



LETHALITY ASSESSMENT PROGRAM

Directive: 14 – 114

Date of Issue: July 2013 Amends/Cancel: G.O. 10-08

I. PURPOSE

The purpose of this Directive is to establish protocol and implement the use of a domestic violence lethality assessment at domestic violence calls for service.

II. POLICY

It is the policy of the Maryland Capitol Police Department (DGS-MCP) to attempt to identify victims of domestic violence in potentially lethal situations, and place those victims in immediate and direct contact with a domestic violence program counselor. The Domestic Violence Lethality Assessment shall be used at the scene of a domestic violence incident to assist officers in identifying high risk situations and follow the established criteria to place the victim in direct contact at the scene with a domestic violence program counselor. Officers conducting a Lethality Assessment will ask the victim the Lethality Screening Questions included in the Domestic Violence Supplement Report, and when a victim is assessed as being in danger, contact the Local Domestic Hotline and ask the victim to speak with a counselor.

Baltimore – House of Ruth (410) 889-7884

Annapolis – YWCA Domestic Violence Services (410) 222-6800

National Domestic Violence Hotline (1-800-799-7233)

III. PROCEDURES

A. Initiating a Lethality Assessment

1. General

- a. In addition to the investigative procedures conducted by the officer responding to a Domestic Violence incident, the investigating officer will complete the “Domestic Violence Lethality Screening for First Responders” form (See Appendix A) when he responds to a domestic complaint involving intimate partners or incident and one or more of the following conditions exist:

- (1) There is reason to believe an assault or an act that constitutes domestic violence has occurred, whether or not there is an arrest.

- (2) There is a belief or sense on the part of the investigating officer that once the victim is no longer in the care or presence of the responding officer the potential for assault or danger is high.
- (3) Repeated calls for domestic complaints at the same location or involving the same parties.
- (4) The investigating officer believes one should be conducted based on his experience and training and instinct.

2. Lethality Screening Questions

- a. Are found in “Domestic Violence Lethality Screening for First Responders” form.
- b. The investigating officer should:

- (1) Advise the victim they will be asked a series of questions to help the officer determine the immediate potential for danger to the victim.
- (2) Ask the questions in the order they are listed on the form.
- (3) Ask all the questions in assessing the victim. The more questions the victim responds to positively, the clearer and more immediate the potential for danger is to the victim.

3. Assessing the Responses to the Lethality Questions

- a. After the responding officer asks the questions on the “Domestic Violence Lethality Screening for First Responders” form they will handle the information as follows:

- (1) A **single** “yes” or positive response by the victim to questions #1, 2 or 3 reflects a high danger situation and automatically triggers the protocol referral.
- (2) If the victim gives negative responses to questions #1-3, but positive responses to four or more of questions #4 thru 11, reflects a high danger situation and triggers the protocol referral.
- (3) “No” or negative responses, to all of the assessment questions, or positive responses to less than four of questions #4 thru 11, may still trigger the referral if the investigating officer believes it is appropriate. 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 aid in your decision.
- (4) Trust your instincts. Use of the domestic violence lethality screen takes into account the “gut factor.” It’s flexible and it relies on the investigating officer acting on their instincts. If the victim’s responses don’t trigger the referral, but the officer’s “read” of the situation indicates high danger, the officer should trigger the referral.

4. Referral – not triggered

- a. If the referral is not triggered or victim does not answer the screening questions, the officer will:

- (1) Advise the victim that domestic violence is dangerous and sometimes fatal.
- (2) Inform the victim to watch for the signs listed in the assessment because they may convey to the victim that they are at an increased level of danger.

- (3) Refer the victim to the Family Violence Hotlines (See Above Numbers).
- (4) Provide the victim with the Department's telephone number, the case number, the officer's contact information, in case the victim wants to talk further or needs help.

5. Referral – Triggered

- a. If a high danger assessment is made or the officer believes it is appropriate, the referral will be implemented as follows:
 - (1) Advise the victim that their situation has shown that the victim is at an increased level of danger, and that people in the victim's situation have been killed or seriously injured.
 - (2) Advise the victim that you would like to call the Family Violence Hotline and have the victim speak with a counselor.
- b. If the victim initially declines to speak with the counselor, the first responder will:
 - (1) Tell the victim that the officer will contact the domestic violence hotline to receive guidance on how to proceed with the situation;
 - (2) Tell the victim that they would like the victim to reconsider speaking with the hotline counselor; and
 - (3) After the officer concludes the conversation with the counselor, ask the victim if they have reconsidered and would now like to speak with the counselor.
- c. If the victim continues to decline to speak with the counselor, the officer should do the same thing they would do for a victim who did not trigger the referral, including conveying information that the counselor has suggested and going over some safety tips when the victim does not want to leave.
- d. If the victim agrees to speak with a counselor, the officer will advise the counselor that he has made a high danger assessment, or believes that the victim is in danger, and would like the counselor to speak with the victim.
 - (1) Officers will not provide the name of the victim to the counselor without the consent of the victim.
 - (2) At the appropriate time during the conversation between the victim and the counselor, the counselor will ask the victim to speak with the officer about the situation.
 - (3) The officer will then be guided by the discussion with the counselor for further assistance. Officers will provide reasonable assistance to the victim if the victim wants to leave the residence.

6. Records Reporting

a. The Department will prepare and forward reports to the Maryland Network against Domestic Violence by the 15th of:

- (1) January
- (2) April
- (3) July
- (4) October

b. The reports shall contain the following information:

- (1) How many lethality screens were attempted?
- (2) How many victims were screened in high danger?
- (3) How many victims were not screened in high danger?
- (4) How many did not respond to the screening questions?
- (5) How many screened spoke to a counselor?

(Attachments: Appendix “A” – Domestic Violence Lethality Screen for First Responders”)



DOMESTIC VIOLENCE LETHALITY SCREEN FOR FIRST RESPONDERS



Officer:	Date:	Case #:
Victim:	Offender:	
<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
2. Has he/she threatened to kill you or your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
3. Do you think he/she might try to kill you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
5. Has he/she ever tried to choke you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
7. Have you left him/her or separated after living together or being married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
8. Is he/she unemployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
9. Has he/she ever tried to kill himself/herself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
10. Do you have a child that he/she knows is not his/hers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
11. Does he/she follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Victim screened in according to the protocol <input type="checkbox"/> Victim screened in based on the belief of officer <input type="checkbox"/> Victim did not screen in		
If victim screened in: After advising her/him of a high danger assessment, <input type="checkbox"/> Yes <input type="checkbox"/> 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 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.