


**DEPARTMENT OF HUMAN RESOURCES  
SOCIAL SERVICES ADMINISTRATION  
311 W. SARATOGA ST.  
BALTIMORE, MARYLAND 21201**

**DATE:** July 1, 2014

**POLICY #:** SSA CW# 14 -14

**TO:** Directors, Local Departments of Social Services  
Assistant Directors, Services

**FROM:**   
Deborah Ramelmeier, Acting Executive Director  
Social Services Administration

**RE:** Intimate Partner Violence Lethality Assessment

**PROGRAMS AFFECTED:** Adult and Child Welfare Services

**ORIGINATING OFFICE:** Office of Adult and Child Welfare Services

**ACTION REQUIRED OF:** All Local Departments

**REQUIRED ACTION:** Implement Policy and Procedures

**ACTION DUE DATE:** July 15, 2014

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## I. Purpose:

The purpose of this policy is to promote the assessment for intimate partner violence to enhance victim safety as a standard of practice and to implement the *Lethality Assessment Program-Maryland Model (LAP)*, as fully explained in administrative procedures and the attached appendices.

## II. Policy:

Child Welfare and Adult Services workers in Maryland are trained to interview and assess situations for both risk and safety concerns. The risk and safety assessment tools prompt Child Welfare and Adult Service staff to consider whether intimate partner violence (IPV) is present in a family situation and, when present, to take steps to promote safety of the IPV victim and family members.

It is the policy of this Department to utilize the LAP when IPV is present and to screen victims using the Lethality Screen to determine the victim's risk of being killed by an intimate partner. Further, workers will attempt to connect high-danger victims with the local Domestic Violence Service Provider immediately.

## III. Definitions:

- A. **Domestic Violence (DV):** Domestic violence is a pattern of coercive behavior characterized by the domination and control of one person over another, usually an intimate partner, but it could be another family or household member, through physical, psychological, emotional, verbal, sexual, and/or economic abuse.
- B. **Domestic Violence Service Provider (DVSP):** Agency or staff member of an agency that primarily or exclusively operates a program providing services to victims of domestic violence in accordance with the Code of Maryland Regulations (COMAR) 01.04.01.
- C. **Elder IPV: Intimate partner violence against a partner who is 50 years-old or older. Elder IPV does *not* include abuse or violence committed by non-partner family member, or by other caregivers or strangers although these are nonetheless forms of elder domestic violence.**
- D. **High Danger:** A term used for a victim who has been assessed through use of the Lethality Screen as being at the greatest risk of being killed. The victim is said to be in "High Danger."
- E. **Intimate Partners:** Intimate partners are persons who are, or have been, involved in an intimate relationship and:
  - 1. Are married, separated, or divorced;
  - 2. Live or have lived together;
  - 3. Have children in common;
  - 4. Date, or have dated.

- F. **Intimate Partner Violence (IPV):** Domestic violence committed by an intimate partner.
- G. **IPV Abuser:** A person who perpetrates a pattern of coercive tactics of domestic violence against an intimate partner, which may include physical, psychological, sexual, economic and/or emotional abuse, to establish and maintain power and control over the victim.
- H. **IPV Victim:** The person against whom an IPV abuser directs coercive and violent acts.
- I. **IPV Safety Planning:** A process where a worker and a victim jointly create a plan to enhance the IPV victim's safety. The safety plan is victim-driven and centered and based on the victim's goals, not the professional's opinions and recommendations. The levels of safety planning will vary, depending on the circumstances.
- J. **Lethality Screen:** The evidence-based, 11-question field instrument used by trained workers to assess a person who is an IPV victim to determine the victim's risk of being killed by an intimate partner.
- K. **LAP:** The Lethality Assessment Program – Maryland Model, which includes screening and related protocols
- L. **LAP Screener:** DHR worker administering the Lethality Screen and protocol.
- M. **Screen:** The act of administering a Lethality Screen to an IPV victim.
- N. **Screened In as High Danger for Lethality:** A term, meaning the same as “High Danger,” used for a victim who has been assessed at being at the greatest risk of being killed. The victim is said to have “screened in.”
- O. **Triggered:** Assessment and identification of intimate partner violence that results in initiating and administering a Lethality Screen.

#### IV. **Background:**

##### **Overlap of Child Maltreatment and Domestic Violence:**

Research suggests that in an estimated 30% to 60% of the families where either domestic violence or child maltreatment is identified, it is likely that both forms of abuse exist. Studies show that the children of victims of severe forms of domestic violence are also in danger of suffering serious physical harm. In a national survey of over 6,000 American families, researchers found that 50% of men who frequently assaulted their wives also abused their children.

Children's resilience and emotional recovery from exposure to domestic violence depend more on the quality of their relationship with the non-abusive parent than on any other single factor.

##### **Prevalence of IPV and Elders**

**Elder IPV:** Once it was thought that caregivers were the most likely to abuse the elderly. However, most elderly who are abused are actually IPV victims. In a telephone survey of nearly 6,000 victims of elder physical mistreatment, 57% reported that the perpetrators of physical abuse were partners or spouses.”



**Procedures:****1. Standards for Administration of a Lethality Screen:****• Introduction**

The LAP protocol includes administering a Lethality Screen to the IPV victim, contacting the domestic violence hotline when a victim is assessed as being in high danger, asking the victim to speak with a hotline worker, and offering services to the victim as determined by the situation.

**• When to Initiate a Lethality Screen:**

Administer a Lethality Screen when any one of the following criteria are met:

- A client, family or household member (including children) discloses IPV involving the client or occurring within the client's family
- A worker encounters or suspects IPV involving the client or occurring within the client's family;
- Safety and risk assessment tools provided by DHR identify IPV being present; or
- Based on training, experience, and instincts, a worker believes that a victim may be in danger of IPV.

**2. How to conduct a Lethality Screen:**

- **Lethality Screen.** The worker uses the form entitled "Domestic Violence Lethality Screen for Field Practitioners" (referred to as the "Lethality Screen") to ask the victim the lethality assessment questions.
- **Lethality Screen Questions.** See the Appendix for the Lethality Screen. The Lethality Screening questions are:

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?
4. Does he/she have a gun or can he 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 tried to kill himself?
10. Do you have a child that he/she knows is not his or hers?
11. Does he/she follow or spy on you or leave threatening messages?

- **How to Ask the Questions.** The worker advises the victim that she/he will ask the victim a short series of questions to help her/him understand the victim's risk of lethality. The assessment will be conducted in private in either an office or home setting, and out of the presence of the IPV abuser. The assessment questions are asked using the same wording and in the same order that they are listed on the Lethality Screen:

- If the victim agrees, the Lethality Screen is administered.
- If the victim initially declines to participate, the worker should make one attempt to encourage the victim he or she to answer the questions. If he or she declines again, the worker should check **the box** “victim did not answer any of the questions.”
- **Ask all the questions.** The worker asks all the questions, even if the victim responds positively to Questions #1 through #3. The more questions to which the victim responds positively, the clearer and more immediate the danger to the victim.
- **How to Assess the Responses:**
  - After the worker asks the questions on the Lethality Screen, he or she will assess the answers as follows:
    - **Yes to Q. #1, #2, or #3 = Referral.** A “yes” or positive response by the victim to **any** of Questions #1, #2 or #3 reflects a high danger situation and automatically triggers the protocol referral process.
    - **Yes to Four or more of Q. #4-11=Referral.** Negative responses to Questions #1-3 but a positive response to at least four of Questions #4-11 reflects a high danger situation and triggers the protocol referral process.
    - **“Is there anything else that worries you about your safety?”**  
Whenever the victim responds negatively to the first three questions or gives positive responses to three or less of Questions #4-#11, the worker should ask the victim: “Is there anything else that worries you about your safety? If the response is “yes,” the worker should ask: “What worries you?” The response to the question may help the worker better determine whether the protocol referral should be triggered.  
  
**“Responses that do not satisfy the above criteria.** Regardless of the victim’s responses to the assessment or follow-up questions, if the worker believes the victim is in a potentially lethal situation, the worker should find the situation high danger and use the protocol referral process.
- **Protocol Referral Process Not Triggered or Victim Does Not Complete the Lethality Screen**
  - If the worker does not find a high danger situation or the victim does not complete the Lethality Screen, the worker should:
    - **Advise of Dangerous Situation.** Advise the victim that domestic violence is dangerous and sometimes fatal;
    - **Advise to Watch for Signs.** Advise the victim to watch for the signs listed in the Lethality Screen because they may indicate that he or she is at increased level of danger; and



- **Refer to local Domestic Violence Service Provider.** Strongly advise the victim to contact the local domestic violence service provider, provide written referral information, and ensures that the victim has the worker's contact information.
- **High Danger Assessment—Implementation of the Protocol Referral**
  - **Response by Workers.** If the worker identifies a high danger situation, he or she implements the protocol referral process as follows:
    - **Inform Victim of Assessment.** The worker informs the victim that an assessment of the victim's situation has shown that the victim is at an increased level of danger, and that people in the victim's situation have been killed.
    - **Request by Worker to Call the DVSP Hotline.** The worker then tells the victim that he or she would like to call a domestic violence hotline worker for advice to help plan for the victim's safety. The worker tells the victim that she/he would like the victim to consider speaking with the hotline worker, and asks the victim if she/he is willing to do that. If the victim declines to speak with the hotline, the worker will still call the hotline.
    - **Request by Victim Not to Call the Hotline.** The only circumstance in which the worker should not call the hotline is when the victim specifically asks the worker not to call the hotline.
  - **If the Victim Agrees to Speak with the Hotline Worker,** the worker:
    - Calls the local domestic violence hotline.
    - Advises the hotline worker that he or she has made a high danger assessment, or believes that the victim is in danger regardless of their responses to the questions, and would like the hotline worker to speak with the victim.
    - Conveys information to the hotline worker according to **Appendix 2** for the "Lethality Assessment Program: Practitioner to Hotline Worker Communication Guidelines".
    - Puts the victim on the phone; and
    - Remains present until the hotline worker and the victim finish speaking.
  - **If the victim initially declines to speak with the hotline worker,** the worker:
    - Tells the victim that he or she will still contact the domestic violence hotline to receive guidance on how to proceed with the situation, and that she/he would like the victim to reconsider speaking with the hotline worker.
    - Calls the hotline; and
    - After concluding the initial conversation with the worker, asks the victim if he or she has reconsidered and would now like to speak with the hotline worker.

- **If the victim again declines to speak with the hotline worker**, the worker advises the hotline worker of the victim's decision and receives immediate safety planning information that the worker then conveys to the victim, including, as available, offers of transportation, child care for counseling, assistance with court appearances, financial assistance, and a safe phone number for the hotline worker. As appropriate, and with permission from the victim and within the worker's capability, the worker will assist
  - The hotline worker in developing the immediate safety plan, and
  - The victim in carrying out the immediate safety plan.
- **After the victim has declined to speak with the hotline worker**, and the worker has conveyed the safety planning information received by the hotline worker, the worker:
  - **Repeats the Lethality Screen Results.** Reiterates his or her assessment that the victim is in a dangerous, possibly lethal, situation.
  - **Advises to Watch for Signs.** Advises the victim to watch for the signs listed on the Lethality Screen because they may indicate an increased level of danger; and
  - **Refers to Provider.** Strongly encourages the victim to call the DVSP and provides contact information.
- **If the victim has spoken with the hotline worker**, the worker:
  - **Repeats the Lethality Screen Results.** Reiterates that the victim is in a dangerous, possibly lethal, situation.
  - **Encourages Victim to Follow the Safety Plan.** Encourage the victim to follow the safety plan developed with the hotline worker, and to keep any scheduled appointments with the DVSP as the program can help the victim.
    - **Provides hotline number.** Makes sure the victim has the hotline number.
    - **Emphasizes that help is available.** Emphasizes that he or she and the DVSP can help.

### 3. Documentation:

- Case Record Documentation for Adult Services
  - The worker will:
    - document all actions taken pertaining to the LAP in the official record.
    - record any completed assessments and all contacts in the appropriate section of the official record.
- Case Record Documentation for Child Welfare
  - The worker will:
    - document all actions taken pertaining to the LAP in MD CHESSIE.
    - scan copies of all completed assessments into the record.
    - record all contacts in the appropriate section of MD CHESSIE.



**4. Administrative Procedures:**

- Each Local Department of Social Services (LDSS) Director shall identify at least one individual within the LDSS to function as the local LAP Coordinator whose function includes serving as a liaison between, and engaging in collaborative efforts with, the LDSS, the local DVSP and the State LAP Coordinator. The State LAP Coordinator is the Policy Analyst – In Home Services, SSA/DHR. The local LAP Coordinator will also serve on the local Family/Domestic Violence Coordinating Council, if available.
- A worker shall fax a copy of all high danger Lethality Screens to the LDSS LAP Coordinator as soon as practical, *but no later than 48 hours after completion*. The original Lethality Screen will be placed in the local Department of Social Services record involving the victim.  
With express written permission of the victim, the worker may fax a copy of the Lethality Screen to the local DSVP.  
If the victim has not agreed to release his or her information to the DVSP, the worker may still fax the screen but without any personal identifying information; the fax will include only the responses to the questions, the date, time, and worker's initials.
- The LDSS LAP coordinator will send monthly statistical reports to the DHR State LAP Coordinator. The DHR State Coordinator will send semi-annual reports to Maryland Network Against Domestic Violence (MNADV), Governor's Office of Crime Control & Prevention (GOCCP) and the local DVSP. This data will be drawn from copies of the Lethality Screen faxed to the designated local LAP Coordinator by the worker/LAP screener. The following information should be collected and reported:
  1. Number of High Danger screens;
  2. Number of Non-High Danger screens;
  3. Number of screens when the victim declined to answer all of the questions;
  4. Total number of screens administered;
  5. Number of High Danger victims who spoke on the phone with the hotline worker at the time of the screening.
- The DHR State LAP Coordinator will:
  1. Ensure continued and ongoing training;
  2. Collect and report statistics as agreed;
  3. Serve as a liaison with each local department's LAP Coordinator;
  4. Serve as a point of contact for and work with MNADV; and
  5. Monitor the performance of the LAP within the LDSSs.

**REQUIRED TRAINING:**

- **LDSS staff will complete** pre-service domestic violence and LAP training prior to administering the Lethality Screen. The pre-service training should be at least two hours and conducted by an MNADV trained DHR supervisor or other designated trainer.
- Ongoing in-service domestic violence and LAP training will be available for LDSS staff at least one time per year for a minimum of two hours. Ongoing in-service training may be conducted in-person or online, though it is strongly recommended that training be conducted in-person.



- Pre-service and ongoing in-service domestic violence and LAP training will be conducted using a curriculum provided by the MNADV.

**APPENDICES:**

1. Domestic Violence Lethality Screen for Field Practitioners
2. Lethality Assessment Program: Practitioner to Hotline Worker Communication Guidelines