

LETHALITY ASSESSMENTS



LAP Basic Statistics and information

History: In 2003, the Maryland Network Against Domestic Violence (MNADV), noticing the identified gaps in services to victims who were murdered, developed the LAP (Lethality Assessment Protocol) for use by first responders.

The LAP includes a risk assessment screen to be used by first responders to identify and immediately connect individuals with the highest risk to advocacy. The LAP is also used to educate victims on risk factors of lethality as part of empowerment-based safety planning. Connecting victims to advocates enhances safety and improves the possibility victims will seek other services such as shelter, law enforcement, and medical services. After implementing the LAP, Maryland experienced a 34 percent drop in intimate partner homicides between July 2007 and June 2012. Other States and communities that have implemented LAP have shown similar homicide reduction rates.



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?
2. Has he/she threatened to kill you or your children?
3. Do you think he/she might try to kill you?

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

Yes No Not Ans.
 Yes No Not Ans.
 Yes No Not Ans.
 Yes No Not Ans.
 Yes No Not Ans.
 Yes No Not Ans.
 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?

Lethality Assessment Screen

LETHALITY ASSESSMENT SCREEN –

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

2. Has he/she threatened to kill you or your children? Yes No

3. Do you think he/she might try to kill you? Yes No

B. 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

5. Has he/she ever tried to choke you? Yes No

6. Is he/she violently or constantly jealous or does he/she control most of your daily activities? Yes No

7. Have you left him/her or separated after living together or being married? Yes No

8. Is he/she unemployed? Yes No

9. Has he/she ever tried or threatened to kill himself/herself? Yes No

10. Do you have a child that he/she knows is not his/hers? Yes No

11. Does he/she follow or spy on you or leave threatening messages? Yes No

If not already triggered above, protocol referral may be triggered as a result of the response to the following question, or whenever it is believed the respondent is in a potentially lethal situation.

Is there anything else that worries you about your safety? If yes-What worries you?

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.



Soooo... WHAT NOW?

Increase Victim Empowerment

High Lethality Assessment scores may initially cause victims to experience more fear however they ultimately will give victims the power to realistically assess their level of danger, the power to make safety plans that can mean the difference between life and death, and the power to advocate for themselves with authorities who may not understand their life-threatening situations.

Increase Safety for Victim

Discuss the highly dangerous, potentially lethal indicators and express heightened concern for victim and child(ren) safety. Indicators for adult victims are also indicators for substantial risk of harm to children.

Offer information on where to apply for and obtain assistance in obtaining a Personal Protection Order (PPO) so that they have the information should they decide they wish to pursue one.

Encourage the victim to trust their gut and call 911 if they feel that they are in critical danger.

THINGS TO CONSIDER IF VICTIM HAS A HIGH LETHALITY RISK SCORE

- Provide Safety Planning information to victim. (Online version for reference)
- Encourage the victim to call the police if they feel that they are in danger.
- Consider use of hotel vouchers if possible.
- If using hotel vouchers register the victim under an alias for their safety.
- Consider Rapid Housing Program for victim if possible.
- Provide information related to obtaining a Personal Protection Order (PPO)
- Provide list of out of county domestic violence shelters to victim.
- Be empathetic, non-judgemental and honest when talking with victims seeking help.
- Remember it is not your responsibility to ensure any victim's safety. Job limitations may at times make us feel frustrated, upset, sad, overwhelmed and to experience guilt.
- Practice positive self care both at work and at home so that you can continue to provide these much needed services to victims in our community.



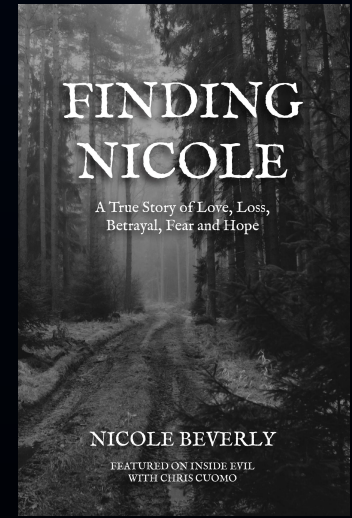
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