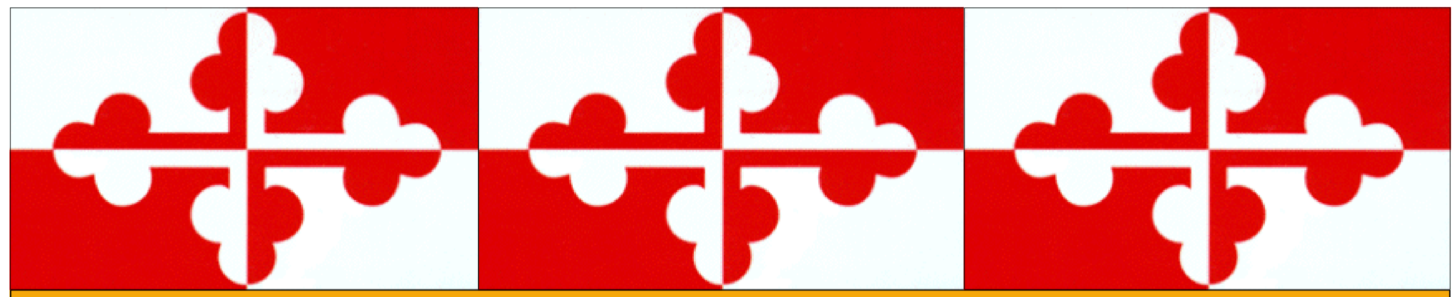

Lethality Assessment Program Maryland Model For First Responders

Learning to Read the Danger Signs

Maryland Network Against Domestic Violence • 6911 Laurel Bowie Road Suite 309 Bowie, MD 20715
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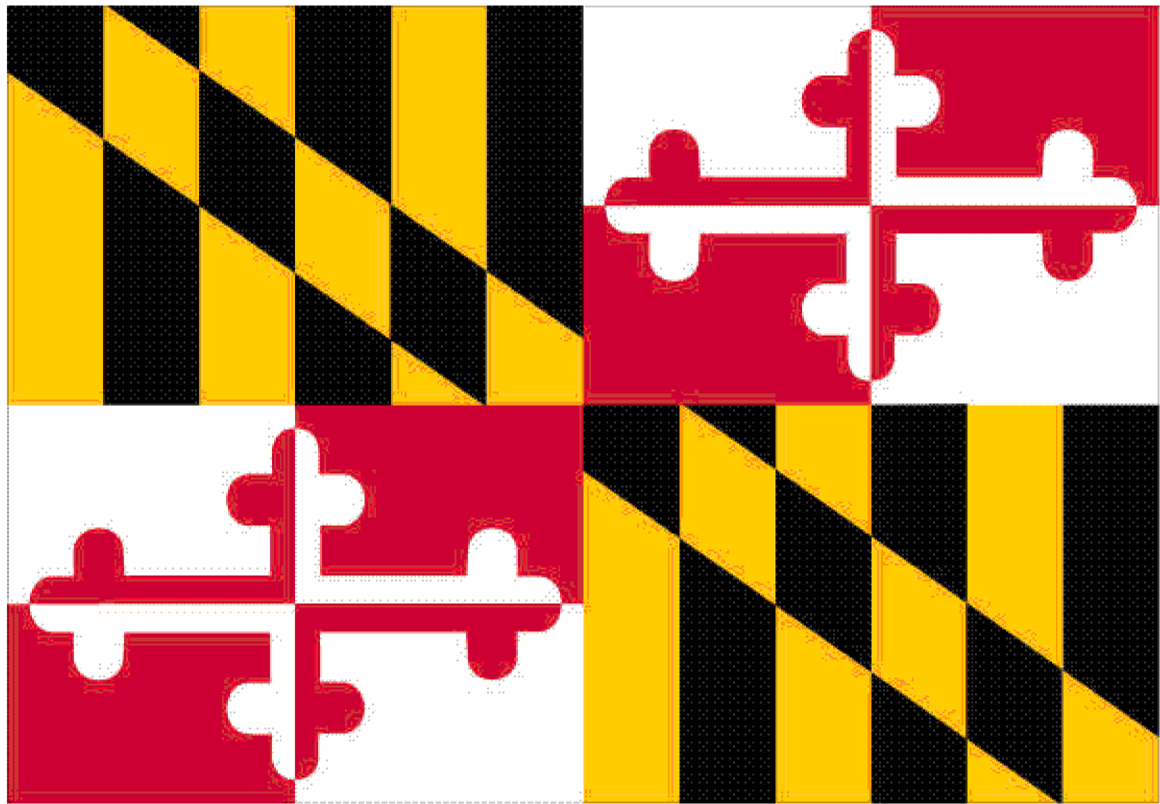
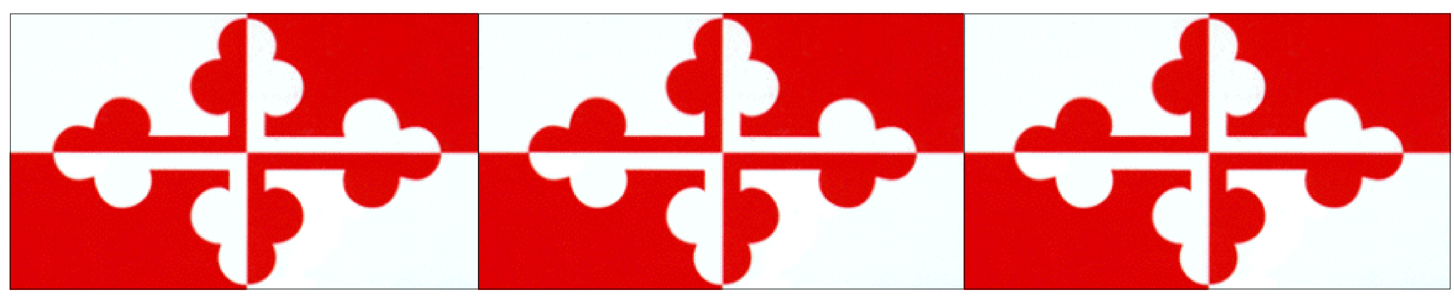
About the Design of this Packet

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





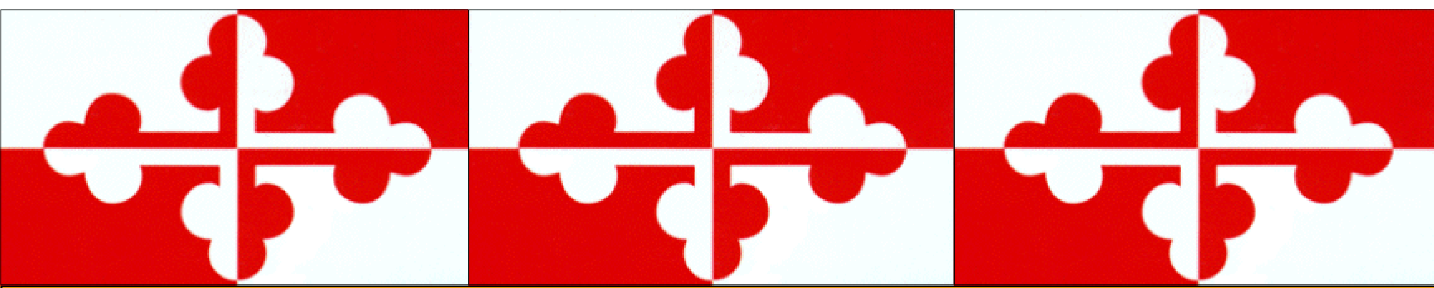
Lethality Assessment Program — Maryland Model

Table of Contents

- About the Lethality Assessment Program for First Responders

- Domestic Violence Lethality Screen for First Responders

- Conducting a Lethality Screen for First Responders: Initiating the Protocol (3x5 card for officer use)
- Report to the Lethality Assessment Committee Concerning the Pilot of the Lethality Screen for First Responders and the Protocol
- Maryland Lethality Assessment Statistical and Status Reports
- Lethality Assessment Program Best Practices
- Lethality Assessment Newsletters
- Lethality Assessment Program in the News
- Lethality Assessment Program: 2010 National Celebrating Solutions Winner of the Mary Byron Project
- Lethality Assessment Program: A Top 50 Program of the Ash Institute 2008 Innovations in American Government Awards Competition



About the Lethality Assessment Program
Maryland Model

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

The LAP is a two-pronged intervention process that features a research-based lethality screening tool and an accompanying protocol referral that provides direction for law enforcement, medical personnel, clergy, social workers and others to initiate appropriate action based on the results of the screening process.

To illustrate, in the case of police officers, for example: The process begins when an officer arrives at the scene of a domestic violence call. The officer will assess the situation. When the standards that indicate danger are met, the officer will ask the victim to answer a series of eleven questions from the *"Lethality Screen for First Responders."*

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

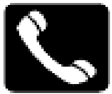
Response #1: When the victim chooses not to speak with the hotline counselor. The officer reviews the factors that are predictive of death so the victim can be on the lookout for them, encourages the victim to contact the domestic violence program, provides the victim with referral information, and may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

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

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

Similarly, professionals in other disciplines acting as first responders can implement the LAP with their patients, clients, members, and other individuals they come in contact with during the course of their routine work.

DOMESTIC VIOLENCE LETHALITY SCREEN FOR FIRST RESPONDERS



Officer:	Date:	Case #:
Victim:	Offender:	

☐ ***Check here if victim did not answer any of the questions.***

► ***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?	☐ Yes	☐ No	☐ Not Ans.
2. Has he/she threatened to kill you or your children?	☐ Yes	☐ No	☐ Not Ans.
3. Do you think he/she might try to kill you?	☐ Yes	☐ No	☐ Not Ans.
► ***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/she get one easily?	☐ Yes	☐ No	☐ Not Ans.
5. Has he/she ever tried to choke you?	☐ Yes	☐ No	☐ Not Ans.
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?	☐ Yes	☐ No	☐ Not Ans.
7. Have you left him/her or separated after living together or being married?	☐ Yes	☐ No	☐ Not Ans.
8. Is he/she unemployed?	☐ Yes	☐ No	☐ Not Ans.
9. Has he/she ever tried to kill himself/herself?	☐ Yes	☐ No	☐ Not Ans.
10. Do you have a child that he/she knows is not his/hers?	☐ Yes	☐ No	☐ Not Ans.
11. Does he/she follow or spy on you or leave threatening messages?	☐ Yes	☐ No	☐ Not Ans.

► ***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?

Check one: ☐ **Victim screened in according to the protocol**
☐ **Victim screened in based on the belief of officer**
☐ **Victim did not screen in**

If victim screened in: After advising her/him of a high danger assessment, did the victim speak with the hotline counselor? ☐ **Yes** ☐ **No**

Note: *The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.*

MNADV 08/2005

Conducting a Lethality Screen for First Responders
Initiating the Protocol

When to Initiate a Lethality Assessment

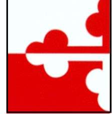
- When an **intimate relationship** is involved;
  AND
- You believe an **assault** has occurred,
- You sense the potential for **danger** is high,
- Names of parties or location are **repeat** names or locations, or
- You simply **believe** one should be conducted.

How to Conduct a Lethality Assessment

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

Not Screened in or
Did/Could Not Participate in Assessment

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



Conducting a Lethality Screen for First Responders
Initiating the Protocol

(continued)

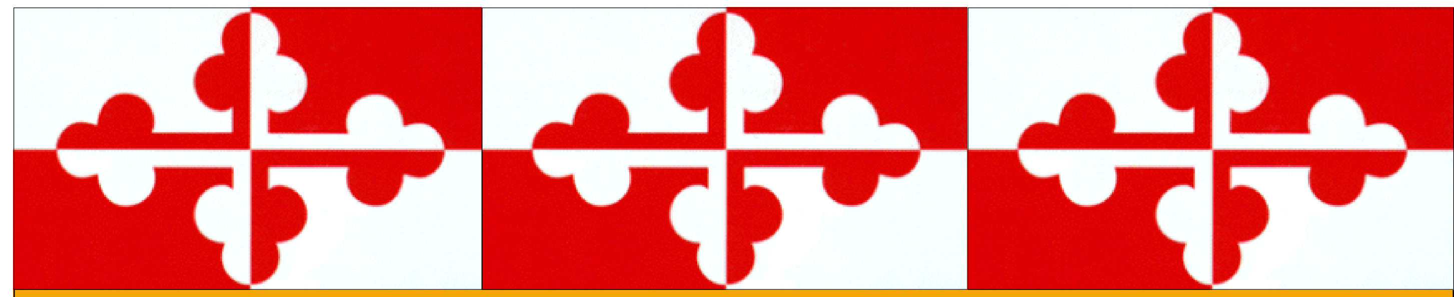
Screened in—
Implementation of the Protocol Referral Process

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

Lethality Assessment Program Principles

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

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



Maryland Network Against Domestic Violence

Report to the Lethality Assessment Committee Concerning the Pilot of the Lethality Screen for First Responders and the Protocol

(Pages 7 and 8)

Conducted July 29 to August 28, 2004

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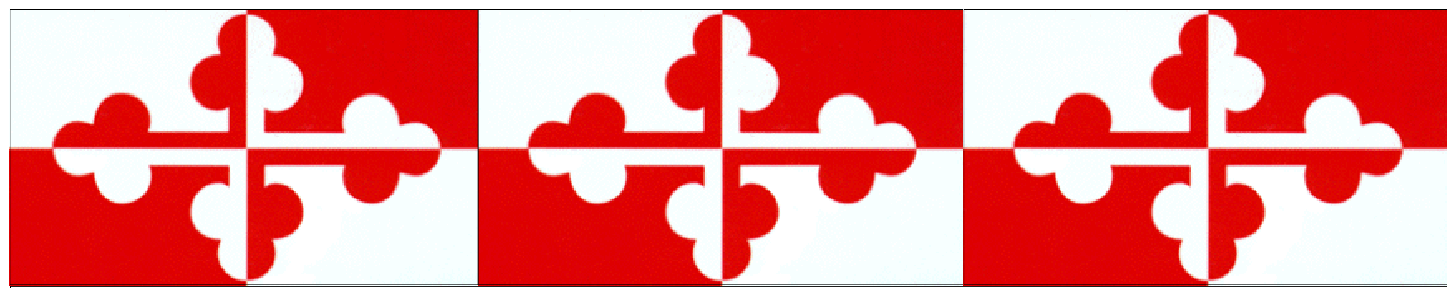


Interview Results

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

Counselors

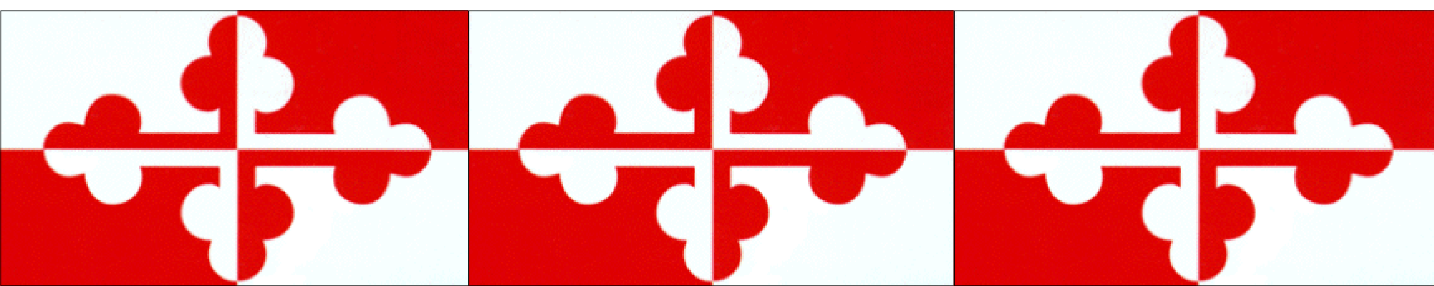
Generally, the counselors received the project well. They felt that the screen and protocol were helpful in obtaining additional information from victims so the counselors could make better assessments and in bringing victims to safety and into services. While some thought the screen was not too different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

Law Enforcement

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

Pilot Contacts

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



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

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

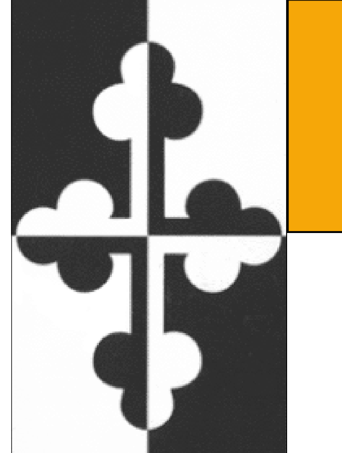
In response to changes in the protocol, one suggested that programs develop in-house procedures and noted that when a Danger Assessment reaches 10, programs should seek to contact law enforcement to begin developing a coordinated, short-term safety plan. One expressed concern about phones not always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

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

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

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

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



Maryland Lethality Assessment Statistical and Status Reports

Maryland Lethality Assessment Statistical Report

2006 – 2009

Estimated Population: 5,672,000

MD Participating *-Population & % -Agencies -Year*	Lethality Screens	Lethality Screens *Per Population Per Day*	High Danger	Non-High Danger	Did Not Answer	"Positives" Who Spoke to Counselor	"Spoke to" Who Went for Services
807,000 (14%) 21 agencies	1,839	1/439 5/day	990 (54%)	698 (38%)	151 (08%)	531 (54%)	158 (30%)
1,725,000 (30%) 43 agencies 2007	3,304	1/521 9.1/day	1,923 (58%)	1,179 (36%)	202 (06%)	1,030 (54%)	263 (26%)
3,198,000 (56%) 68 agencies 2008	6,788	1/471 18.6/day	3,713 (55%)	2,589 (38%)	486 (07%)	2,207 (59%)	621 (28%)
4,288,500 88 agencies 2009	10,497	1/375 28.8/day	5,443 (52%)	4,315 (41%)	739 (07%)	3,322 (61%	1,030 (34%)
Four-Year Total	22,428	1/452 15.4/day	12,069 (54%)	8,781 (39%)	1,578 (07%)	7,090 (59%) 4.9/day	2.072 (30%) 1.4/day

Maryland Lethality Assessment Status Report

Through September 1, 2010

Participating and committed law enforcement agencies: **106** (92% of 115 agencies)
Participating domestic violence programs: **20** (100% of 20)
Involved Counties [including Baltimore City]: **24** (100% of 24)
Total Population Being and to Be Served: **4,607,000** (81% of 5,672,000)

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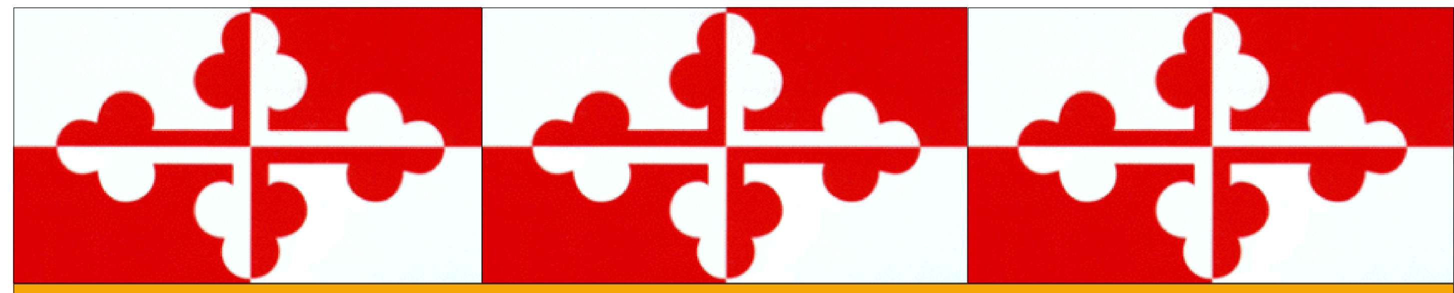


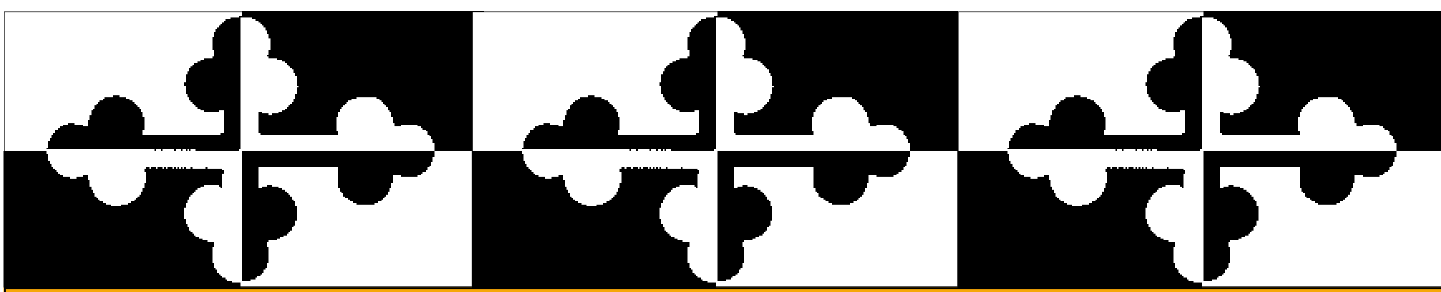
Lethality Assessment Program
Best Practices

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

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

Assessing Protective Order Petitioners.
In five counties, deputies assess victims immediately after interim and temporary protective order hearings. With high danger victims, deputies either call the domestic violence hotline, as patrol officers do, or have an advocate housed in the same facility respond to speak with the victim. Since beginning in one county in January 2008 through March 2009, 273 of those victims who spoke with a hotline worker or advocate (37%) have gone into local domestic violence programs for services.

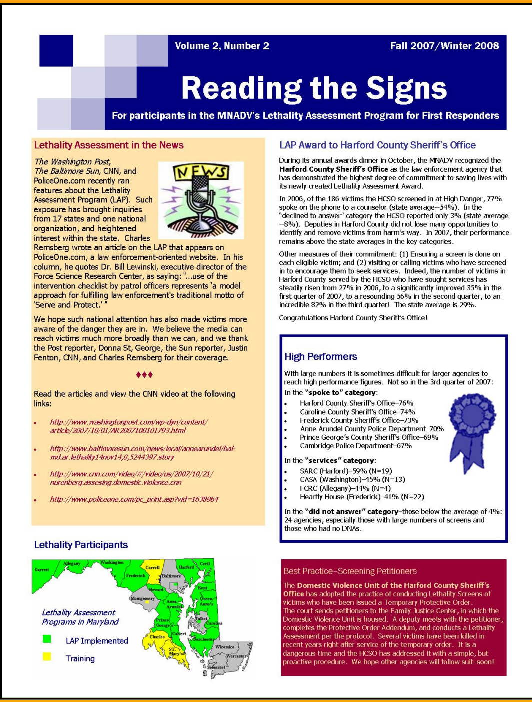
Hotline Guidelines for Communicating with High Danger Victims.
The phone conversation that a hotline worker has with a victim from the scene of a police call for service is a new and different type of communication. Time on the phone is short; the victim may not be "ready" to speak with a domestic violence advocate. After two years of implementation, we realized we needed a written guideline to standardize the communication in a way that would provide for immediate safety and better encourage the victim to go into services. In April 2009 the guidelines were published and have been used for training, not only in Maryland, but in all states that participate in the Lethality Assessment Program. We believe the guidelines improve the way we communicate with high risk victims.



Lethality Assessment Newsletters

To obtain copies of past newsletters for the Lethality Assessment Program, go to:

http://mnadv.org/lethality.html



Volume 2, Number 2 — Fall 2007/Winter 2008

Reading the Signs

For participants in the MNADV's Lethality Assessment Program for First Responders

Lethality Assessment in the News

The Washington Post, The Baltimore Sun, CNN, and PoliceOne.com recently ran features about the Lethality Assessment Program (LAP). Such exposure has brought inquiries from 17 states and one national organization, and heightened interest within the state. Charles Remsberg wrote an article on the LAP that appears on PoliceOne.com, a law enforcement-oriented website. In his column, he quotes Dr. Bill Lewinski, executive director of the Force Science Research Center, as saying: "...use of the intervention checklist by patrol officers represents 'a model approach for fulfilling law enforcement's traditional motto of 'Serve and Protect.' "

We hope such national attention has also made victims more aware of the danger they are in. We believe the media can reach victims much more broadly than we can, and we thank the Post reporter, Donna St, George, the Sun reporter, Justin Fenton, CNN, and Charles Remsberg for their coverage.

♦♦♦

Read the articles and view the CNN video at the following links:

- *http://www.washingtonpost.com/wp-dyn/content/article/2007/10/01/AR2007100101793.html*
- *http://www.baltimoresun.com/news/local/annearundel/bal-md.ar.lethality14nov14,0,5244397.story*
- *http://www.cnn.com/video/#/video/us/2007/10/21/nurenberg.assesing.domestic.violence.cnn*
- *http://www.policeone.com/pc_print.asp?vid=1638964*

Lethality Participants

LAP Award to Harford County Sheriff's Office

During its annual awards dinner in October, the MNADV recognized the **Harford County Sheriff's Office** as the law enforcement agency that has demonstrated the highest degree of commitment to saving lives with its newly created Lethality Assessment Award.

In 2006, of the 186 victims the HCSO screened in at High Danger, 77% spoke on the phone to a counselor (state average--54%). In the "declined to answer" category the HCSO reported only 3% (state average --8%). Deputies in Harford County did not lose many opportunities to identify and remove victims from harm's way. In 2007, their performance remains above the state averages in the key categories.

Other measures of their commitment: (1) Ensuring a screen is done on each eligible victim; and (2) visiting or calling victims who have screened in to encourage them to seek services. Indeed, the number of victims in Harford County served by the HCSO who have sought services has steadily risen from 27% in 2006, to a significantly improved 35% in the first quarter of 2007, to a resounding 56% in the second quarter, to an incredible 82% in the third quarter! The state average is 29%.

Congratulations Harford County Sheriff's Office!

High Performers

With large numbers it is sometimes difficult for larger agencies to reach high performance figures. Not so in the 3rd quarter of 2007:

In the **"spoke to" category**:

- Harford County Sheriff's Office–76%
- Caroline County Sheriff's Office–74%
- Frederick County Sheriff's Office–73%
- Anne Arundel County Police Department–70%
- Prince George's County Sheriff's Office–69%
- Cambridge Police Department–67%

In the **"services" category**:

- SARC (Harford)–59% (N=19)
- CASA (Washington)–45% (N=13)
- FCRC (Allegany)–44% (N=4)
- Heartly House (Frederick)–41% (N=22)

In the **"did not answer" category**–those below the average of 4%: 24 agencies, especially those with large numbers of screens and those who had no DNAs.

Best Practice–Screening Petitioners

The **Domestic Violence Unit of the Harford County Sheriff's Office** has adopted the practice of conducting Lethality Screens of victims who have been issued a Temporary Protective Order.
The court sends petitioners to the Family Justice Center, in which the Domestic Violence Unit is housed. A deputy meets with the petitioner, completes the Protective Order Addendum, and conducts a Lethality Assessment per the protocol. Several victims have been killed in recent years right after service of the temporary order. It is a dangerous time and the HCSO has addressed it with a simple, but proactive procedure. We hope other agencies will follow suit–soon!

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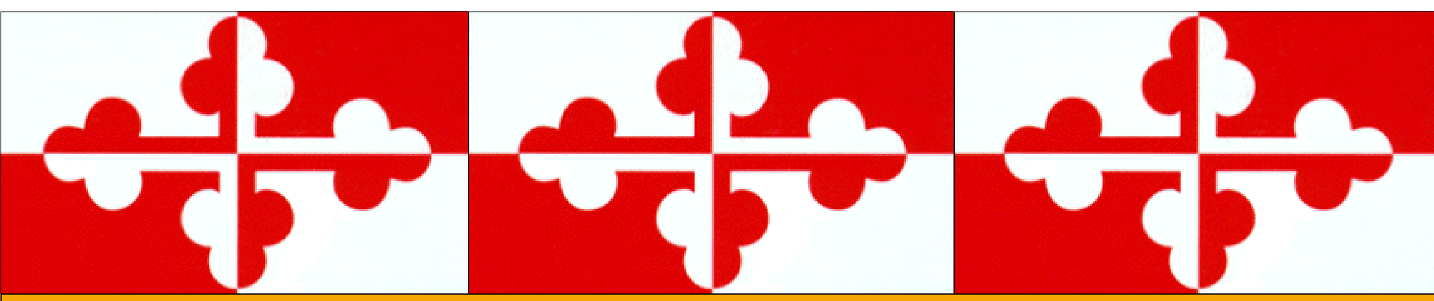

Lethality Assessment Program In the News

Assessing lethality in domestic violence cases

Program helps first responders save lives

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

According to a 2001 study in the journal *Preventive Medicine*, police officers were called to the scene of 50 per cent of domestic violence homicides.* The study also found that only four per cent of domestic violence murder victims had ever used the services of a domestic violence provider. In a different sample of victims who had gone into shelters, the rate of re-assault dropped by a staggering 60 per cent.

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

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

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

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

The committee developed an 11-question assessment tool, called the Lethality Screen for First Responders. The screen is based on the professionally respected Danger Assessment for identifying the danger in domestic violence cases (www.dangerassessment.org). It is a straightforward questionnaire that allows responding officers to predict, with a high degree of accuracy, both the danger and the potential of lethality for victims of domestic violence situations. Responding officers use the screen to ask such questions as "Has he/she threatened to kill you or your children?" and "Has he/she ever tried to choke you?"

Infusing a belief in empowering victims with a sense of urgency, the committee then developed the LAP protocol, basing its work on the experience of its membership and over 25 years of available research. The protocol encourages victims identified as "high risk" for domestic violence fatalities to seek the services of a domestic violence program. The protocol espouses the victim-defined advocacy model of safety planning and allows a flexible approach to implementing the Lethality Screen.

The hallmark of the protocol is this: if the Lethality Screen identifies a victim as being in "high danger," the police officer making that assessment calls the local domestic violence hotline from the scene.

Although officers traditionally refer victims to domestic violence service providers, the victims seldom make the call.

In the LAP protocol, the officer calls the hotline to seek advice and — equally important — to encourage the victim to speak to the hotline counsellor. Additionally, the officer tells the victim that he or she is in danger and that people in similar situations have been killed (information that is hopefully eye-opening to the victim). Depending on whether or not the victim chooses to speak to the hotline counsellor, the officer proceeds with one of two responses to promote the immediate safety of the victim.

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

If the victim chooses to speak to the counsellor, the officer responds to the outcome of that telephone conversation, perhaps becoming involved in co-ordinating a safety plan with the victim and counsellor.

If the victim chooses not to speak to the counsellor, the officer provides safety planning advice to the victim and reviews factors that are predictive of death, so the victim can be on the lookout for those factors in future. The officer encourages the victim to contact a domestic violence program, provides the victim with police contact information, and may take other actions such as advising the victim how to obtain a protection order.

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

The LAP in action

The Lethality Assessment Committee spent nearly a year developing the Lethality Screen and LAP protocol, and field testing them in three jurisdictions. The primary focus of field testing was to determine whether the screen and protocol were user-friendly for officers on the scene. Eighty-four per cent of officers surveyed reported that the instrument and protocol were "easy" or "fairly easy" to administer, and 50 per cent related that the tools bolstered their confidence.

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

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

Each participating agency and domestic violence program appoints a lethality assessment contact who communicates with the MNADV co-ordinator and other agency/program contacts. All contacts serve on the Lethality Assessment Participants' Committee, which meets annually and communicates frequently via e-mail.

In October 2005, the LAP was voluntarily implemented by four law enforcement agencies and two partner providers in two of Maryland's 24 jurisdictions. Today, 66 police agencies (Maryland State Police included) involving 19 domestic violence programs in 21 jurisdictions have either implemented the LAP, piloted it, received LAP training or committed to go forward.

Though still early in its implementation, there are positive signs that the LAP is affecting domestic homicide statistics in the state of Maryland. The MNADV reported the following statistics during 2006 and 2007:

- Partner agencies administered 5,143 Lethality Screens across a participating population of 1.7 million.
- 57 per cent of persons screened were assessed as being in "high danger." In those jurisdictions where a police officer and domestic violence program advocate visit "high danger" victims unannounced, up to 58 per cent of visited victims sought services.
- 54 per cent of "high danger" victims spoke on the phone with a domestic violence program counsellor.
- 27 per cent of the victims who spoke on the phone went in for services.
- One screened victim was killed.
- In 2007, the number of domestic violence fatalities in Maryland was at its lowest since 1991.

Dr. Neil Websdale of the National Domestic Violence Fatality Review Initiative says that instruments such as the LAP can accomplish several outcomes, including a greater awareness of danger and lethality among victims and the law enforcement community, a greater consideration of proactive interventions, the education of system participants, the opportunity for victims to see their situations through a different lens, and enhanced co-ordination, communication and co-operation.

Maryland has recorded success in each of these areas. Participating agencies have performed consistently and have received numerous out-of-state inquiries as well as media and industry attention.

Maryland has created a program that has impacted the lives of domestic violence victims and given the domestic violence service community a proactive, reliable answer to that nagging question, "What can we do?" ■

For more information about the LAP, visit the MNADV website at **www.mnadv.org**.

* Campbell, J., et al. *Health care providers missed opportunities for prevention for femicide*. Preventive Medicine. Vol.33 No.5 (2001), p. 373-380.

David Sargent served 21 years with the Metropolitan Police Department in Washington, D.C., and has taught domestic violence training courses to more than 7,300 police officers in D.C., Delaware, Pennsylvania, Virginia and Maryland.

Jacquelyn Campbell, BSN, MSN and PhD, is a professor in the Johns Hopkins University School of Nursing and has a joint appointment at the Bloomberg School of Public Health. She has been conducting advocacy, policy work and research in the areas of family violence and health disparities related to trauma since 1980.

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Lethality Assessment Program In the News

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

—Cheryl O'Donnell, National Network to End Domestic Violence
(In "Police Tool Assesses Domestic Abuse 'Lethality'")

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

—Dave Sargent, Retired Police Lieutenant and Law Enforcement Coordinator/Trainer at the Maryland Network Against Domestic Violence
(In "Police Tool Assesses Domestic Abuse 'Lethality'")

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

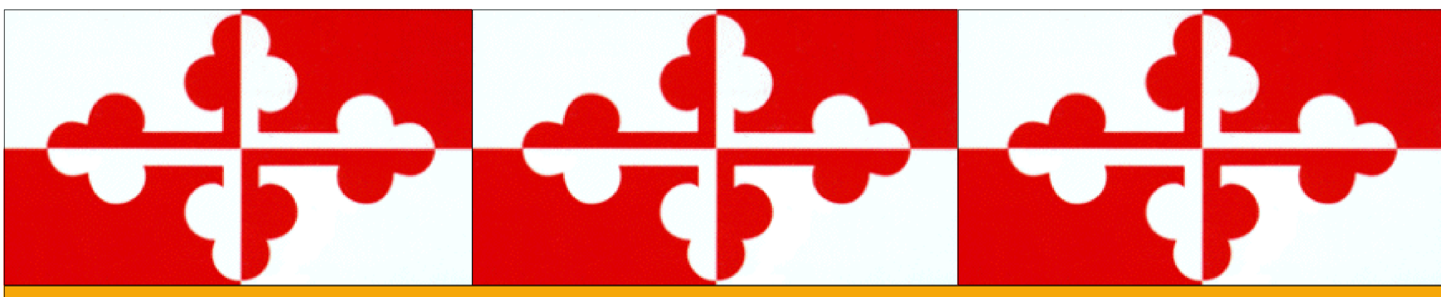
–Editorial in the Washington Post
(In "Helping Women at Risk: A Maryland Program Aimed at Averting Domestic Violence is Given Deserved Recognition")

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

—Dr. Bill Lewinski, Executive Director, Force Science Research Center
(In "Lethality Assessment" Helps Gauge Danger from Domestic Disputes)

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

—Senator Barbara Mikulski, announcing the Byrne grant
(In "Grant to Spread Domestic Violence Program to Other States)



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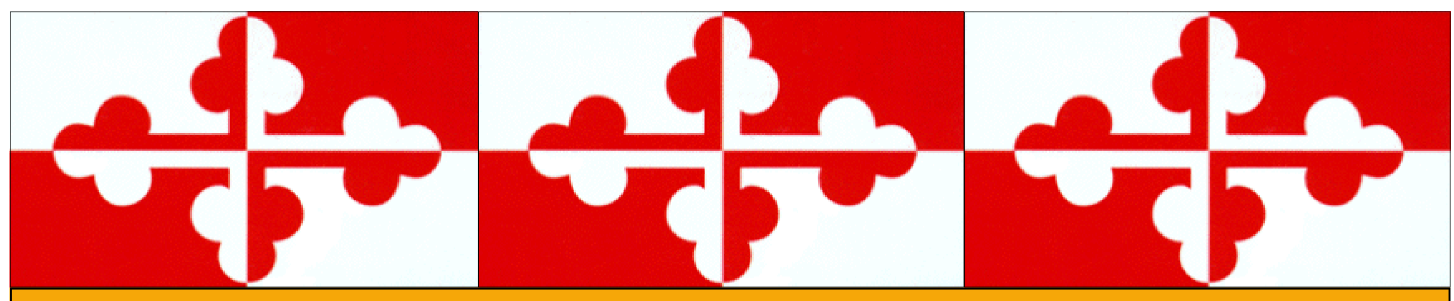


Lethality Assessment Program-Maryland Model Recognized by the Mary Byron Project

Maryland Network Against Domestic Violence Wins 2010 Celebrating Solutions Award

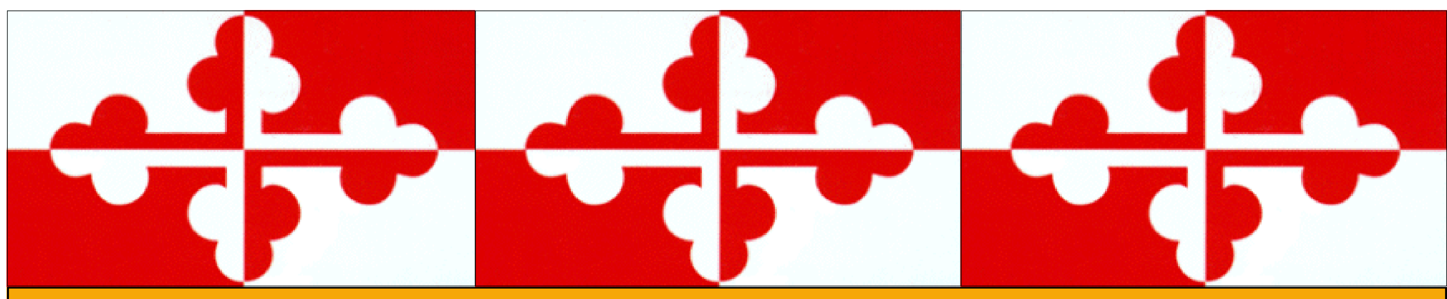
Bowie, MD—The Maryland Network Against Domestic Violence's (MNADV) Lethality Assessment Program-Maryland Model (LAP) was selected as one of four 2010 national recipients of the prestigious *Celebrating Solutions Award* given annually by the Mary Byron Project. Marcia Roth, Executive Director of the Project, lauded the LAP for its outstanding work. "We received almost 300 applications throughout the United States. Our national review team felt that Maryland's program shows promise in moving beyond crisis management to provide answers every community should use in ending the epidemic crime of domestic violence. It is an outstanding organization and program."

The Mary Byron Project created the *Celebrating Solutions Awards* to showcase and applaud local innovations that demonstrate promise in breaking the cycle of violence. They select programs that can serve as models for the nation and offer $10,000 cash awards in recognition of their pioneering efforts.

The Mary Byron Project was established in 2000 in memory of the young woman whose tragic murder led to the creation of automated crime victim notification technologies. As a nationally recognized thought leader on domestic violence, the Mary Byron Project cultivates and supports efforts that extend beyond crisis management to attack the root causes of this epidemic and help build safer, healthier communities.

"We are deeply honored to have had the LAP showcased as an innovative model for the nation," said Michaele Cohen, MNADV's Executive Director. "It's an easy and effective program that identifies 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 goal of the LAP is to prevent fatalities by increasing the number of victims that access and use domestic violence program services."

The Lethality Assessment Program-Maryland Model has grown from one participating law enforcement agency and domestic violence service provider in October 2005 to 106 law enforcement programs and 20 domestic violence service providers statewide. Jurisdictions in 11 other states around the country have implemented the LAP.



Lethality Assessment Program: A Top 50 Program of the Ash Institute 2008 Innovations in American Government Awards Competition

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

HARVARD KENNEDY SCHOOL'S ASH INSTITUTE
ANNOUNCES TOP 50 INNOVATIONS IN GOVERNMENT
Innovations in American Government Awards Top 50 Programs to Compete for $100,000 Award

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

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

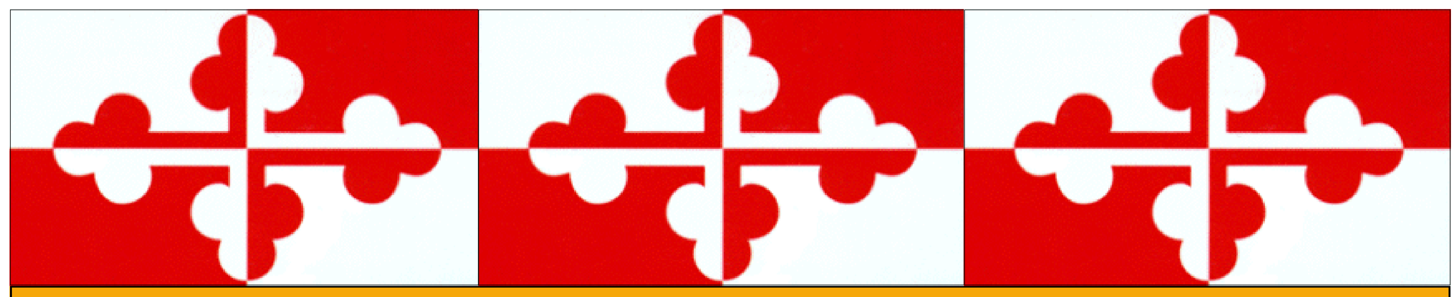
Many award-winning programs are now replicated across policy areas and jurisdictions, serving as forerunners for today's reform strategies and new legislation. Such programs also inform research and academic study at Harvard Kennedy School and other academic institutions around the world. In the midst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

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

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

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

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



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