

Innovative Intervention by Police Reduces Intimate Partner Revictimization

by D. Kelly Weisberg*

Several police departments across the country have adopted an innovative intervention at the scene of a domestic violence incident. The intervention—called “the Lethality Assessment Program” (LAP)—was developed by the Maryland Network Against Domestic Violence. It consists of a collaboration between law enforcement and service providers that provides both risk assessment and advocacy services to those victims who are deemed at high risk of being killed by their intimate partners.

The Lethality Assessment Program was designed as a field intervention for first responders who encounter IPV victims. The LAP consists of two stages. In the first stage, when a police officer responds to the scene of a DV incident, the officer puts the LAP into effect for victims who the officer identifies as being at risk of becoming homicide victims. That is, at the completion of the investigation of the incident, the officer administers a risk assessment protocol (a “Lethality Screen”) to the victim in order to gauge the victim’s risk of being killed by her intimate partner. The Lethality Screen is an 11-item shortened version of the Danger Assessment tool developed by Jacquelyn Campbell (Professor at Johns Hopkins Bloomberg School of Public Health) to identify victims at high risk of homicide. For example, it identifies persons who have been subject to forced sex; those abused with a knife or gun; those who were punched, strangled, beaten up, burned, or kicked; and those whose partners tried to kill them.

In the second LAP stage (after the police responder identifies a victim as being at high risk), the officer informs the victim that she is at high risk of becoming a victim of homicide and

asks her if she is willing to speak by telephone to a DV advocate. If the victim agrees, the officer makes a Protocol Referral and puts the victim in immediate contact with a collaborating social service provider who offers the victim a consultation. During the consultation, the advocate expresses concern for the victim’s well-being, reinforces the message about the victim’s risk, conducts immediate safety planning for the victim, and encourages her to come to the agency for additional services.

comparison group of 347 victims who did receive the intervention.

The researchers found that the LAP increased victims’ use of safety strategies. Women who received the LAP intervention used significantly more protective strategies than those in the control group—both immediately after the incident and at a follow-up time seven months later. Their protective actions included: removing or hiding a partner’s weapons; obtaining mace or pepper spray; establishing a safety code to alert family/friends of trouble;

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The goals of the LAP intervention are: (1) to increase the use of safety planning among victims; and (2) to decrease the frequency and severity of repeat LAP.

Recently, the National Institute of Justice (NIJ) funded a study to estimate the effectiveness of the LAP in meeting these goals. The research was conducted in seven urban police jurisdictions in Oklahoma by Jill Messing (Arizona State University), Jacquelyn Campbell, (Johns Hopkins University), and several other researchers at the Oklahoma State Health Department and University of Oklahoma Health Sciences Center.

The research sample consisted of two groups of victims: an intervention group of high risk victims who received the LAP intervention, and a comparison group of high risk victims who did not receive the LAP. Specifically, 342 women who were at high risk but did not receive the intervention were compared with a high risk

improving home security; applying for an order of protection; obtaining medical care from a health care practitioner; going somewhere where the partner could not find or see them; and seeking advocacy services. The research also explored whether these protective actions resulted in less severe and less frequent revictimization. The researchers found that those high risk victims who engaged in protective actions reported experiencing significantly less severe, lethal, repeat IPV.

The use of risk assessment in this innovative collaboration between police and social service workers has the potential to change the criminal justice response to IPV by significantly improving victims’ safety. The final report, *Police Departments’ Use of the Lethality Assessment Program: A Quasi-Experimental Evaluation*, by Jill Messing, Jacquelyn Campbell, Janet Wilson, Sheryll Brown, Beverly Patchell and Christine Shall (July 2016), is available at <https://www.ncjrs.gov>. ■

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