Background | Definition

- Lethality Assessment Program (LAP)
  1. Identifying victims of domestic violence who are at the greatest risk of being killed.
  2. For the purpose of getting them out of harm’s way, if necessary, and
  3. Encouraging them to go into domestic violence services.

Overall LAP Objective:
Get DV victims, especially high danger victims, into services.

Background | Source

- LAP was created on the foundation of:
  - Research-based work of Dr. Jacquelyn C. Campbell, Johns Hopkins University
  - Dr. Campbell’s validated assessment instrument: Danger Assessment (www.dangerassessment.org)
**Background | Development**

- **Goal:** to create a user-friendly instrument and a proactive protocol.
- **Purpose:** to enable field practitioners to identify domestic violence victims who are at greatest risk of being killed.
- **LAP is simple and easy.**
- **Only 4% of victims who died had ever availed themselves of domestic violence services (Sharps et al., 2001).**

**Lethality Screen**

32% of women sought help at Hospital Emergency Departments, Hospital inpatient units or ambulatory care settings for injuries specifically resulting from the abuse (Campbell et al., 2005).

**Lethality Assessment Program (LAP): The Maryland Model for Health Care Practitioners**

*A New Standard of Care!*
Implementation Readiness Checklist

- **PARTNERSHIP** with community-based domestic violence program.
- Identify victims through universal screening questions.
- Identify Lethality Screeners:
  - Primary Nurses (also Charge Nurses, Triage Nurses, Sexual Assault Forensic Nurse Examiners)

Implementing LAP in Hospitals | Hospital Expectations

- Involvement of Hospital Administrators, LAP Coordinator, Domestic Violence Program, Nurses, and other Departments
- Standard Operating Procedure (SOP)
- Domestic Violence 101 Training
- LAP Training
- Hospital Education
- Ongoing Training/New Staff Training

LAP in Maryland Hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Lethality Screens Per Population (1 LS/…/Year)</th>
<th>“High Danger”</th>
<th>Met w/ Spoke w. Advocate</th>
<th>Continued in Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frederick Memorial</td>
<td>68 (1/1,777)</td>
<td>54 (73%)</td>
<td>29 (53%)</td>
<td>14 (48%)</td>
</tr>
<tr>
<td>Atlantic General</td>
<td>13 (1/2,692)</td>
<td>11 (86%)</td>
<td>04 (38%)</td>
<td>60 (76%)</td>
</tr>
<tr>
<td>Northwest</td>
<td>157 (1/395)</td>
<td>106 (67%)</td>
<td>106 (100%)</td>
<td>46 (43%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>239 (1/170)</td>
<td>171 (72%)</td>
<td>139 (81%)</td>
<td>63 (45%)</td>
</tr>
</tbody>
</table>