

## 1. Introduction

### **MATERIALS NEEDED:**

#### **Training aides:**

- PowerPoint slides (13)
- DVD: "Lethality Assessment: 'Something's Going to Happen...'"

#### **Accompanying documents:**

- Video Study Guide (stop-and-go, or continuous)
- Handouts (itemized below)

#### **Handouts (one per participant):**

- Lethality Screen for First Responders
- Short-Form Protocol (3x5 card)
- "Law Enforcement Communication Guidelines"

### **TRAINER NOTES:**

Briefly share with the participants why your law enforcement agency decided to introduce the LAP as a standard of practice to benefit victims of domestic violence.

# Background

- ▶ Lethality Assessment
  - ▶ Process of identifying victims of domestic violence who are in danger of being killed.
- ▶ Lethality Assessment Program—Maryland Model (LAP)
  - 1) Identifying victims of domestic violence who are at the **greatest risk of being killed**, and
  - 2) Encouraging them to **utilize the services of a domestic violence service program**

## 2. Background

### TRAINER NOTES:

“**Lethality assessment**” is the identification of victims of intimate partner violence who are at the highest risk of being killed by their abuser.

The **Lethality Assessment Program (LAP)—Maryland Model** offers a user-friendly, evidence-based instrument for law enforcement to:

1. Identify victims of intimate partner violence who are at the **greatest risk of being killed**, and
2. Encourage them to **utilize the services of a domestic violence service program (DVSP)**

**Note to trainer:** The Maryland Network Against Domestic Violence (MNADV) was awarded a grant from the Governor’s Office on Crime Control & Prevention in October 2003 to establish lethality assessment in the state of Maryland. Because lethality assessment was clinically based, MNADV sought to create a tool for first responders to be able to more effectively assess dangerous cases. After two years of development by a committee, field testing, workshops, and evaluation, the Lethality Assessment Program—Maryland Model was implemented in Maryland on October 1, 2005.



## Activity: Training Video

### “Lethality Assessment: ‘Something’s gonna happen’”

### 3. Activity: Training Video

#### **MATERIALS NEEDED:**

**For trainers: Video Study Guide**

#### **TRAINER NOTES:**

We will now watch a video that explains the Lethality Assessment Program, and how to administer the Lethality Screen and accompanying response procedure.

Show the **video titled, “Lethality Assessment: ‘Something’s gonna happen.’”** The video is accompanied by a **Video Study Guide** for instructors to help guide group discussion. The Study Guide is designed to aid your use of the video – by giving discussion questions (and sample answers) and by highlighting the most important parts of the video.

## When to Initiate the LAP

- ▶ **Only in cases of intimate relationships and a manifestation of danger:**
  - ▶ When you believe there's been an assault or act of domestic violence,
  - ▶ When you believe the victim faces danger when you leave,
  - ▶ When the home or parties are repeats, or
  - ▶ When your gut tells you that the situation is dangerous.

## 4. When to Initiate the LAP

### **TRAINER NOTES:**

The LAP is initiated only in cases of **intimate partner relationships** (i.e., husband-wife; separated or divorced husband-wife; boyfriend-girlfriend; ex-boyfriend-girlfriend; dating and cohabitating relationships; same-sex relationships; children in common).

There also must be **some manifestation of danger:**

1. **When you believe there's been an assault or other act of domestic violence.**

This standard is much lower than a showing of probable cause. If probable cause and/or a subsequent arrest is made, the officer should definitely initiate the LAP. But this standard does not rise to that level; the standard considers only the officer's "*belief*" that an assault or other act of domestic violence occurred (e.g., violation of protective order, stalking, etc.). The officer simply needs to believe the incident occurred, but does not need to have any demonstrable evidence or proof.

2. **When you believe the victim faces danger once you leave.**

Officers and advocates often feel uncomfortable when they leave or disconnect with the victim from the scene. They are uncomfortable because they sense that the victim is in danger and will be harmed, but feel helpless to act because the victim does not "want" their help.

3. **When the home or parties are repeats, or**

The concern with this condition is the issue of escalation and the danger that escalation poses to the victim.

**4. When your gut tells you the situation is dangerous.**

When we say “gut” we mean a practitioner’s training, experience and instincts as a professional and as a human being.

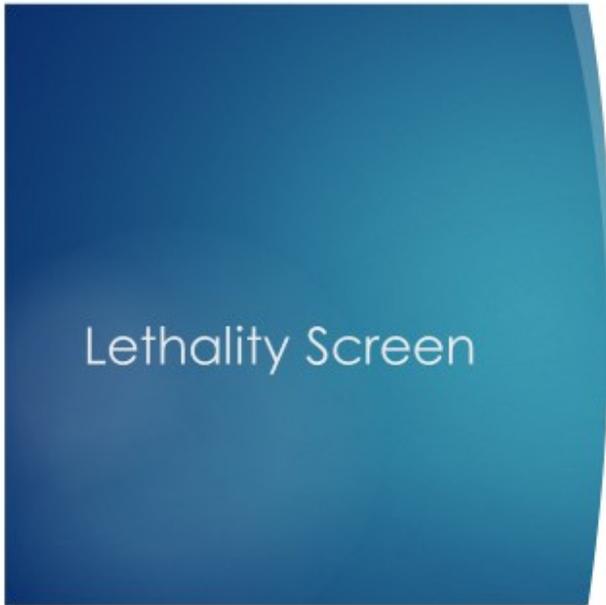
## Initiating the Lethality Screen

- ▶ Approach the Lethality Screen **simply, positively, and privately** with the victim.
- ▶ Advise the victim you would like to **ask her/him some questions to get a better idea of her/his situation.**

## 5. Initiating the Lethality Screen

### TRAINER NOTES:

- When officers initiate a Lethality Screen, they need to be aware of how they introduce it. **The officer's attitude about the Screen determines how effective the LAP will be at identifying High-Danger victims, and getting them to come in to services. The officer should not make it seem to the victim that this is something the officer is required to do.** The officer should introduce it simply and positively with words such as, "I'd like to ask you some questions that will help me understand your situation a little bit better."
- If the officer makes the Screen seem like an obligation, victims may not want to participate because they perceive that the officer does not really care. One of the most crucial intangible effects of the LAP is that victims get a sense that law enforcement cares about them as people.



**DOMESTIC VIOLENCE LETHALITY  
SCREEN FOR FIELD PRACTITIONERS**

Field Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_

Victim: \_\_\_\_\_ Offender: \_\_\_\_\_

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

**\* A "Yes" response to any of Questions 01-11 automatically triggers the protocol referral.**

1. Has he/she ever used a weapon against you or threatened you with a weapon?	Yes	No	Other Ass.
2. Has he/she threatened to kill you or your children?	Yes	No	Other Ass.
3. Do you think he/she might try to kill you?	Yes	No	Other Ass.

**\* Negative responses to Questions 01-3, but positive responses to at least four of Questions 04-11, trigger the protocol referral.**

4. Does he/she have a gun or can he/she get one easily?	Yes	No	Other Ass.
5. Has he/she ever tried to choke you?	Yes	No	Other Ass.
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?	Yes	No	Other Ass.
7. Have you left him/her or separated after living together or being married?	Yes	No	Other Ass.
8. Is he/she unemployed?	Yes	No	Other Ass.
9. Has he/she ever tried to kill himself/herself?	Yes	No	Other Ass.
10. Do you have a child that he/she knows is not his/hers?	Yes	No	Other Ass.
11. Does he/she follow or spy on you or leave threatening messages?	Yes	No	Other Ass.

**\* A field practitioner may trigger the protocol referral, if not already suggested above, as a result of the victim's response to the below question, or whenever the field practitioner believes the victim is in a potentially lethal situation. If 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 the field practitioner  
 Victim did not screen in

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

Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available research and best practices 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 impacted in the field. These victims may need support that goes beyond that of other victims of intimate partner violence.

9/20/2019 10:20:00

## 6. Lethality Screen

### MATERIALS NEEDED:

The **Lethality Screen** is a handout for officers. Have the participants examine the Screen and follow along as this section is being instructed.

### TRAINER NOTES:

The Lethality Screen is an evidence-based field instrument designed to identify victims of intimate partner violence who are at the greatest risk of being killed by their partners. We will now walk through each section of the Screen together, starting with the questions themselves.

### **The Lethality Screen questions**

It is important that officers ask **all the questions, in order, as written**. The language and structure of the Screen are designed to help victims assimilate the factors that are predictive of homicide in abusive relationships. For example, #5 reads, "Has he/she ever tried to choke you?" While the technical term in our field is "strangle," the Screen uses "choke" because that vocabulary is more intelligible for victims.

A note on #7: "Have you left him/her or separated after living together or being married?" This question intends to ask the victim if they have *ever* left or separated from their abuser (not whether they are currently separated at the time the Screen is administered).

Aside from numbered questions on the Screen (discussed on the next slide), there are four areas on the Lethality Screen that are important for tracking victims and monitoring the LAP:

### 1. At the top of the Lethality Screen.

Complete the five boxes—officer, date, case number, victim, offender. This allows the local DVSP to track victims who go in for services and to credit our agency for our part in that effort.

### 2. Just below the top of the Lethality Screen.

Do as the instruction reads: “Check here if victim did not answer any of the questions.” This box is checked in two instances:

- When the victim **refuses to answer the questions**. Encourage the victim to answer, but if they still decline, the administration of the Screen is complete.
- When the victim **is unable to answer the questions** for some reason—the abuser is present; the victim is incoherent due to inebriation or traumatization; or the victim needs immediate medical attention.

### 3. “Check one” near the bottom of the Lethality Screen.

- On this portion of the Screen, you will check off the “score” of the Lethality Screen according to the victim’s answers. We will go over “scoring” on the next slide.”

**4. “If the victim screened in:” at the bottom of the Lethality Screen.** In EVERY case where a victim is assessed as being in High-Danger, ensure to correctly check “yes” or “no” as to whether the victim spoke on the phone to the hotline advocate.

NOTE: Sometimes a victim might provide an unclear answer, or may share information in the context of answering the Lethality Screen questions that seems to contradict a previous “yes” or “no” answer. For example, a victim might answer “no” to, “Do you think he might try to kill you?” but then later say, “When he’s choking me, I’m afraid he’ll kill me.” In situations like these, the officer **should take victims at their word and still check the box corresponding to the victim’s answer (i.e. officers should not exercise discretion in interpreting victim’s answers)**, note their concern on the bottom of the Screen, and discuss their concern with the hotline advocate if a High-Danger assessment was made, so the hotline advocate can better assess the victim’s danger, and coordinate a safety plan that is tailored to the victim’s risk factors. **Even if a victim is not assessed as High-Danger on the Lethality Screen, an officer can still make a High-Danger assessment based on his/her professional experience, training, and instincts.**

## Hotline calls and Cut-offs

<p><b>Call the hotline</b></p> <p>"Yes" to Q. #1, 2 or 3</p> <p>OR</p> <p>"No" to Q. #1, 2 or 3, but "Yes" to at least four of Q. #4-11</p>	<p><b>Call the hotline</b></p> <p>"No" to all</p> <p>OR</p> <p>"Yes" to no more than 3 of Q. #4-11, <b>but officer believes it is appropriate</b></p>	<p><b>Call the hotline</b></p> <p>Victim "does not answer" (DNA) the Screen b/c she/he needs immediate medical attention</p>
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## 7. Hotline calls and cut-offs

### TRAINER NOTES

After the officer asks the questions on the Lethality Screen, the officer will handle the information as follows:

**Yes to Q. #1, #2, or #3 → Call the hotline.** A victim's "yes" or positive response to any of Questions #1, #2, or #3 reflects a High-Danger situation and automatically signals the officer to call the hotline.

**Yes to any four of Q. #4-11 → Call the hotline.** If the victim gives negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, that reflects a High-Danger situation and automatically signals the officer to call the hotline.

**"No,"** or negative responses, to all of the assessment questions, or positive responses to no more than three of Questions #4-#11, **may still warrant a call to the hotline if the officer believes it is appropriate.**

- Officers may call the hotline whenever they believe the victim is in a potentially lethal situation.
- This is reserved for those occasions when the victim did not answer "yes" to certain or enough questions to "screen in according to the protocol," but the

officer believes or senses, based on his/her experience and instincts, that the victim is in danger.

- Whenever the victim has responded negatively to all questions or given positive responses to no more than three of Questions #4-#11, the officer should ask the victim the following question: “Is there anything else that worries you about your safety? (If “yes”) What worries you?” The response to the question may help the officer better determine whether to call the hotline.

If the victim “**does not answer**” (**DNA**) the Screen because they are in need of immediate medical attention, it is suggested that officers assess the victim as High-Danger if the victim is being taken to the hospital for serious injuries. If the abuse has escalated to a level in which the victim is suffering serious physical trauma, there will most likely be other factors of abuse / predictors of homicide present in the relationship that, if the victim had answered a Lethality Screen, would have grouped her/him into the category of High-Danger.



**Non-High  
Danger**

Non-High Danger victims are not at the same level of danger as High-Danger victims and therefore do not warrant the same urgent level of communication.



- ▶ Advise victim that domestic violence situations are dangerous.
- ▶ Advise victim to look for signs of danger.
- ▶ Vigorously refer victim to provider.
- ▶ Give victim contact information.

## 8. Non-High Danger

### **TRAINER NOTES:**

If the victim is not assessed as High-Danger after the officer completes the Lethality Screen, the officer will:

- Advise the victim that domestic violence is dangerous, and sometimes fatal,
- Review the factors from the Lethality Screen so that the victim can be on the lookout for them,
- Encourage the victim to contact the hotline, and
- Provide the victim with police contact information.



- ▶ Advise victim she's in danger, that people in her/his situation have been killed.
- ▶ Call domestic violence hotline.
- ▶ Provide basic information to hotline.
- ▶ Victim speaks with hotline (officer stands-by).
- ▶ Officer concludes call by speaking with hotline.

## 9. High-Danger

### TRAINER NOTES

**If a High-Danger assessment is made through the Lethality Screen or the officer believes it is appropriate, the officer will:**

**1. Advise the victim that they are in danger, and that people in their situation have been killed.**

Advise the victim that, based on their answers to the Lethality Screen, you are concerned for their safety, and that people in their situation have been killed.

Note: In situations where the officer assesses the victim as being High-Danger based on his/her own belief and the victim has responded "no" to all or most of the questions, or has declined to answer all of the questions, the officer **should only convey that the officer believes that the victim is in danger** and that the officer would like to call the domestic violence hotline. The officer should not say that "according to your answers, you are in danger" and that "in situations such as this people have been killed." To use such language would not be consistent with the responses that the victim gave.

**2. Call the domestic violence hotline.**

The officer will then tell the victim that the officer would like to call the domestic violence hotline to get some advice on how to help the victim and that the officer would like for the victim to consider speaking with the hotline advocate.

**OFFICERS SHOULD CALL THE HOTLINE FOR EVERY HIGH-DANGER ASSESSMENT, REGARDLESS OF WHETHER THE VICTIM INITIALLY DECLINES TO SPEAK WITH THE HOTLINE ADVOCATE.**

**3. When the officer calls the DV hotline, the advocate will prompt the officer for basic demographic and situation details, and then ask if the victim would like to speak on the phone.**

The officer does not need to memorize this information. Advocates are trained in prompting the officer for the information they need; the officer need only respond to the advocate's brief questions.

See **Law Enforcement Communication Guidelines** for more information.



**If the victim initially declines,**

- ▶ Still contact the domestic violence program
- ▶ Ask the victim to reconsider speaking with the hotline advocate
- ▶ Call the hotline
- ▶ While still on the phone with the hotline advocate, ask the victim if she/he has reconsidered

**If the victim continues to decline,**

- ▶ Reiterate that victim is in a dangerous situation
- ▶ Engage in basic safety planning with the victim through the advocate
- ▶ Inform the victim to watch for lethality predictors
- ▶ Ask for contact information for follow-up
- ▶ Encourage the victim to utilize the DVSP's services
- ▶ Provide the victim with the officer's contact info

## 10. High-Danger: Victim Declines to Speak with the Advocate

### TRAINER NOTES

**In cases where a victim has been assessed as High-Danger but initially declines to speak to a hotline advocate, the officer will:**

- Tell the victim that the officer will contact the domestic violence program's hotline to receive guidance on how to proceed with the situation;
- Tell the victim that the officer would like the victim to reconsider speaking with the hotline advocate; and
- While still on the phone with the hotline advocate, the officer will ask the victim if they have reconsidered and would now like to speak with the advocate. The officer should be encouraging with words such as, "You're just talking"; "It'll be a private conversation"; "The hotline advocate can help you"; "They understand this is difficult for you."

**If the victim continues to decline to speak with the advocate, the officer should:**

- Resume speaking with the hotline advocate to obtain safety-planning information and convey that to the victim;

- Inform the victim to watch for the lethality predictors listed on the Lethality Screen because they may convey that the victim is at an increased level of danger;
- Ask if the victim's name and contact information can be given to the hotline advocate for follow-up;
- Strongly encourage the victim to call the domestic violence program and provide the referral information; and
- Provide the victim with the officer's work phone number or the phone number of others who may be available during times when the officer is not, in case the victim wants to talk further or needs help.

**Remember: it is the victim's choice whether or not to speak to the hotline advocate in that moment. Do not pressure the victim and always give the victim that choice.**



- ▶ Advise victim she's in danger, that people in her situation have been killed.
- ▶ Call domestic violence hotline.
- ▶ Provide basic information to hotline.
- ▶ **Victim speaks with hotline (officer stands-by).**
- ▶ **Officer concludes call by speaking with hotline.**

## 11. High-Danger: Victim Agrees to Speak with Advocate

### TRAINER NOTES

**If the victim is assessed as High-Danger and agrees to speak with the hotline advocate, the officer will:**

- Call the domestic violence hotline, advise the advocate of the High-Danger assessment, provide the victim's basic information when prompted, and then pass the phone to the victim;
- While the victim is speaking with the hotline, the officer should allow the victim some privacy, but should remain on the scene. This is for both practical and intangible purposes. The hotline advocate may require some assistance from the officer during the call or following the call (e.g., the victim may need transportation to shelter) or may disclose further information helpful to the investigation. The officer's continued presence also communicates to the victim that the officer/advocate are a *team* who want to support the victim.
- At the appropriate time during the conversation between the victim and the advocate, the advocate will ask the victim if the advocate may speak with the officer. The advocate will brief the officer about the plan, within the limits of confidentiality. It is important for officers to realize that hotline advocates are not

free to share certain information. Officers should not second-guess decisions that the advocate can convey to the officer, but they must still act within the scope of their own responsibilities, realizing, nonetheless, that it is the victim who will make final decisions concerning their safety.



# QUESTIONS

## 12. Questions

**If the question is not brought up naturally by an officer, be sure to prompt about the phone used to call the hotline. Per the protocol, phone policy could include:**

- **Patrol phone.**

If the officer has a work-issued cell phone, **using that to call the hotline is the best option.** The abuser will not be able to link the victim to the hotline, it does not involve a third party, and it ensures the call will be brief. Consider using a supervisor's patrol phone, if officers do not carry patrol phones.

- **Officer's personal cell phone.**

The officer is **under no obligation to use his/her personal cell phone.** However, because the victim is in danger, the officer should consider this as an option. Doing so will enable the victim to connect with services that may help her/him and will provide the officer with a practical way to handle the situation.

- **The victim's cell phone or landline.**

**This should be used only as a last resort.** Modern technology gives even the least tech-savvy abuser the ability to trace or record calls. Be cognizant that the call history (even on a landline) can be tracked. Take all possible precautions. Officers should ask the victim if it is a possibility that the abuser could be recording the call, mention some warning signs (such as the abuser always knowing what the victim is doing, even without the victim telling him/her), and ask the victim if it is safe to use the victim's

phone before making the call. Keep in mind that the abuser may be using other technology, including hacking into email, spyware, or video cameras, to monitor and control the victim.

- **The victim knows the abuser better than anyone; rely on her instincts to know whether using her personal cellphone or landline is a safe option.**

**If the question doesn't surface naturally, discuss what to do in cases of apparent/alleged mutual battery:**

**Mutual battery.** Prior to initiating a Lethality Screen, in cases where there are claims of a "mutual battery," the officer should first determine if one of the parties acted in self defense. If the officer determines that party acted in self-defense, then the officer should identify who is the **primary or predominant aggressor**. A Lethality Screen should NOT be administered to both parties, but only to the victim of the primary or predominant aggressor.

Administering a Lethality Screen to an abuser may further endanger the victim and will allow the abuser to manipulate the system and potentially block the victim's access to services.

Recall that in making a determination of who the primary or predominant aggressor is, the officer should consider such things as:

- Prior history of domestic violence or calls for service
- Existing or prior history of Protective/Restraining Orders
- Age, height and weight of parties
- Offensive/defensive injuries
- Seriousness of injuries
- Presence of fear by one party/demeanor of parties
- Which party is demonstrating power and control
- Information within the 911 call
- Any witness statements

We caution against using the Lethality Screen on both parties or to determine primary aggressor. Savvy abusers could use it against the victim. That said, often the DVSP will be capable of determining primary aggressor from the 10-minute phone calls. The DVSP may have records of whether one of the parties has used their services before or is in enrolled in a batterers' intervention program.

If you are making a hotline call to both parties, make sure the hotline knows that.

# Contact Information

## MARYLAND NETWORK AGAINST DOMESTIC VIOLENCE

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## 13. Contact Information

Discuss who the agency representatives are and who the team coordinator is. Remind the officers that this is a collaborative effort between your agency and the local DVSP – if any problems arise, it is important to let the agency representative know so that issues can be resolved quickly.