim engagement in the criminal and civil legal systems and helped to provide victims with both immediate and long-term assistance and educating both victims and law enforcement officers about intimate partner violence risk.

The study also helped to identify barriers to implementation of the program, including language barriers between officers and resistance from law enforcement and from victims. Although many participants did not feel that COVID-19 had created barriers to program implementation, others described hesitation for police officers to share their phones with victims and general delays in court processing and other systems.

Recommendations for improvement largely focused on more frequent and enhanced training of law enforcement officers.

Study Background

The Lethality Assessment Program was developed by the Maryland Network Against Domestic Violence (MNADV) in 2005 (MNADV, n.d.). Virginia adopted the assessment program in 2012 through a series of collaborative efforts between three entities: Office of the Attorney General, Virginia Department of Criminal Justice (DCJS), and Virginia Sexual and Domestic Violence Action Alliance. At the time of data collection, 48 law enforcement agencies and 24 domestic violence advocacy organizations participated in the LAP.

In October 2019, Morgan Abbate contacted VCU's Criminal Justice program to inquire about the possibility of research support for the LAP program. Sarah Jane Brubaker responded and they corresponded and shared materials over the next few months, culminating in an in-person meeting with several VCU faculty members who conduct research on gender-based violence on February 20, 2020. Plans were made for Sarah Jane to attend an in-person LAP training in Harrisonburg in April 2020, but that was cancelled due to COVID-19.

In June 2020, Sarah Jane reconnected with Morgan to regroup and make plans to move ahead with a study of the LAP program, and in September, Amanda Goodson joined the team. Sarah Jane and Amanda met virtually with the LAP task force to discuss their interest in collecting data about the program. Particular interest was given to understanding practitioners' perceptions of LAP and how the assessment was implemented. In October 2020, Amanda and Sarah Jane applied for a small grant from VCU's Wilder School, which they were awarded, to help finance the study.

The report will include a brief review of the literature, an overview of the study design and methodology, results, and it will conclude with recommendations.

Review of the Literature

Intimate partner violence (IPV) is a public health crisis as it occurs with frequency (Smith et al., 2018) and has included a variety of psychological, sexual, and physical abuse perpetrated by an intimate partner. Lifetime prevalence rates have indicated 25% of women and 11% of men have reported experiencing physical violence and/or sexual violence and stalking perpetrated by a partner (Black et al., 2011; Smith et al., 2018). Moreover, intimate partner homicides (IPH) are considered to be the most serious form of abuse and largely affect women. To be sure, 30%-70% of female homicide victims were killed by a current or former intimate partner (Catalano et al., 2009; Salari & Sillito, 2016; Smith et al., 2018).

In recent years, criminal justice and social service agencies have formulated programs and policies designed to guide first responders, mitigate trauma, and enhance the well-being of victims. One innovative approach to addressing IPV included the implementation of risk assessments -- tools designed to capture a broad range of behaviors that may increase IPV victims' risk of continued abuse, severe injury, and lethality (see Dutton & Kropp, 2000; Hanson, 2005; Nicholls et al., 2013). The LAP, for example, is a widely used assessment that addresses future risk of severe injury and lethality within intimate partner relationships affected by abuse (MNADV, n.d.). Using a two-pronged approach, the LAP is unique because of its emphasis on community collaboration when handling IPV cases. During the initial call for service (CFS), LAP protocol directs police officers to administer the risk assessment¹ when responding to IPV. Officers are instructed to administer the LAP under specific circumstances including when abuse or violence has occurred, there is immediate concern for a victim's safety, the current incident is a repeat IPV CFS, or the current IPV incident is perceived as particularly dangerous (MNADV, n.d.). When IPV incidents are screened as "high danger²," police officers initiate an immediate referral via a hotline call to a local community-based advocacy center. The goal is to provide emergency safety planning and enhanced service provision for high-danger IPV victims (MNADV, n.d.).

Few empirical studies have assessed the LAP despite criminal and social justice agencies' high usage of the program across the United States. Indeed, the MNADV (n.d.) reported 872 law enforcement agencies and 209 community-based domestic violence agencies across 39 states use the LAP when responding to IPV incidents. An emerging body of research has assessed aspects of the LAP's implementation (Messing et al., 2016; Messing et al., 2011), predictive validity of the instrument (Messing et al., 2017), overall effectiveness of the lethality assessment (Messing et al., 2014; Messing et al., 2015), and victims' experiences with the program (Richards et al., 2020). To the best of our knowledge, only three empirical studies have

¹ The LAP is an 11-item risk assessment adapted from the validated 20-item Danger Assessment (see Campbell 1986; 1995)

² High danger IPV incidents involve the presence of risk factors associated with severe injury or lethality such as presence of a weapon, access to a firearm, threats to kill victim and/or children, strangulation, coerciveness controlling behavior, and separation. The screening of "high danger" depends on the type and number of risk factors.

investigated practitioners' perceptions of and experiences with the LAP (Dutton et al., 2018; Dutton et al., 2019; Grant & Cross-Denny, 2017), and are detailed below.

Using qualitative data, Grant and Cross-Denny (2017) assessed 22 police officers' perceptions of the Connecticut LAP. Findings suggested that successful implementation of the LAP was hindered by service refusal among victims and police officer engagement in victim blaming statements. Additionally, police officers disclosed issues with the LAP train-the-trainer method, the agency climate/culture, and identified challenges that arose when collaborating with DV agency personnel (Grant & Cross-Denny, 2017).

Additionally, Dutton and colleagues (2018) interviewed 16 personnel from 11 DV agencies located throughout Connecticut to assess beliefs about the goals of LAP, achievement of goals, perceived impact LAP had on relationships with the police departments, perceived effect of the LAP on agency resources, and recommendations for continuing the program. Participants noted several challenges associated with the LAP including the draining of agency resources, police officer resistance, and problems with law enforcement personnel following protocols. Despite the challenges affiliated with the LAP, 15 participants recommended continuing with the program because the program improved relationships with police departments, connected victims with services, and improved overall victim safety (Dutton et al., 2018).

Related, Dutton et al. (2019) employed surveys from a sample of 168 police officers from 22 police departments and 63 victim advocates from 10 DV agencies in Connecticut to investigate perceived relationships between stakeholders and perceptions of LAP effectiveness. Overall, advocates and officers had positive perceptions of one another and both groups rated high on how much they cared about DV victims. Furthermore, advocates, in particular, emphasized the ability of the LAP to inform and provide services to victims who might not have otherwise contacted a DV agency (Dutton et al., 2019).

While the aforementioned research endeavors have provided a fruitful starting point in understanding practitioners' perceptions of and experiences with the LAP, additional exploration is warranted. The existing studies, for example, have focused on the Connecticut LAP. Indeed, prior studies have recommended assessing the LAP in different geographical regions to determine common or unique challenges (Dutton et al., 2018; Dutton et al., 2019; Grant & Cross-Denny, 2017). The purpose of this study, therefore, is to expand on the current body of literature by exploring criminal and social justice actors' perceptions of and experiences with the Virginia LAP.

Study Design and Implementation

The current project employed a cross-sectional exploratory study designed to explore practitioners' perceptions of and experiences with the Virginia LAP. The researchers used a semi-structured interview format in order to obtain information that would be comparable across agency and discipline.

At the time of data collection 48 law enforcement agencies and 24 domestic violence advocacy organizations participated in the LAP. Some agencies collaborated with multiple partner agencies. For example, one domestic violence advocacy organization may have two law enforcement partners. Additionally, each participating agency had a designated LAP coordinator. Recruitment for study participation occurred through a multi-stage process. Initial recruitment for the study began on January 28, 2021. The LAP Task Force Coordinator sent an email containing study information, IRB approval and informed consent, and an invitation to participate. Follow-up emails were sent on February 24, 2021 and March 3, 2021. Each email was sent to participating police and victim advocate LAP coordinators who then disbursed the invitation and recruitment information to employees.

Interviews were conducted between February 8, 2021 and April 30, 2021. Overall, 18 practitioners volunteered to participate in the study.³ Of the 17 completed interviews, 16 were conducted over zoom and 1 interview was conducted over the phone. Interviews averaged 30 minutes and were recorded via an audiorecorder. Video recordings were not used to further participant anonymity. Interviews were recorded and professionally transcribed, and data were analyzed using NVivo.

In addition to data collected through semi-structured interviews, observational data was collected through attendance of a LAP virtual training session. The training session was designed for new LAP participants and took place on Monday, April 26, 2021 and Wednesday, April 28, 2021. Each training day was scheduled for 3 hours, for a total of 6 hours. The training provided information related to IPV, risk factors associated with severe injury and lethality, an overview of lethality risks assessments, and the LAP purpose and administration. Participants then engaged in active role play to demonstrate understanding of LAP procedures.

Sample

Interviews were conducted with 17 participants; 15 with advocates and two with law enforcement officers. Below are the demographic data that we were able to collect for the participants.

³ One participant thought the study was assessing officer use of force and lethality. This interview was not transcribed or included in the data.

Participants

Int #	Gender	Race/ Ethnicity	Age	Time in Field	Time with LAP	Time at Current Agency	Education/Training
1	Male	Caucasian	69	48 years	14 years	14 years	
2	Male	Caucasian	43	16 years	8 years	16 years	graduate program, Virginia Tech
3	Female	Caucasian	57	25 years	17 years	9 years	graduate school
5	Male	Caucasian	42	26 years	2.5 years	16 years	
6	Female	Caucasian	42	5 years	5 years	-----	Crisis Counseling degree
7	Male	Caucasian	31	4 years	3.5 years	4 years	
8	Male	Caucasian	47	18 years	6 years	18 years	
9	Female	Caucasian	25	5 years	5 years	6 months	master's in social work
10	Female	Caucasian	29	5 years	2.5 years	1 year	
11	Female	African American	49	3 years	3 years	3 years	
12	Female	Caucasian	46	21 years	12 years	21 years	
13	Nonbinary	Caucasian	25	2.5 years	2.5 years	2.5 years	
14	Female	Hispanic	25	8 years	4 years	3 years	
15	Female	African American	46	1 year	1 year	1 year	
16	Female	Caucasian	39	10 years	6 years	10 years	
17	Female	African American	40	8 years	6 years	1 year	
18	Male	African American/ Hispanic	50	23 years	not implemented yet	4 months	

Agencies

We did not collect agency data systematically, but instead asked participants to generally describe the demographics and size of the populations they served, and to provide the number of employees who worked at the agency and who were involved with the LAP. Population size ranged from 57,000 to 1.5 million. In terms of demographics, nine described their population as “diverse,” six as “majority White,” and one as majority African American. Number of employees ranged from 8 to 600, with most reporting around 40-50 employees. Almost all stated that all employees were involved with the LAP.

Findings

Here we provide a broad overview of the primary findings organized around the interview questions. In general, we did not include responses that were given by fewer than 4 respondents. Additional analysis will be performed on the data that will be published in scholarly outlets and shared with the task force.

Training Experiences

We asked each participant to share their experiences with LAP training. Their responses indicated a range of experiences from informal to formal. Many had been involved with initial LAP trainings in Virginia and several were trainers themselves. Some described the general content of trainings and others provided recommendations for improvement (discussed further below).

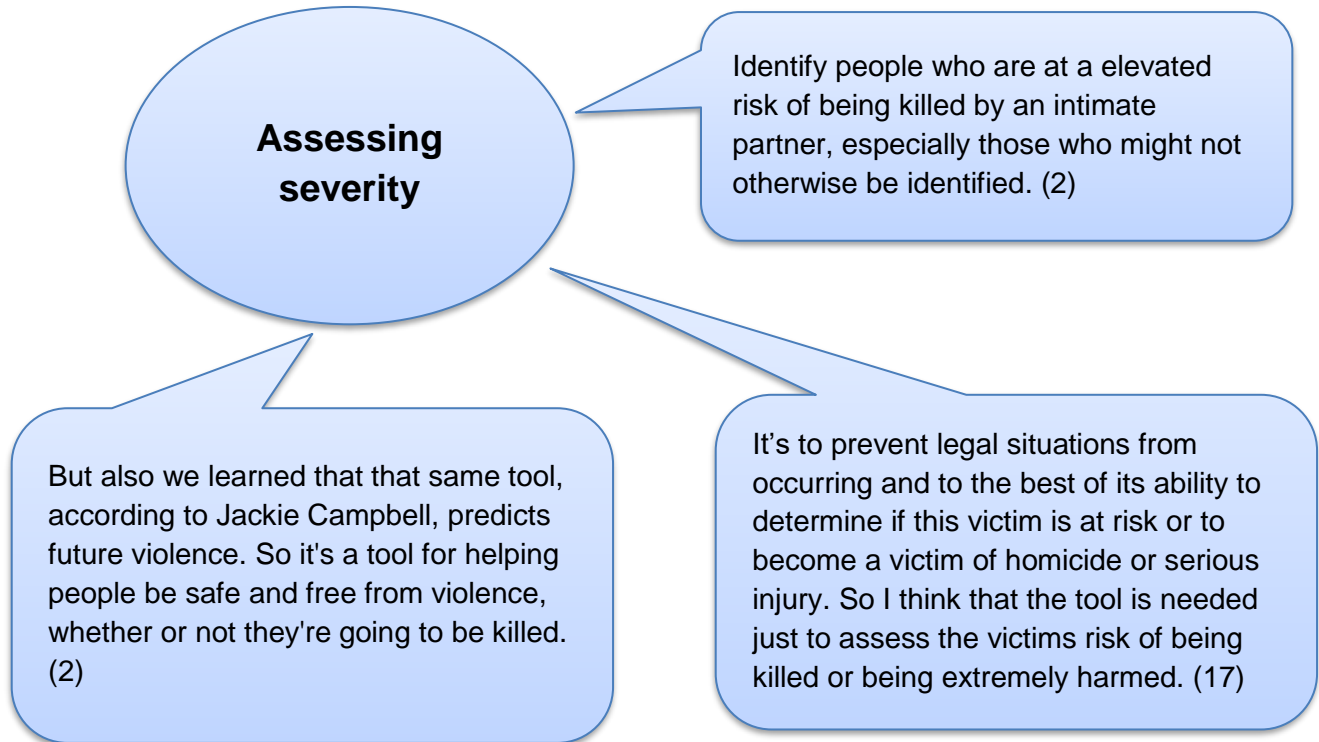
“ So, just with the agency that I'm currently at, I didn't receive... At least from the agency, I didn't receive any formal training. I did go through - the attorney general's office does a train-the-trainer for anyone that's going to be training other people in the LAP. So that was four 90-minute sessions just preparing anyone that might be training either other police officers or other DV staff in the LAP. So, that's the only formal training that I got was the attorney general's office.

LAP Goals

We asked participants to share their understanding of the primary goals of the LAP. The top goal identified was to **“connect victims with resources and service,”** mentioned by 11 respondents.

“ Connecting survivors to services, that's definitely something that we want to do. And also safety planning, making sure that they're safe after the call, because that is usually when that presents the most danger, right after the police have been called. So effective safety planning and then connecting the survivor for follow-up services.

Six respondents indicated that **“assessing the severity of the incident”** was a primary goal, 6 mentioned **preventing homicide** and 4 mentioned the goals of **preventing future violence**.



Interestingly, the law enforcement officers both identified connecting victims with resources as a primary goal and neither identified preventing violence or homicide as a goal.

Case Eligibility

We did not explicitly ask participants which types of cases the LAP was intended for, but several provided their understanding of case eligibility, so we coded this information. The top response, shared by 7 participants, was that the LAP was used in **intimate partner relationships**.

“*There are some officers who would be like, okay, I guess if they're not living together, maybe you don't do LAP. Or if they haven't been together for more than two months, we don't do LAP. But we have really pushed to do LAP if it's intimate partner, if they were together at one point, having an intimate relationship, whether they have children together. Even if they don't live together or are not together anymore, we're still pushing that they do LAP. So if it's an intimate partner relationship, past or present, the officers have been directed to facilitate a LAP questions.*”

A few respondents specified that violence between siblings or between parents and children did not qualify.

Five participants indicated that the LAP was to be implemented when there was a **clear manifestation of danger** (e.g. evidence of physical injury), and 4 specified that verbal threats

did not qualify. There did seem to be some lack of clarity regarding verbal threats, however, as suggested by this quote:

“ Yeah, so it does not have to be physical, it doesn't have to be a simple or aggravated assault. It could be intimidation, it could be damaged property. It could be a vehicle theft for example. And that's what we're trying to change the officers into understanding and looking at those underlying issues of domestic violence.

Implementation

We asked all participants to describe how the LAP is implemented, from the police arriving on the scene through contacting and interacting with the advocacy agency. We did not ask specific questions about the process, but instead coded the descriptions of the protocols as described.

Police Responsibility/Protocol

When describing the police implementation of the LAP, most respondents (13) emphasized that **if the situation were deemed high risk, they were to call the hotline.**

Nine participants specifically identified **going through the screening process.**

“ So what it's supposed to look like is the police get a call for what they refer to as a domestic. So there's a call to a house or a residence, and the police respond. If it's a domestic violence situation, then they are supposed to interview both parties, they come to a determination of who's the victim, who's the offender. May or may not make an arrest, offender may or may not still be there. But once they've determined that, they will offer to ask the victim the LAP questions, 11 questions. And once the victim has done that, then they will call the LAP Line and that line will be answered by one of our staff. And we don't use volunteers on the LAP Line, it's all staff, at least at this point. And that's how it's been.

Seven mentioned that beyond or outside of administering the LAP, if officers had a **“gut feeling”** that the victim was in danger, they could and should contact their advocacy agency partner.

“ And even if they don't screen in, the officer, what's normally called the gut feeling, if they feel like there's a danger there, they're supposed to call it in also.

Six specified that **the victim would speak with an advocate** if they were willing, and 5 emphasized that **the officer should speak to the victim in private.**

“ So ideally they'll get to a scene and hopefully they'll be able to talk to the victim and remove them from where their abuser is, because that was a problem we had in the past, we had to talk to officers that they would start conducting the LAP right there with

the abuser next to the victim. And we're like, "Can't do that. It's not going to work, seeing the victim doesn't feel free to talk." So hopefully the officer gets there, is able to separate the victim and talk to them one-on-one and express their concern about the situation, see how the victims feeling about it. And then from there, if the victim's open to it, do the LAP.

“ *You take your victim aside to where they can do it in confidentiality, just you and them outside, so that not everyone hears it.*

Advocates' Responsibility/Protocol

The most frequently identified aspects of the advocate protocol were **providing safety planning and speaking to the victim**, each of which was mentioned by 7 respondents.

“ *If they do, they get to talk to me one-on-one and usually our first questions for them. Well, we explain confidentiality to them, let them know that the advocate is separate from the law enforcement, that we won't tell the law enforcement what they're telling us, and try to make sure that they have safe housing because that's been the biggest issue in our area and the police department recognizes that too.*

Secondly, 5 participants identified **speaking to the officer at the scene** as part of their responsibilities.

“ *So, we try to get as much detail as possible from the officer, prior to talking to the victim. So, that's the rundown from the victim, from the officer's standpoint.*

The third most mentioned aspects - each mentioned by 3 respondents - were **assuring confidentiality, emphasizing the danger and risk of the LAP score, and keeping the conversation brief**. This participant described their view of the advocate role:

“ *And I think our role is also really to be that middle connection between them and the service, and also be someone who is not police who they might not be comfortable with that can connect and really empathize with them and have a moment of like understanding and just really help them understand that there are services available to them and that people are here if they need help.*

Challenges/Barriers

We asked participants to share any challenges that they were aware of related to implementing the LAP and coordinating services across agencies. We also asked if COVID-19 had presented any specific challenges.

Implementation

The most frequently identified challenge to LAP implementation was **language barriers**, mentioned by 13 participants. Languages needed included Spanish, Arabic and Mandarin, as well as accommodation for victims with hearing challenges. Some mentioned the existence of a language hotline, but it was not always readily available, and several mentioned the additional time required as further impediments to implementation.

The second challenge, identified by 8 participants, was **officer resistance**, and next was victim resistance, identified by 7.

People in charge of training are very positive about the program. Really want to work with me, but as far as actually being able to schedule trainings and schedule regular training so that the officers are reminded of what they're supposed to be doing when they issue the LAP, that's more difficult. So, there's lots of... Sort of individual error when it comes to the way that the officers are doing the LAP. We've had problems in the past of the officers aren't able to determine who the primary aggressor is. So they just do the LAP with both people, which is not how it was designed to work. And it's really not helpful to the victim in that case. (9)

No, I can tell you that they're not embracing it. I feel like it's a duty, a checklist. If I don't check it off, then I might get yelled at by my Sergeant or something like that. (6)

Officer resistance

I think some people are worried that the LAP will make it seem like, I don't know, like they can't already handle those situations. They see it as our agency coming in and trying to tell them what to do, instead of seeing it as a community collaboration, trying to help them too, because I mean these cases are really dangerous for police officers and sadly enough in the county where they're more hesitant to implement the LAP, they've actually had a big rise in crime since the pandemic started, especially involving gun violence. (14)

Participants felt that **victim resistance may be based on fear of the abuser, distrust of police, or misrecognition of the danger and risk of the abuse.**

The next most mentioned challenges, identified by 5 respondents each, were **officers forgetting to conduct the assessment, and the extra time required** to administer the LAP.

Service Coordination

Generally, respondents identified fewer barriers to service coordination than to implementation of the LAP. The most frequently identified barriers were **cultural barriers**, mentioned by 6 respondents and **officers' lack of understanding of domestic violence**, mentioned by 5. The next highest categories, each identified by 3 respondents, were **communication and financial barriers**.

“*But I think the only issue we have is when you're dealing with folks that are from different cultures, they have different perceptions and maybe definitions of violence. What's acceptable in their culture and what's not acceptable and what they consider violence or abuse as opposed to what we consider violence or abuse.*”

“*Definitely. I think the hardest issue has been just community and attitudes regarding domestic violence. There's a lot of like, "That doesn't happen here." We hear that a lot and it's like, "No, it is. It's happening in neighborhoods and in our towns." I think that's been the biggest barrier is just getting people to realize that it is happening.*”

COVID-19

We asked participants whether COVID-19 had affected their ability to use the LAP. Several participants described ways that the pandemic had contributed to increased domestic violence and affected their agencies' ability to serve victims generally, and some also described pandemic-related challenges to implementing the LAP.

Almost half (8) participants indicated that **their work had been largely unaffected by the pandemic**. Of those reporting barriers, five identified law enforcement officers' **hesitation to share their phones with victims** due to the risk of spreading germs.

“*And especially now with COVID, there's a reluctance trying to figure out why we seem to have a lot more LAPs where the person refuses to talk with someone and we exchange the phone and we have state issued phones but to have someone speak to the hotline and then give it back to the officers. It's going officer to the victim back to the officer, some are not comfortable with that in this COVID environment.*”

Two additional barriers, each reported by four participants, were **delays in court processes due to shifts to online services**, and having **fewer options to provide safety** in terms of shelters and transportation.

“*Follow-up services, of course, are even harder, getting a court response. Working with the courts is harder during COVID, it's slower. The criminal justice system is moving a lot slower, people [inaudible 00:25:54]. If an offender is court ordered to some kind of treatment, that treatment is delayed because nobody's really following up or there's no leverage behind it if they're following up. So a lot of barriers to access.*”

“Certainly safety planning is tougher because there are people with fewer options, that they're stuck in a spot and aren't free to go stay with a friend or whatever because that friend doesn't think it's safe, and so that safety plan, there's a barrier to effective safety planning.

Successes

We asked participants to share their perspectives on the effectiveness and successes of the LAP based on their experiences and observations. Although possibly due to self-selection bias among study participants, all shared favorable opinions of the program and spoke at length about positive experiences with the LAP. The major response, given by 13 participants, was that the LAP **increased victim involvement in criminal or civil action** such as filing for protective orders.

I think legal a lot is utilized. People have sometimes shown an interest in counseling as well, but I think legal is the biggest one, probably because in most circumstances there was just charges pressed or justice protective order issued and that's what is on their mind. So I think that's a big one. (13)

But I've really seen it prove itself as in victims willing to follow through with some type of prosecution. Even if they're looking for help, they know there's resources there, that we're not just out to bury somebody, we're not out just for the arrest, we're out to serve the victim and the offender to a degree. (1)

Increased victim involvement in criminal or civil action

But I would definitely say the biggest thing would be the legal responses. So we've seen an increase in protective orders because people now don't feel alone to go and get them and they understand them a little better. They make them clear and concise. And then also, the support to go do criminal charges if need be, or work through the criminal process. I think that's probably the biggest response. (10)

I'm the court advocate too with the direction center, so I have to go to court with the victim. So usually I'm the first person they're going to end up working with anyways. And so I think it's definitely improved our relationships with our local common attorney's officers, definitely our victim witness. (3)

One advocate shared some of the complexities regarding criminal and civil processes in general:

“Because I've seen cases where they will come in and utilize the services, but I've also seen cases where the survivor will go to court and they're, "Enough is enough. I'm going to move forward with this." But on the other side of that, I've also seen survivors come to court and not want to testify, they just want it to be over, or either they don't show up for court at all. So it just all depends on where they're at, at that moment.

The second highest response, offered by 11 respondents, was that the **LAP offered victims immediate support and resources**.

The first year that we implemented LAP, I think we had like 45% increase in those seeking court advocacy services. And then a 35% increase for peer support counseling. (7)

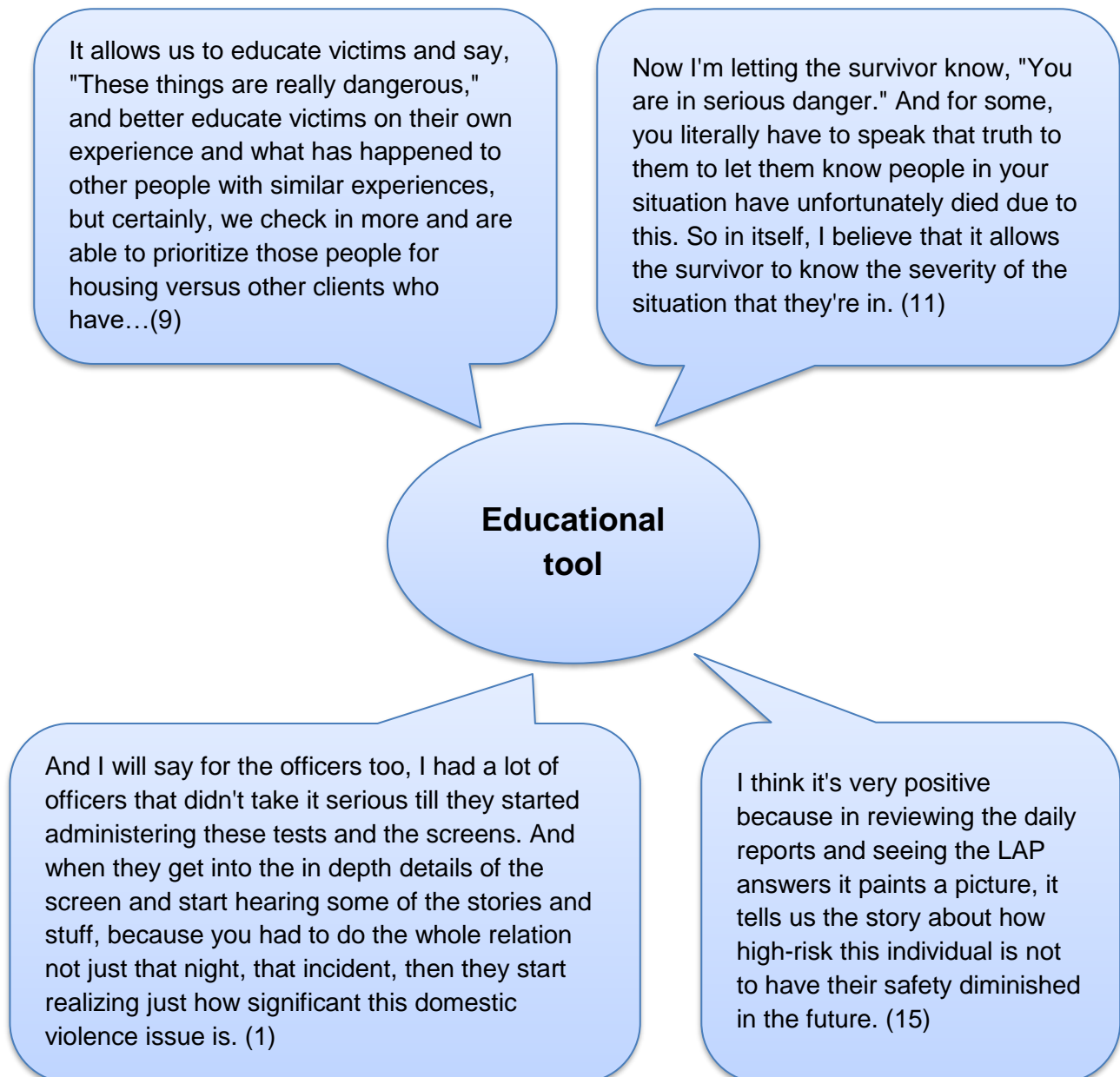
So, we can connect you with crisis support, counseling, support groups, someone can come and tell you how to get a protective order. So just with every facet, every side of this journey, they have somebody walking alongside with them. (17)

Immediate support and resources

For instance, I'll give you just a situation. If we didn't have LAP, we wouldn't have known that that person exists, that that situation is going on because they're not going to call us. They're ashamed. They don't want to admit that this is happening to them. And half the time people don't even realize it's the resources that are at their grasp to reach out to within the community. They don't know. So if we didn't have a LAP, we wouldn't be able to work with those who are really in the lead those situations because the police have been called out. (6)

Obviously, if there's an immediate need that the person needs to leave their home, there's going to be shelter that's provided. Because when we're talking to a survivor, I think what is the immediate need of that person at that moment? (11)

Eight participants indicated that the LAP served as an **education tool, helping victims become more aware of domestic violence risks and available resources.**



Seven respondents described long-term impacts in terms of **victims continuing to use multiple services that they became aware of through the LAP.** For example, one advocate shared, *"Overwhelmingly people will express interest in getting follow-up and we'll give them follow-ups. Overwhelmingly, they will say they want to meet with an advocate in the coming days."* Another stated, *"We've seen a lot of clients, specific clients that come to us long-term were initially LAP calls."*

Four respondents each noted two additional benefits - **increasing community awareness of advocacy agencies and bringing new clients to the agency.**

Populations/Situations Best Suited to the LAP

Related to challenges and successes, we asked participants to describe situations and populations that were best suited to the LAP. There were no responses that were widely shared among respondents, but the top three responses were as follows: five indicated that it works **best with victims who are women**, four stated that it **works in all situations and for all victims**, and four that it **works less well for people of color, largely due to a general mistrust of police.**

Relationships between LEOs and Advocates

Somewhat related to service coordination, several respondents discussed their relationships with other agencies using the LAP. Some described structural and procedural elements, such as meeting frequencies, and others commented on the overall quality of their relationships. Overwhelmingly participants described positive relationships built on established lines of **communication, mutual trust and respect**. Many described relationships that were structured through **coordinated community response teams and other inter-agency partnerships**. One participant described the importance of these relationships to supporting survivors:

“ So to be able to work together seamlessly and to be able to empower that survivor. Hey, I have someone on your side at the police department. You have someone on your side at the commonwealth attorney's office. You have someone on your side at the community agency shelter.

Recommendations

During the interviews, we asked participants to share any improvements they recommended for the program. In this section, we identify suggestions made by the participants, as well as recommendations that we as researchers offer based on the study findings.

When we asked participants for recommendations for improvement, they shared a number of suggestions, but few were identified by multiple respondents. The top categories were **continuous and better training**, offered by 8 respondents, and **better wording related to strangulation**, identified by 4.

In terms of training, many respondents felt that the training needed to include more than how to administer the LAP assessment, e.g., more information on domestic violence in general as well as on trauma.

“ So yeah, just more tools and education on what the LAP is. And some type of training too, I think would be helpful just on domestic violence, but also attitudes towards it, how to combat those myths, because some of the police officers, I mean, can't know if someone never taught you and if they've only been taught certain things about it, they might not know how to respond to victims.

Many also felt that training should include more information about demeanor and approach while administering the LAP, and that this could increase officers' confidence and overall effectiveness.

“ I think some of them want to use the LAP too and they're just not confident. Because sometimes a police officer will call, we have two hotlines, so we have the LAP, but we have a separate crisis hotline. They'll call the crisis hotline just to talk to an advocate and be like, "I don't know how to use the LAP." So we have to walk them through it and yeah.

Recommendation	Number of respondents
Continuous and better training	8
Better wording related to strangulation	4
Better record keeping	2
Expand the program to more localities	2
Create population-specific forms	1
Provide more financial support	1
Include psychological abuse	1
Include sexual coercion	1
More consistent utilization	1
More follow up to ensure safety	1
More support from leadership	1
Protections for confidentiality of data	1
Receive more information from officers	1

Based on the findings, we recommend that **training** be provided more frequently, including refresher sessions, and that the content be strengthened regarding education about intimate partner violence and trauma, as well as how to interact with victims. We also recommend further examination of the assessment questions related to strangulation and more focus on this topic in the training.

Next Steps

In order to further assess the LAP, our plan is to create an online survey for law enforcement officers that builds on the findings of the initial interviews and is informed by the task force's response to those findings and interest in specific information about the program.

We also hope to gain access to DCJS and Medical Examiners' data to further analyze the impact of the LAP on domestic homicides, arrests, etc.

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Appendix

Appendix A: Interview Guide for Police Officers

First, can you briefly talk about why you became a law enforcement officer?

We'd like to start with some questions about your agency.

[Agency Information]

1. How large is the population that you serve?
2. Can you describe the general demographics of the population?
3. How many individuals are employed within the agency?
4. How many work directly with LAP?

Now we'd like to talk about LAP.

[Interview Questions]

1. Describe the training you received regarding LAP. (Formal v. informal, time period, etc.)
2. What are the primary goals of LAP?
3. Can you walk me through the procedure for implementing a lethality assessment?
4. Is this done for every DV/IVP call, or only certain ones (e.g. where there is an arrest or in "extreme circumstances")?
5. What barriers, if any, impact the successful implementation of the LAP?
6. What barriers, if any, impact the successful coordination of domestic violence services overall for victims?
7. Are there particular populations that the LAP is better suited for? Are there any it doesn't work as well for?
8. Are there particular scenarios or situations where LAP works best? Are there any where it doesn't work as well?
9. How has covid-19 affected your ability to successfully implement the LAP?
10. Describe your relationship with your partnering advocacy agency.
11. Are you meeting with your partnering advocacy agency to discuss your collaboration?
12. How do you think this program is impacting your agency?
13. How do you think this program is impacting your community?
14. What are some ways LAP could be improved to be more effective in reaching its goals?
15. Is there anything else that you would like to share with us pertaining to the LAP?

We'll end with a few questions about you.

[Participant Information]

1. What is your age?
2. What is your race?
3. What is your ethnicity?

4. What is your gender identity?
5. How many years have you been a law enforcement officer?
6. How many years have you been employed at your police agency?
7. What prior experience do you have working with victims of IPV?
8. How long have you been affiliated with the LAP?

Appendix B: Interview Guide for Victim Advocates

First, can you briefly talk about why you became an advocate?

Now we'd like to ask you some questions about your agency.

[Agency Information]

1. How large is the population that you serve?
2. Can you describe the population in terms of general demographics?
3. How many individuals are employed within the agency?
4. How many work directly with LAP?

Now we'd like to talk about LAP.

[Interview Questions]

1. Describe the training you received regarding LAP. (Formal v. informal, time period, etc.)
2. What are the primary goals of LAP?
3. Can you walk me through the procedure for implementing a lethality assessment?
 - a. Do you have written protocols for this?
4. What barriers, if any, impact the successful implementation of the LAP?
5. What barriers, if any, impact the successful coordination of domestic violence services overall for victims?
6. Are there particular scenarios or situations where LAP works best? Are there any where it doesn't work as well?
7. Are there particular communities of victims that are more receptive to LAP than others? (probe - male victims, immigrants, people of color, LGBTQ)
8. How has covid-19 affected your ability to successfully implement the LAP?
9. Describe your relationship with your partnering police agency.
10. Are you meeting with your partnering police agency to discuss your collaboration?
11. Do you meet regularly about LAP within your agency?
12. How do you think this program is impacting your agency? How does it help connect participants with specific types of services? (e.g. housing, law enforcement)
 - a. Do you have a sense of whether survivors' engagement in LAP leads them to pursue further involvement with the CJ system for protection or prosecution?
13. How do you think this program is impacting your community?
14. What are some ways LAP could be improved to be more effective in reaching its goals?
15. Is there anything else that you would like to share with us pertaining to the LAP?

We'll end with a few questions about you.

[Participant Information]

1. What is your age?
2. What is your race?
3. What is your ethnicity?

4. What is your gender identity?
5. How many years have you been a victim advocate?
6. How many years have you been employed at your advocacy agency?
7. What prior experience do you have working with victims of IPV?
8. How long have you been affiliated with the LAP?