

CONNECTICUT'S LETHALITY ASSESSMENT PROGRAM 2017 REPORT

cca | DV

Connecticut Coalition Against Domestic Violence



Acknowledgements:

We would like to thank the many individuals and organizations that assisted in the development and implementation of Connecticut's Lethality Assessment Program:

Maryland Network Against Domestic Violence / Maryland LAP

Dr. Jacquelyn C. Campbell

Chief Kevin J. Hale, Ansonia Police Department and *The Umbrella* Center for Domestic Violence Services/BHcare

Commissioner Dora Schriro and CT Department of Emergency Services and Public Protection

Katherine Verano, Executive Director, Safe Futures and Chief Jeffrey V. Nixon, Groton Long Point Police Department

Chief Thomas E. Flaherty and CT Police Officer Standards and Training Council

CT Police Chiefs Association

CCADV's Law Enforcement Advisory Committee

CCADV's 18 Member Domestic Violence Organizations

CCADV's Past & Present Directors of Law Enforcement Services:

Joseph Froehlich

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Introduction: History of the Lethality Assessment Program in Connecticut

Intimate partner violence (IPV) is a serious and preventable public health problem. In Connecticut, Connecticut Coalition Against Domestic Violence (CCADV) and our 18 member domestic violence organizations annually provide services to approximately 40,000 victims of domestic violence. This includes court-based advocacy in both criminal and civil/family courts for more than 30,000 victims. According to Connecticut's Family Violence 2016 Arrest Report, there were 12,894 arrests for IPV in 2016.¹ This accounts for approximately one-third of all cases in Connecticut's criminal justice system. During the ten year period prior to the implementation of the Lethality Assessment Program (LAP), an average of 15 intimate partner homicides occurred annually.

With the recognition that IPV is a preventable public health challenge, efforts were undertaken to better identify and serve at-risk victims in the highest danger. The Maryland Network Against Domestic Violence (MNADV) led this work through extensive and comprehensive research conducted by Dr. Jacquelyn C. Campbell and Johns Hopkins University over a 25 year period. Jacquelyn C. Campbell, Ph.D., R.N., is the Anna D. Wolf Chair and Professor in the Johns Hopkins University School of Nursing with a joint appointment in the Bloomberg School of Public Health. Dr. Campbell has been conducting advocacy policy work and research in the area of domestic violence since 1980.

The Lethality Assessment Program - Maryland Model (LAP) was developed during a two-year period from October 2003 to September 2005. MNADV assembled a multi-disciplinary Lethality Assessment Committee, comprised of 17 people, eventually 23, from across Maryland. Three committee members were researchers, notably among them, Dr. Jacquelyn C. Campbell. Funded by the Bureau of Justice/Violence Against Women Act, the Maryland Model was aimed at providing law enforcement and domestic violence agencies with a research-based approach to assessing and responding to risk factors for fatal IPV.

In 2010, LAP was piloted in Connecticut by Ansonia Police Chief Kevin J. Hale in concert with CCADV member organization, *The Umbrella Center for Domestic Violence Services*. In 2011, the Connecticut Domestic Violence Fatality Review Task Force, which is led by CCADV, recommended statewide distribution of a tool that would facilitate the assessment of risk factors with an aim to reduce IPV homicide in the state. Following that recommendation, CCADV partnered with the Connecticut Police Officer Standards and Training Council (POST) and submitted a successful grant proposal to Maryland LAP, which was funded by the Office on Violence Against Women (OVW) to provide training and technical assistance. Connecticut was one of ten designees selected nationwide to receive guidance and support to implement LAP.

Finally in September 2012, the statewide expansion of LAP was initiated with 14 additional police departments and 8 CCADV member domestic violence organizations. CCADV has coordinated and overseen the sequenced rollout, which also involved:

- CCADV's Law Enforcement Advisory Committee was formed to offer support and ongoing facilitation.
- Leadership capacity on the part of CT POST enhanced training capabilities with a centralized training venue and policy development.
- Coordination between LAP and Connecticut's Statewide Model Policy for the Police Response to Crimes of Family Violence was initiated and served as an ongoing element of the project.

Risk Factors for Fatal IPV

Following research conducted by Dr. Jacquelyn C. Campbell at Johns Hopkins University, several risk factors have been identified for use in a danger assessment that can help identify woman victims of intimate partner violence (IPV) at risk for increased or fatal IPV.² These risk factors include:

- The physical violence has increased in frequency or severity in the past 6 months
- The abuser has used or has threatened to use a weapon against the victim
- The abuser has threatened to kill the victim or the victim's children
- The victim believes that the abuser might try to kill her
- The abuser has a gun or can get one easily
- The abuser has tried to choke the victim
- The abuser is violently and constantly jealous
- The abuser controls most of the victim's daily activities
- The victim has recently left, separated from, or divorced your abuser

- Over 30 training sessions were conducted across the state including train-the-trainer sessions that enable law enforcement personnel to return to their agency and train other personnel.
- Development of practice guidelines, policy, universal forms and data collection procedures.

Borrowing on lessons learned during the initial pilot in Ansonia, the effective implementation of this expansion is directly attributed to a coordinated and collaborative effort by CT POST, CT Department of Emergency Services and Public Protection (DESPP), municipal law enforcement, CT Police Chiefs Association, CCADV, and CCADV's 18 member domestic violence organizations. Formal partnerships and the collective commitment to LAP was ultimately codified in the execution of Memorandums of Understandings between the law enforcement agency and its local CCADV member domestic violence organization.

Connecticut is the first and presently the only state to have full participation in LAP by its state police department and all municipal police departments.

Another critical component supporting the successful statewide expansion of LAP is the existence of a "Director of Law Enforcement Services" position at CCADV. In 2012, CCADV was awarded grant funding through OVW that allowed for the support of this full time position. While the position serves multiple functions associated with the coordination of the law enforcement response to domestic violence, it has been able to provide continuous focus and oversight essential for the success of LAP.

Since that time, LAP has gradually been expanded across the state. We are proud to report that, as of November 2017, 100% of Connecticut cities and towns are utilizing or in the process of being trained to utilize LAP (see map on page 8). This includes:

- 93 municipal police departments
- CT State Police, which covers 79 municipalities
- 8 colleges and universities – University of Connecticut, Yale University, Connecticut State University System (Central, Eastern, Southern, Western), University of New Haven, University of Hartford
- Mashantucket Pequot Tribal Police and Mohegan Tribal Police
- South Central Connecticut Regional Water Authority
- CT State Environmental Conservation Police (ENCON)

Connecticut is the first and presently the only state in the country to have full participation statewide.

This report recognizes the professionalism and commitment of Connecticut law enforcement agencies and CCADV's 18 member domestic violence organizations. Implementing and operationalizing a uniformed response of this magnitude, absent a legislative mandate, speaks volumes about the seriousness of purpose in which the state approaches domestic violence and intimate partner lethality.

“LAP takes just minutes to complete, yet it provides two invaluable benefits: it can save a life or lives, and it gets victims of domestic violence into contact with advocates, providing essential services at the moment that they need them most.”

- Chief Kevin J. Hale, Ansonia Police Department

What is LAP?

As emerging literature began to identify critical factors and situations in which domestic violence victims are at the greatest risk for fatal violence, advocates, law enforcement and other criminal justice system stakeholders sought ways to: 1) better identify high danger situations and 2) respond more effectively to victims in need of safety planning and other services. With the goal of classifying lethality factors, Dr. Jacquelyn C. Campbell's research constructed 19 questions with weighted criteria that assist in determining the dangerousness of the situation. This eventually evolved in to an 11 question formalized assessment tool known as the *Lethality Screen for First Responders* (see page 9).

The two-prong lethality assessment program allows law enforcement to identify individuals at heightened risk for increased or fatal violence in just minutes. The screening instrument, one component of Connecticut's existing LAP, was the subject of a rigorous validation study by Dr. Campbell and her colleagues at Johns Hopkins University. The screen itself takes less than 5 minutes to conduct and evaluate for potential immediate referral to domestic violence services. Upon completion of the lethality screen, law enforcement utilizes a corresponding referral and service protocol based on the dangerousness of the situation.

This second and equally important prong of LAP is the real time connection for at-risk victims to services. One study conducted by Dr. Campbell found that almost half of women intimate partner homicide victims studied were not able to recognize their risk for fatal violence prior to their death.³ Because LAP has the opportunity to recognize danger and lethality for a victim of domestic violence, it offers the occasion to inform them around safety strategies and link them immediately to help.

A critical component of LAP requires that for all high danger screens a phone call be placed at the scene of the incident by the officer to the local domestic violence organization. Placing a call at that point in time is an enhanced measure that previously did not occur. The officer encourages the victim to speak to a certified domestic violence counselor. Prior to making the call, the officer informs the victim of the high danger screen and the importance of immediate safety planning.

LAP Protocol

When to initiate a LAP screen:

- When an intimate relationship is involved AND you believe an assault has occurred,
- You sense the potential for danger is high,
- Names of parties or location are repeat names or locations,
- You simply believe one should be conducted.

How to conduct LAP screen:

- After asking questions, handle information as follows:
 - Yes to Q.1, 2, or 3 = Protocol Referral
 - No to Q.1-3, but Yes to four of Q.4-11 = Protocol Referral
- "No" responses may still trigger Protocol Referral if first responder believes it appropriate.

NOT screened in or did/could not participate in assessment:

- Advise of dangerous situation / watch for signs
- Refer to provider
- Provide first responder contact information
- Prepare report

Screened in – Implementation of protocol referral process:

- Advise of assessment
- Advise that you need to call hotline and you would like for victim to speak with counselor. (Remember: You are seeking the victim's permission to give her/his name to the counselor.)
- If victim does not want to speak with counselor, tell victim you need to speak with counselor to seek guidance and gently ask victim to reconsider
- If victim still does not want to speak with counselor, use same procedures as in first response
- If victim wants to leave, arrange for or provide transportation
- Assist counselor with safety planning if asked
- Notify domestic violence unit or supervisor
- Prepare report

In addition to the previously mentioned steps, follow up contact with the victim is attempted by the domestic violence organization within three days of the initial call. Based on the results of the assessment and course of action chosen by the victim throughout the process, an expanded service continuum can be accessed that includes, but is not limited to:

- Safety planning
- Crisis intervention
- Safe housing and housing advocacy
- Court-based legal advocacy
- Medical advocacy
- Advocacy and support to children exposed to family violence
- One-on-one counseling and support groups
- Information and referral

Connecticut's LAP Experience

The successful statewide implementation of LAP has had a significant impact on connecting IPV victims in Connecticut to domestic violence services at a critical time while also shaping policy to strengthen the state's response to domestic violence. This has been measured and observed from both a data and experiential viewpoint.

LAP data from the commencement of statewide rollout (October 2012) through September 2017 demonstrates:

- 22,566 screens statewide
- 51% deemed "high danger"
- 73% of "high danger" victims spoke with a counselor when the police officer placed the phone call to the local domestic violence organization at the scene
- 89% of those victims that spoke with a domestic violence counselor at the scene followed up for services

Connecting victims to domestic violence services is a key intervention to increase their safety. Certified domestic violence counselors are able to assist victims in formulating a safety plan that accounts for even the most minor details of daily life activities that victims may not, on their own, view as potentially dangerous.

Following an arrest, this safety planning is critical as the victim prepares for the release of their abuser, which may occur within hours of the arrest. Prior to the implementation of LAP, one to four days could pass before a victim would be connected to a certified domestic violence counselor at the time of their abuser's arraignment.

The statewide expansion of LAP has also served to strengthen the working relationship between law enforcement and domestic violence organizations. LAP has established new forms of communication and collaboration that ultimately benefit the victim and increase her or his safety.

*Between October 2012 and September 2017,
with 93% of law enforcement agencies
fully utilizing LAP..*



22,566

**LETHALITY SCREENS
CONDUCTED**

11,449
(51%)

**SCREENS CONSIDERED
HIGH DANGER**



8,392
(73%)

**HIGH DANGER VICTIMS
SPOKE WITH A
COUNSELOR**



7,444
(89%)

**HIGH DANGER VICTIMS
WHO SPOKE WITH A
COUNSELOR FOLLOWED
UP FOR SERVICES**



Regularly scheduled contact between law enforcement and their local domestic violence organization to facilitate LAP has created personal connections that allow for more open and consistent communication. This in turn provides better and more frequent opportunities to convey information across systems and troubleshoot issues efficiently.

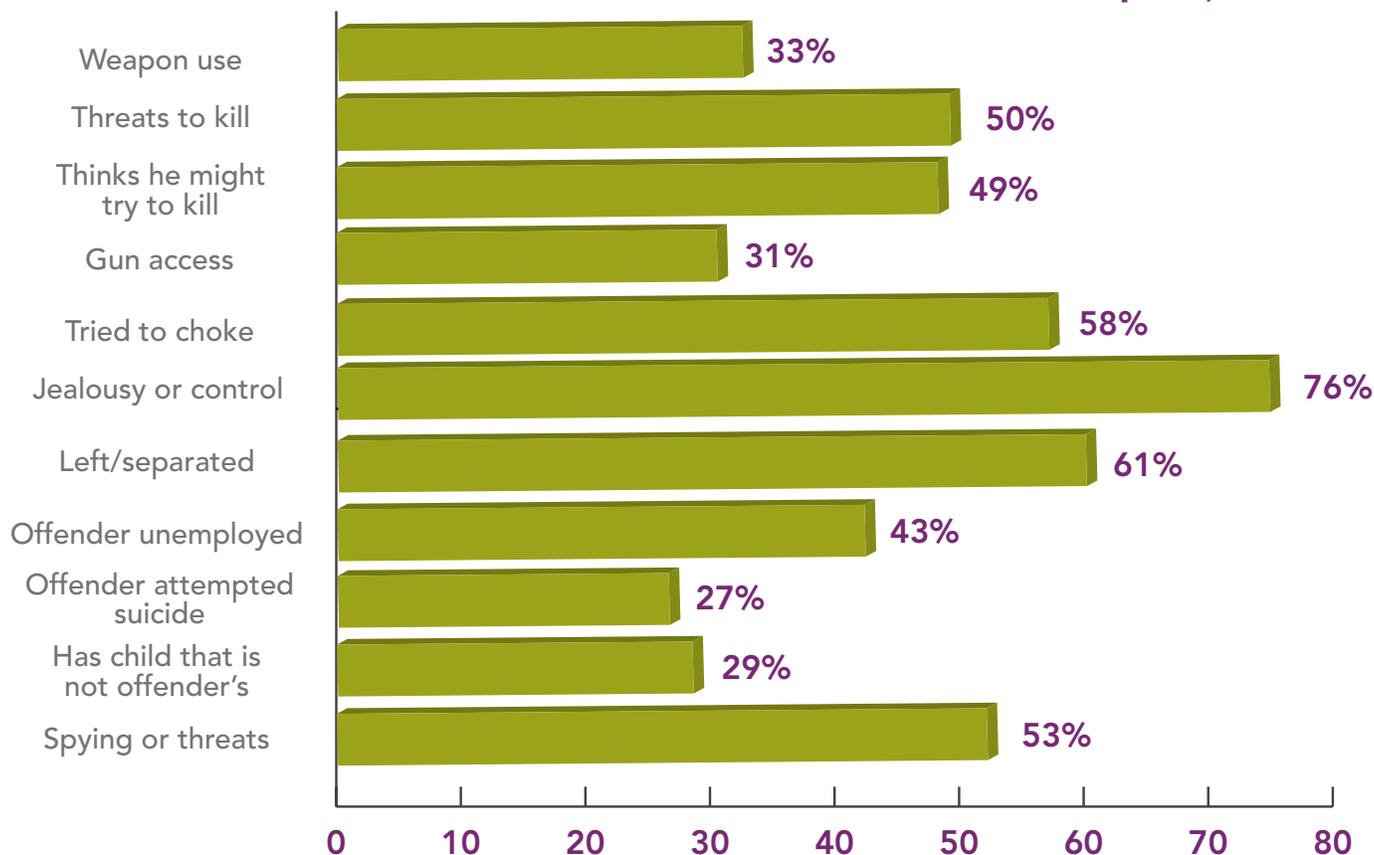
An analysis of the frequency in which the 11 risk factors were affirmatively responded to reveals that:

1. Jealousy or control factors were the most pervasive component at 76%
2. Prior and/or pending separation was second at 61%
3. Attempted strangulation was third at 58%
4. Stalking behaviors was fourth at 53%

Data on the types of abusive behaviors being experienced by IPV victims has informed CCADV policy priorities as we seek to strengthen the state's response to domestic violence. During the 2017 session of the Connecticut General Assembly, CCADV successfully advocated for changes to the state's stalking and strangulation laws based on LAP screen data. Data obtained through LAP showing the frequency of reported stalking compared to the number of arrests reported in Connecticut's Uniform Crime Report provided the basis for lawmakers to broaden the definition of stalking to allow for earlier intervention into such behaviors. The frequency of attempted strangulation and its association with fatal violence also prompted a broadening of the strangulation statutes to include suffocation.

Percentage of LAP Questions with Positive Responses

[n = 3,247 screens]



Conclusion and Next Steps

The statewide implementation of LAP has appropriately led Connecticut to national and even international distinction. CCADV staff have provided training on LAP to law enforcement agencies in other states, presented on LAP at several national conferences, and were even approached by Yale University to assist with the development of LAP in China. The significant strides are noteworthy with respect to the ability to assess and respond to high danger IPV situations. Couple this with the immediate connection of victims to domestic violence organizations, and LAP is clearly making a difference. Strong, sustainable collaborations and partnerships have been made between law enforcement, CCADV, and our 18 member domestic violence organizations. This report pays tribute to that forward progress and commends all of the stakeholders that have contributed to this systemic transformation.

“ I had no idea that the officer would be so caring and concerned. I really took the officer and the advocate seriously when I saw them work together to help me to a safe place. They showed me that there are people out there to help me and my son, I did not have to do this alone. ”
- “High danger” victim

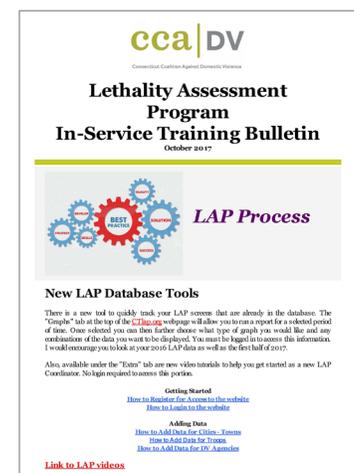
Although it is too early to categorically conclude that LAP is the reason Connecticut’s intimate partner homicide rate has decreased down to annual average of 12 between 2013 and 2016, it is none-the-less a reasonable observation. What is directly attributable to the implementation of LAP is:

1. a more effective and timely screening of lethality is occurring
2. victims, at a time when they are most vulnerable, are connected to services more expeditiously and offered enhanced safety
3. a greater understanding by law enforcement and domestic violence organizations about the level of dangerousness experienced by victims in Connecticut
4. the unprecedented coordination and collaborative response between law enforcement and domestic violence organizations
5. the creation of policy within CCADV member organizations, CT POST, DESPP, municipal law enforcement agencies, and Connecticut’s Statewide Model Policy for the Police Response to Crimes of Family Violence which speak to the credibility and viability of this project.

“ I want to stress that the Lethality Assessment Program not only benefits victims, but it also helps the police officers as well. It’s formalized and creates a structure to assess the dangerousness of the situation. ”
- Sgt. Nicholas Mullins, Plainville Police Department

While there is much for Connecticut to be proud of, intimate partner homicides remain an ever present danger. To date in 2017, 8 such homicides have occurred. Our collective approach needs to remain vigilant until the ultimate goal of zero intimate partner fatalities is achieved.

In this regard and consistent with sound sustainability approaches, CCADV has instituted quarterly regional meetings with LAP coordinators within both law enforcement agencies and domestic violence organizations. These meetings are designed to facilitate ongoing communication, strengthen operational practices and identify training issues. In addition, CCADV is issuing a monthly LAP training bulletin as another vehicle of providing regular updates as well as emerging trends and information. Lastly, CCADV intends to publish routine LAP reports to inform law enforcement and policymakers about progress and challenges.

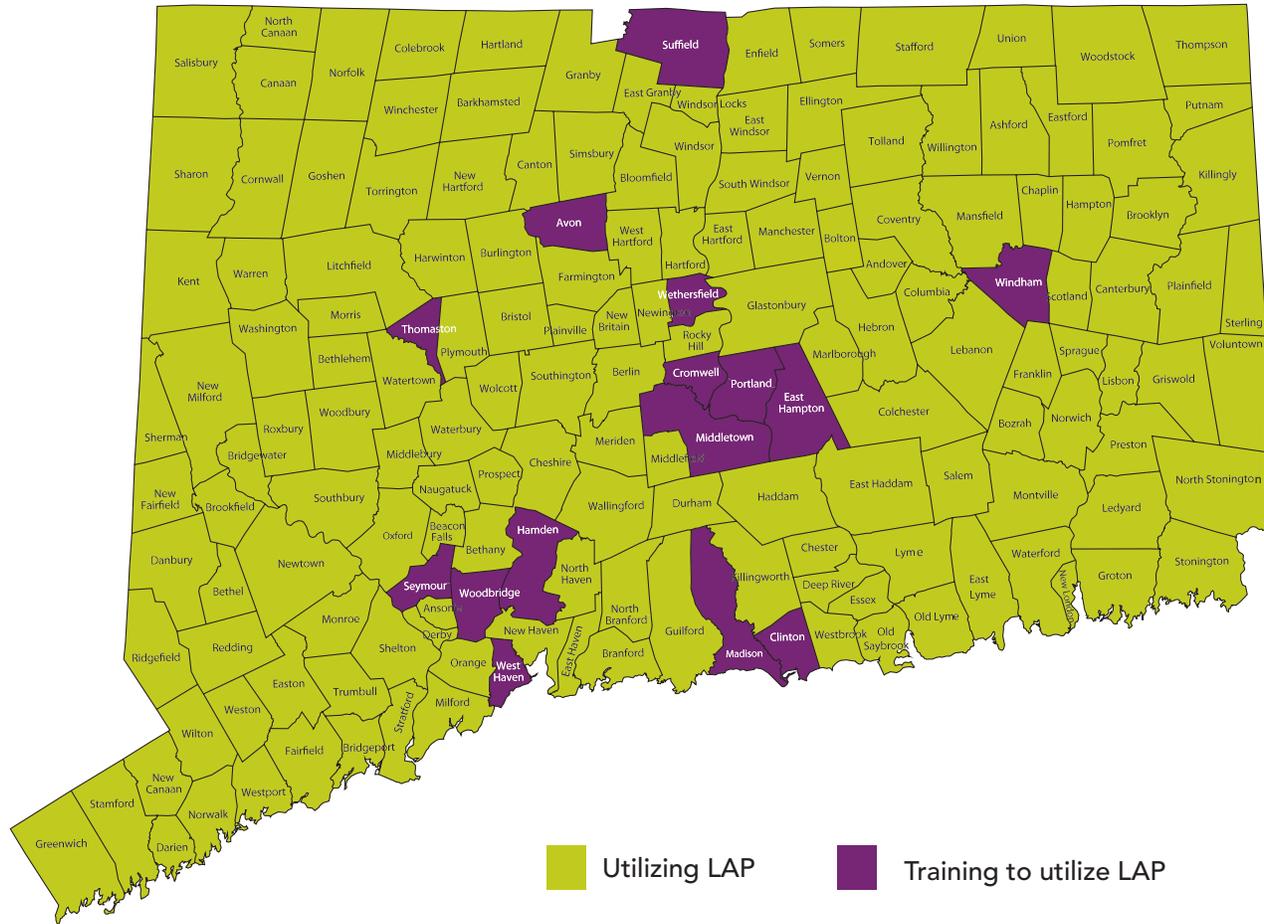


LAP Bulletin

To ensure that this best practice and sizable accomplishment is not only maintained but advanced, some additional areas for future consideration are:

1. **Review further research opportunities and data collection initiatives.**
 - a. The LAP screen and resulting protocol has the ability to offer additional data that can be used to formulate recommendations for systems-level change. The practicality and sustainability of such data collection efforts absent increased funding will need to be assessed.
2. **Assess potential changes to protocol based on available data about types of abuse experienced by victims in Connecticut.**
 - a. Enhance training and support of LAP stakeholders to encourage use of the referral protocol even when victims do not screen in, including when the officer recognizes the potential for fatal violence based on the existence of risk factors that correlate highly with fatal violence (e.g., the victim has recently left, the abuser has stalked or attempted to choke the victim, access to firearms, etc.).
 - b. Enhance training and support for domestic violence counselors to promote initial and sustained client engagement following a LAP referral.
 - c. Explore working collaboratively with national lethality leaders to determine how the LAP protocol might be strengthened to capture more at-risk victims.
3. **Develop processes to ensure adherence to the fidelity of the protocol.**
 - a. Clarify when and how LAP should be used (e.g., at the scene of intimate partner violence, not family violence; how to appropriately screen during a dual arrest; etc.) and how reports should be filed to accurately capture data.
4. **Establish a clear model for the implementation and sustainability of LAP on a statewide basis that can be utilized by Connecticut and other states.**
 - a. Plan for succession and leadership around LAP as OVW-funded law enforcement activities, including ongoing oversight and facilitation of LAP, are dependent upon federal policy and funding that may fluctuate.
 - b. Providing guidance to other states seeking the statewide use of LAP will contribute to the safety of victims and maintain CCADV's position as a leader on LAP.
5. **Determine other areas of the criminal justice system that could be informed about offender risk and dangerousness through utilization of the LAP screen score while maintaining victim safety and confidentiality.**
 - a. The LAP score has the ability to inform other criminal justice system stakeholders, not just law enforcement and victim advocates. Scores could be used to make recommendations for appropriate types of offender intervention services, or to bolster existing risk assessment tools already utilized in Connecticut for purposes of bail and/or probationary supervision.
6. **Work with other stakeholders to ensure uniform data collection across systems.**
 - a. We recognize that separate agencies often collect and interpret data with different methodologies and ensuring consistency will strengthen efforts to address systemic change.

CT LAP PARTICIPATION AS OF 11.1.17



Endnotes

1. Connecticut Department of Emergency Services and Public Protection. "Connecticut Family Violence 2016 Arrest Report." Available at <http://www.dpsdata.ct.gov/dps/ucr/ucr.aspx>.
2. Campbell, JC, et al. 2009. "The Danger Assessment: Validation of a Lethality Risk Assessment Instrument for Intimate Partner Femicide." *Journal of Interpersonal Violence*. 24(4): 653-674.
3. Ibid



Connecticut Coalition Against Domestic Violence

DOMESTIC VIOLENCE LETHALITY SCREEN FOR FIRST RESPONDERS

When to Initiate a Lethality Assessment? When an intimate relationship is involved; AND You believe an assault has occurred, You sense the potential for danger is high, Names of parties or location are repeat names or locations, OR You simply believe one should be done.

Hotline # :

| | | |
|--|------------------------------|---|
| Officer: | Department/Town: | Date: |
| Victim: | Offender: | Case #: |
| <input type="checkbox"/> <i>Victim has been informed that any responses to the following questions could be used in the criminal or civil court process.</i> | | |
| <input type="checkbox"/> <i>Check here if victim did not answer any of the questions.</i> | | |
| ▶ 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, did the victim speak with the hotline counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No Advocate First Name: _____ | | |

Officer's Signature: _____ **Supervisor's Signature:** _____

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.

Admin Only Sent to DV Agency Sent to State's Atty Other (Authorized Agency) _____
Name



Connecticut Coalition Against Domestic Violence

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