


Policy Number:	SSA # 24-03
Policy Title:	Intimate Partner Violence - Lethality Assessment
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Approved By:	Dr. Alger Studstill, Jr.  Executive Director Social Services Administration
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Originating Offices:	Child Welfare Programs and Office of Adult Services
Required Actions:	Assess for intimate partner violence in all child welfare and adult services cases when the agency identifies signs of intimate partner violence through observation, community referrals, and direct report.
Key Words:	Intimate Partner, Domestic Violence Service Professionals (DVSPs), Lethality, High-Danger
Related Federal Law	Violence Against Women Act, 34 U.S. C. Subchapter III; Child Abuse Prevention and Treatment Act (CAPTA), 42 U.S.C. § 5106a(a)(14)(B)
Related State Laws	Md. Ann. Code, Fam. Law Art. §§ 4-501, 513, 514; 5-702; 14-101 et seq.; Crim Law Art. § 3-202
COMAR	07.02.01.03, 07.02.01.04; 07.02.07.07, .08, .14, .17; 07.02.16.06, .10-.11.
Title IV-E State Plan Implications?	No



PURPOSE AND SUMMARY

The purpose of this policy is to provide guidance to local departments to enhance intimate partner violence (IPV) assessments conducted with the goal of reducing IPV and its harmful effects on families, children, and vulnerable adults. This policy directs Child Welfare(CW) and Adult Services (AS) workers on how to use approved risk and safety assessment tools to detect IPV in order to increase the safety of clients and their families.

This policy also instructs workers on using the Lethality Assessment Program-Maryland Model (LAP) when they suspect or are told about IPV. The LAP, created by the Maryland Network Against Domestic Violence (MNADV), is an innovative and nationally recognized practice to prevent intimate partner homicides and serious injuries. The LAP is a supportive assessment tool for screening clients to determine if they are in a potentially lethal situation and supplements the approved safety and risk assessment tools workers use in all cases. Furthermore, this policy directs workers on next steps when a survivor is determined to be in a potentially lethal situation.

RELATED LAWS AND REGULATIONS

In summary, the Child Abuse Prevention and Treatment Act (CAPTA), 42 U.S.C. § 5106a provides Federal guidance to States in support of prevention, assessment, and investigation. Additionally, CAPTA sets forth a Federal definition of child abuse and neglect. In 2015, the Federal definitions of “child abuse and neglect”. In the 1990s, CAPTA was amended to include The Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992 (P.L. 102-295, 5/28/1992). This act found that (1) many children and their families exposed to domestic violence often failed to receive adequate protection or treatment; (2) the problem of child abuse and neglect requires a comprehensive approach that - (A) integrates the work of social service, legal, health, and domestic violence service providers; (B) strengthens coordination among all levels of government, private agencies, and professional organizations; (C) emphasizes the need for abuse and neglect prevention, investigation, and treatment at the community level; (D) ensures properly trained and supported staff with specialized knowledge, to carry out their child protection duties - and (3) substantial reductions in the prevalence and incidence of child abuse and neglect and the alleviation of its consequences are matters of the highest priority.

Maryland statutes related to IPV can be found in the Md. Code, Family Law §4-501. Where abuse is identified as; (1) an act that causes serious bodily harm; (2) an act that places you in fear of imminent serious bodily harm; (3) assault in any degree; (4) rape or sexual offense; (5) attempted rape or attempted sexual offense; (6) stalking; (7) false imprisonment – someone keeping you against your will; or (8) revenge porn.

Lastly, routine screening for intimate partner violence is recommended by every major professional medical organization including the American Medical Association and American Academy of Family Physicians.

DEFINITIONS

Domestic Violence (DV) - A pattern of coercive behavior characterized by the domination and control of one victim, usually an intimate partner, although it could be of another family or household member, through physical, psychological, emotional, verbal, sexual, or economic abuse.

Domestic Violence Service Provider (DVSP) - An agency or staff member providing services to individuals subjected to domestic violence under the Domestic Violence Program of the Governor's Office of Crime Prevention, Youth, and Survivor Services.

High Danger - The circumstance in which an individual is at a significant risk of being killed or seriously injured by intimate partner violence.

Intimate Partners - Individuals who are or were involved in a sexual or emotional relationship by marriage, living in the same residence, or dating.

Intimate Partner Violence (IPV) - Any abusive behavior in an intimate relationship used by one individual to gain or maintain power and control over another by physical, sexual, emotional, economic, or psychological actions or threats.

IPV Safety Planning - A process where the DVSP and an individual subjected to IPV create a practical and personalized plan to increase the individual's safety.

LAP - The Lethality Assessment Program-Maryland Model (LAP), created by the MNADV, is an evidenced-based nationally recognized practice to prevent intimate partner homicides and serious injuries.

LAP Coordinator - LDSS staff designated to collect all completed LAP screens and upload the screens to the electronic system of record.

LAP Screener - Individual administering the Lethality Screen and protocol.

Lethality Screen - An evidence-based, 11-question assessment tool used to assess the risk of lethal violence by an intimate partner.

Lethal/Lethality - Sufficient to cause death

Screened-In - Assessed by a Lethality Screen as being in "high danger."

PROCEDURES AND TIMEFRAMES

How to Identify IPV

Warning signs that someone may be experiencing IPV include observations or reports of:

- Physical aggression, including slapping, hitting, shoving, or pushing by an intimate partner
- Injuries such as a black eye, bruises, or broken bones absent plausible explanation
- Control of an intimate partner's time and activities, which may include monitoring activities, communication, or social media use and isolating the partner from family and friends,
- Control of finances or possessions by an intimate partner
- Insults, demeaning behavior, or shaming by an intimate partner
- Forced sexual contact
- Pressure to engage in substance abuse, including alcohol
- Destruction of property by the intimate partner
- Threats to do any of the above

What to Do When IPV is Suspected

- Gather more information by initiating a conversation with the client, case participant, or household member
- **CW and AS workers must never initiate the conversation if the suspected abuser is present or if the victim is incoherent or needs immediate medical attention;**
 - To start the conversation you might mention that:
 - Express concern for their safety
 - Partners have a right to be free from physical assaults and abuse, both of which are crimes;
 - In some instances, counseling helps individuals subjected to IPV and may assist the abusers to lessen or stop the violence;
 - IPV is difficult to stop and usually reoccurs and gets worse without intervention;
 - Acknowledge that IPV is common; and
 - Practical resources and support are available.

Determine Whether to Initiate a Lethality Screen

IMPORTANT: The lethality screen cannot be initiated if the suspected abuser is present, the victim is incoherent or needs immediate medical attention, or when there is no phone available.

The LDSS must initiate a Lethality Screen:

- In all accepted child maltreatment referrals where there is an allegation of IPV;
- If a CW or AS client, case participant, or household member communicates experiencing circumstances or situations like the warning signs of IPV listed above;
- If you witness or see warning signs of IPV involving a CW or AS client, case participant, or household member;
- If a [Safety Assessment \(SAFE-C\)](#), [Risk Assessment \(MFIRA\)](#), or Adult Services-APS Risk Screening Tool completed by DHS identifies warning signs of IPV; or

- You have another reason to believe a client or someone in their household is in danger of IPV.

Responding to an Individual's Fear of or Refusal to Consent to Screening

If an individual does not initially agree to a screening or expresses fear, explain the purpose of the screen is to ensure safety and provide appropriate support. Share that there are DVSP able to provide ongoing guidance and support.

Do not ask an individual more than two times to complete the Lethality Screen. If an individual does not consent after two attempts, note on the Lethality Screen that the individual did not answer any of the questions and submit the Lethality Screen to the LAP coordinator. Provide the individual with the National Domestic Violence Hotline number (800) 799-7233. You must also document in the electronic system of record that the individual did not consent to the screening or acknowledge your concerns related to IPV.

Child Safety Concerns

If a child communicates to any LDSS staff that IPV is occurring in the home or they are a participant in a relationship that involves IPV, LDSS must:

- Ask the child to identify the individuals involved;
- Facilitate a conversation with the child to assess whether the IPV warrants conducting a lethality screen with the individual against whom the violence is being perpetrated. Provide the family with the Domestic Violence Hotline number, and inform the family of practical resources;
- Make contact with the individual against whom the violence is being perpetrated to discuss the concerns that child raised and, if warranted, conduct the Lethality Screen in accordance with this policy and provide the family with the Domestic Violence Hotline number, and inform the family of the practical resources available;
- If the violence is being perpetrated against the child assess if the lethality screen needs to be completed with the child, provide the family with the Domestic Violence Hotline number, and inform the family of the practical resources available;
- If the child is the abuser in an intimate relationship, inform the caregiver(s), provide the family with the Domestic Violence Hotline number, and inform the family of the practical resources available.

Mandated Reporting

- **In cases involving Adult Services, IHAS, Out-of-Home, and Family Preservation cases, as stipulated by [COMAR 07.02.07.04](#) , mandated reporters must adhere to the following protocol: If there is reason to believe that a child or vulnerable adult faces imminent risk or harm due to IPV, all caseworkers are obligated to submit a written report to the LDSS intake unit within 48 hours.**

Administering the Lethality Screen

The following strategies may be utilized to complete the Lethality Screen:

- Explain to the individual that the Lethality Screen is a short series of questions to assess the risk of lethal partner violence;
- Conduct the screening in a private location away from the other partner;
- Encourage honesty and allow the individual enough time to respond; and
- Listen actively and non-judgmentally to the individual's answers.

Using the Lethality Screen, ask the 11 assessment questions in the exact wording and order as on the screen. Based on the responses, use the scoring guide provided to assess the risk to the individual. Within 48 hours of completion, submit a copy of all Lethality Screens to the LDSS LAP Coordinator for monthly reporting and placement of Lethality Screen in the electronic system of record.

Assessing the Results of the Screening

Assess the individual's results of the Lethality Screening as follows:

- **"Yes" to questions 1, 2, or 3 = Referral:** A "yes" to questions 1, 2, or 3 reflects high danger and automatically triggers the referral process;
- **"Yes" responses to at least four of questions 4-11 = Referral:** A "yes" to four of these questions reflects high danger and automatically triggers the protocol referral process, regardless of the responses to questions 1-3. In this event the LDSS and individual must also develop a Safety Plan for the child(ren) using the SSA 15-21 SAFE-C;
- **"No" to questions 1-3 and "yes" to fewer than four of questions 4-11 = further inquiry:** Ask the individual about any safety concerns. If the individual has safety concerns, ask, "What worries you?" The answer may help you determine whether to utilize the protocol referral;
- Regardless of the individual's responses to the questions or any follow-up questions the Domestic Violence Hotline number must be provided.

Taking Further Steps in the Absence of High Danger

If the individual is not in "high danger" or does not complete the Lethality Screen, you may identify a moderate to high risk. The worker may:

- Provide the National Domestic Violence Hotline number;
- Educate the individual on the risks of remaining in the relationship;
- Discuss the signs the individual needs to be aware of regarding safety and review questions on the Lethality Screen that focus on patterns of control indicating an increased risk of danger, and;
- Describe any resources available the family may be unaware of.

Implementing the Protocol Referral

If the individual is in high danger, implement the protocol referral process as follows:

- **Inform the individual of the results of the Lethality Screen** - Inform the individual of the increased level of danger and that intimate partners have killed individuals in these circumstances;

- **Explain the DVSP Hotline** - Tell the individual that you are going to call a domestic violence hotline worker manager for advice in planning for the individual's safety. Ask the individual to consider speaking with the hotline worker;
- **If the Individual agrees to speak with the hotline worker:**
 - Call the hotline (800) 799-7233 using the agency cell phone;
 - Tell the hotline worker that the Lethality Screen indicates that the individual is in high danger or that other information shows high danger;
 - Ask the hotline worker to speak with the individual;
 - Convey to the hotline worker the information set out in [Lethality Assessment Program Protocol: Practitioner to Hotline Worker Communication Guidelines](#). Inform the hotline worker of any additional services offered by the LDSS and;
 - Put the individual on the phone and remain with the individual until the hotline worker and the individual finish speaking.
- **If the individual initially declines to speak with the hotline worker:**
 - Unless the individual affirmatively states that you cannot contact the hotline, tell the individual that you are going to call the hotline to get guidance on how to proceed and that you would like the individual to reconsider speaking with the hotline worker;
 - Call the hotline using the agency cell phone;
 - After speaking with the hotline worker, ask the individual to reconsider speaking with the hotline worker.
- **If the individual continues to decline to speak with the hotline worker:**
 - Convey all IPV safety planning information the hotline worker provided, including any offers of transportation, childcare for counseling, assistance with court appearances, financial assistance, the National Domestic Violence Chat Line, and a safe phone number for the hotline worker; and
 - As appropriate, and with permission from the individual, assist the hotline worker in developing an immediate IPV safety plan and assist the individual in carrying out the plan, or refer the individual to community services;
 - Inform the individual that the LDSS staff may complete other safety and risk assessments if necessary according to DHS policy;
 - Educate the individual to watch for the signs listed on the Lethality Screen that may indicate an increased level of danger; and
 - Give the individual the contact information for the hotline and strongly encourage the individual to make contact.

Note: Send a copy of the Lethality Screen to the local DVSP only if the individual has given written consent. If the individual has not given written consent, send the Lethality Screen to the DVSP but exclude any identifying information about the individual and include only the responses to the questions, the date and time of the screening, and worker's initials.

If the individual speaks with the hotline worker:

- Encourage the individual to follow the IPV safety plan and keep any scheduled appointments with the DVSP to get help;
- Provide the individual with the hotline number; and
- Emphasize that you and the DVSP can help with connecting them to community resources.
- If the individual gives written consent, send a copy of the Lethality Screen to the local DVSP;

or

- If the individual does not give written consent, send the Lethality Screen to the DVSP *without* any identifying information about the individual and including only the responses to the questions, the date and time of the screening, and the worker's initials.

Training

- Pre-service training with the Child Welfare Academy includes a component on domestic violence and administration of the LAP tool to enhance the worker's understanding of its use.
- If the worker is not required to complete pre-service training, supervisors will identify their training needs.
- DHS/SSA will provide ongoing LAP training for workers and LDSS LAP coordinators to support continued skill development and effective use of the Lethality Screening tool.

Administrative Procedures

- Each local department must identify at least one staff member to be the local LAP coordinator. The LDSS LAP coordinator will serve as a liaison and collaborate with the local DVSP and the DHS LAP coordinator. If available, the LDSS LAP coordinator needs to serve on the local Family Domestic Violence Coordinating Council.
- Occasionally, the worker will respond to a report where the police are involved. Law enforcement has received training to conduct the LAP screen. Workers may elect to use the Lethality Screen completed by law enforcement. If so, the worker would not record the LAP screen as having been completed by the LDSS.
- The LDSS LAP coordinator must send monthly statistical reports to the DHS State LAP Coordinator. The following information, when available, must be collected and reported:
 1. Total number of screens administered
 2. Number of High Danger screens
 3. Number of Non-High Danger screens
 4. Number of screens when the individual declined to answer questions
 5. Number of individuals who said yes to strangulation question
 6. Number of High Danger individuals who spoke on the phone with the hotline worker during the screening
 7. Number of individuals who engaged in domestic violence services
 8. Number of individuals who refused DVSP services (usually after the screen is complete where the individuals decline services)
 9. Number of individuals who refused voluntary LDSS services (requested that their case be closed/no child maltreatment is suspected)
 10. Number of referrals to DVSPs completed by LDSS.
- The SSA LAP Coordinator must:
 1. Monitor the LDSS' need for continued and ongoing LAP training;
 2. Collect and report statistics from the LDSS LAP Coordinators;
 3. Serve as a liaison with each LDSS's LAP Coordinator for technical assistance as needed;
 4. Monitor the usage of the LAP Screen within the LDSSs; and

ALIGNMENT WITH PRACTICE MODEL AND DESIRED OUTCOMES

Adult services and child welfare workers play a crucial role in recognizing IPV. This policy supports the Integrated Practice Model (IPM) by promoting the use of the Lethality Screen to provide an integrated, individualized, and standardized approach to reducing the endangerment of children and vulnerable adults. This policy also aligns with the core IPM values of respect and empowerment by prompting immediate action when an individual is screened in and encouraging client-centered support for persons who do not screen in.

DOCUMENTATION

Documentation for Adult and Child Welfare Services

- Document all actions taken pertaining to the Lethality Screen, safety and risk assessments, and connection to practical resources in the electronic system of record;
- Upload all completed Lethality Screens and all contacts with the individual, family, and household members in the appropriate section of the electronic system of record; and
- Scan copies of completed Lethality Screens into the electronic system of record.

FORMS AND ATTACHMENTS

[Updated Lethality Screen 2.0](#)

RESOURCES

[National Center for Domestic Violence](#)

[Maryland's Address Confidentiality Program](#)

[Maryland Certified Abuser Intervention Programs](#)

[Maryland Network Against Domestic Violence](#)

[National Domestic Violence Hotline](#)