

Reading the Signs

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

Is the LAP Working? *By Lynnette Irlmeier, Executive Director, Family Crisis Resource Center, Allegany County*

Shortly after our staff was trained on Lethality Assessment, a woman called the hotline just to talk. She had called periodically over the years but had never shown any inclination that she was ready to leave. The staff person who took the call started asking her the lethality questions and told her she was in "High Danger." She packed up her kids and came to shelter an hour later. She never went back. The divorce is over and the house has been sold. She told us that hearing some of the questions, and later seeing it on paper, made her realize that she really was at risk. This wasn't just anyone saying "I'm worried about you." This was real; it was based on studies and fact. It's not just her. I've heard from several clients that seeing it on paper made them stop and think. I have no doubt that the LAP is changing lives, and probably saving them."

How We're Doing

86 Agencies and Counting...

We have now been doing the LAP for nearly three years. On August 1, 2008, all the jurisdictions in Montgomery County: Montgomery County PD, Rockville PD, Gaithersburg PD, Takoma Park PD, and the Village of Chevy Chase PD, and the Montgomery County Sheriff's Office as well as the State's Attorney's Office, implemented the LAP in partnership with the Abused Persons Program. On that day, the Maryland State Police also officially kicked off the LAP. We now have 86 agencies, involving 19 domestic violence programs, in all counties participating.

Expansion

We have begun expansion of the LAP. Working with the Maryland Health Care Coalition Against Domestic Violence, we will pilot the LAP at Atlantic General Hospital in Worcester County and Frederick Memorial Hospital in Frederick County to develop a model protocol. In addition, we will work with the Montgomery County Interfaith Coalition Against Domestic Violence and the newly formed MNADV Interfaith Network to bring the LAP to the faith community. Already, the Calvert and Anne Arundel County State's Attorneys' Offices have implemented LAP protocols.



Stats

For the quarter from April to June 2008

- **1,621 screens** (17.8 screens per day—the **highest** for one quarter)
- **514 victims spoke on the phone** (5.7 victims a day are speaking with the hotline—the highest for one quarter)
- **144 High Danger victims** who spoke on the phone **went in for services** (1.6 victims a day—the **highest** for any quarter by 24%)

For the period from January 2006 to July 2008 (30 months)

- **7,930 screens**
- **2,469 High Danger victims have spoken on the phone** with the hotline (54% of all screened victims)
- **675 High Danger victims** (27%) who spoke on the phone **have gone in for services**

Best Practice Stats

In the last issue we reported that the Harford County Sheriff's Office had adopted the practice of screening petitioners coming out of Temporary Protective Order hearings. Petitioners are sent to the Family Justice Center from court and are screened by a deputy assigned to the FJC. Over six months since January 2008, 110 petitioners were screened, 97 (88%) were High Danger, 56 (51%) met with Fatima Burns, the SARC advocate assigned to the Family Justice Center. Fifteen (27%) of those who met with Fatima continued services.

We strongly encourage jurisdictions to adopt this practice. In fact, the Prince George's County Sheriff's Office, in conjunction with the Family Support Services Division of the Circuit Court, is piloting a similar procedure. The Sheriff's Office and the Abused Persons Program in Montgomery County have also adopted the practice.

Getting High Danger Victims on the Phone

We are doing consistently well in the area of getting High Danger victims on the phone. Only 9 of 38 agencies were below the 50% level. They averaged 37%, yet 47% of those victims who spoke on the phone went in for services. Imagine what the "services" figure would be if those agencies exceeded the 50 percentile level. Pay special attention to this category and strive to exceed the state average of 54%. When a victim doesn't want to speak with the hotline, and after you've called and spoken with the hotline worker yourself, try again and encourage the victims with words such as:

- "You're just talking; that's all."
- "It's confidential."
- "The hotline worker can help you."
- "The hotline worker can give you information that can help."
- "Just give it a try."
- "They understand how difficult this is for you."
- "They understand what you're going through."



Results of Round Table Discussion

In the last issue, we called for a round table discussion to talk about what the hotline worker should say to a victim in the brief time they have on the phone. Following the round table on February 28, 2008, attended by 38 advocates from 18 domestic violence programs, a committee was formed to create written guidelines. The guidelines have been drafted and will be presented to the full committee on September 4, 2008. It is hoped that these guidelines will enhance the communication between the worker and victim and will promote decision-making by the victims to seek services.

LAP receives "Top 50" Recognition from Harvard Kennedy School's Ash Institute



The **MNADV's 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 prestigious 2008 Innovations in American Government Awards competition. Each of the Top 50 programs, selected from a pool of nearly 1,000 applicants, underwent several rounds of rigorous evaluation from a committee of practitioners and policy experts from Harvard Kennedy School as well as renowned institutions nationwide.

"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.

Lethality Assessment in the News and on the Road

Officer.com and the **Royal Canadian Mounted Police Gazette** recently ran feature articles about the LAP, and **The Washington Post** wrote an editorial in which it opined that "(t)he program is helping to save lives, and that should spur its expansion," and that "...for the first time it has law enforcement working hand in hand with domestic violence programs."

We have received inquiries from **22 states** and are now "on the road" giving LAP presentations. In May 2008, the LAP was featured at **New Hampshire's annual statewide domestic violence conference**. In June the **Jackson County, Missouri, Safe Family Coalition** hosted a LAP presentation. About 90 people were in attendance from various law enforcement agencies in the county, including the Kansas City and Independence Police Departments, the four domestic violence programs in the county, as well as other disciplines. In July, the LAP was presented at the annual luncheon of the **Association of Threat Assessment Professionals** in Los Angeles. Additionally, two large counties in two states are preparing to implement the LAP.

Read the articles at the following links:

http://www.lawofficer.com/news-and-articles/columns/Bune/Lethality_Screen_for_Domestic_Violence.html

http://www.rcmp.ca/gazette/vol70no2/gazette_vol70no2_e.pdf

We have created an information packet about the LAP to respond to inquiries.



Maryland Network Against Domestic Violence
Tel: (301)352-4574; Fax: (301)809-0422
Statewide Helpline: 1-800-MD-HELPS
Email: info@mnadv.org
Website: www.mnadv.org

Follow-up. Should We Promote It?

This has been a major question. Programs across the country do not routinely follow-up with victims. When we began the LAP, the matter of follow-up was not a practice or even a discussion. Because of the work of the Family Crisis Resource Center, especially the practice by one particular advocate, Rhonda Pick and police partners from the Cumberland Police Department, a majority of Maryland domestic violence programs are now doing follow-up on High Danger victims, as well as other victims. We may be doing work in Maryland that no others are doing. **The question that raises concern is whether this approach to follow-up is too heavy-handed.**



The MNADV has considered this and believes the approach promotes victim decision-making and seeks to move the victim along the Stages of Change. If it indeed does that—and the testimonies of some programs about the eye-opening effects of the Screen and Protocol seem to suggest this—then why is this not a desirable outcome?

We also know **those programs that do follow-up have significantly greater success in getting victims into services.** For the quarter from April to June 2008, while the state average was 28%, six programs that do follow-up averaged 48% of victims going in for services.

We ask those programs doing follow-up to **closely monitor victims going in for services.** How are they responding to your services? As important, consider whether the services you offer are actually meeting their needs. We have said before that many High Danger victims may be "different" in that they went into services before they were fully ready. How do we as programs serve victims who are not open to what we have to offer? Does it mean that they're not ready, or could it be that we're not?

Taking Action on Lethality Factors

With High Danger victims consider some interventions that might better "contain" highly dangerous abusers:

Access to Guns

In the U.S. in 2004, 52% of women killed by an intimate partner ("ex-boyfriend" category not included in the count) were killed by a firearm. One study showed that ownership of a firearm increased **fives times** the odds of a woman being killed by an intimate partner. Investigate abusers who have access to guns critically, especially those whose victims you have assessed as being in High Danger, and determine whether you can confiscate the firearms.

Strangulation

Between April and June 2008 in Washington and Howard Counties, 142 of 301 screened victims (47%) reported being strangled. One county is now routinely charging strangulation as a felony assault. Consider taking this action.