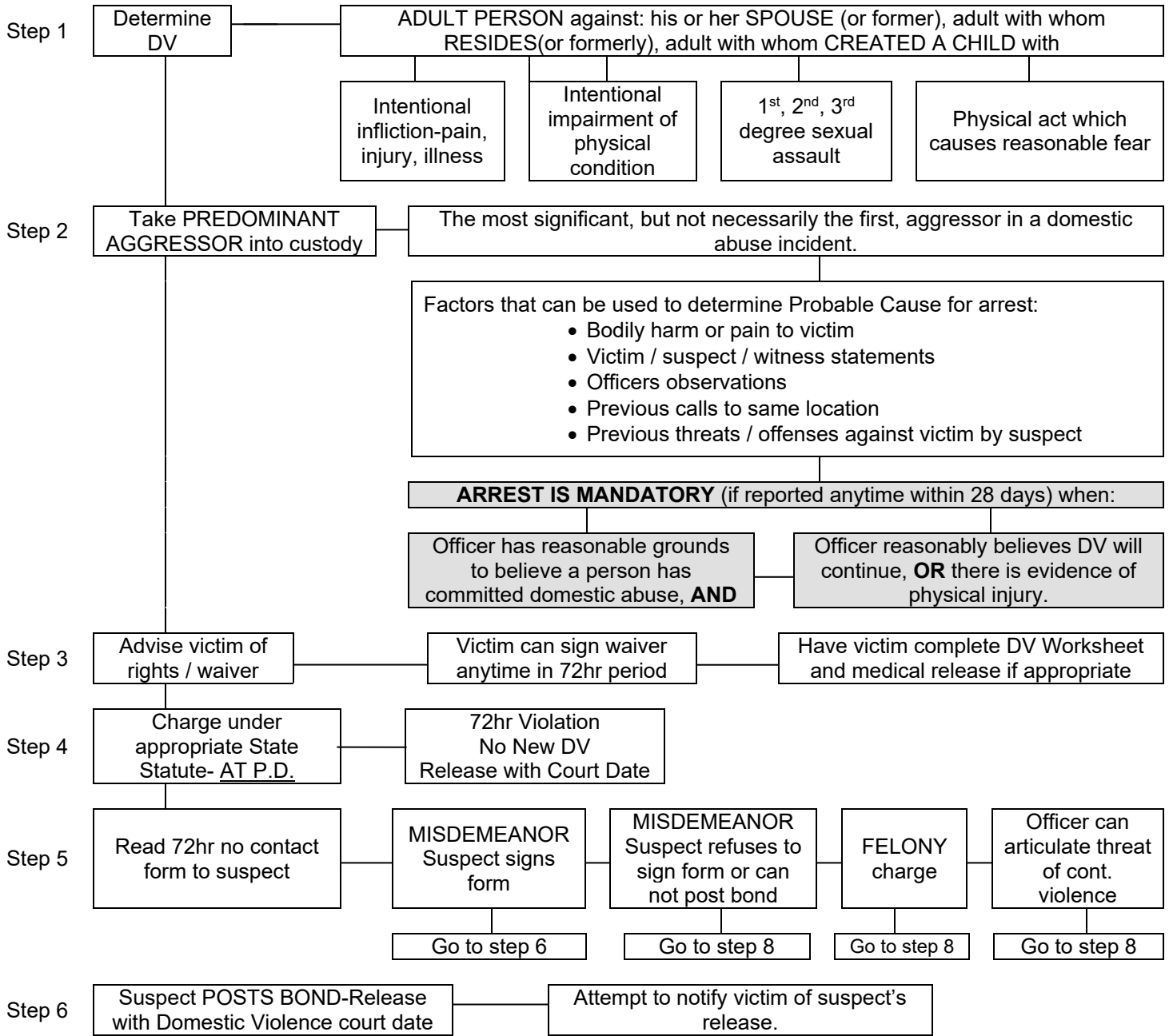


**Starting Your Own
Domestic Violence Intervention (DVI) Program
Resources**

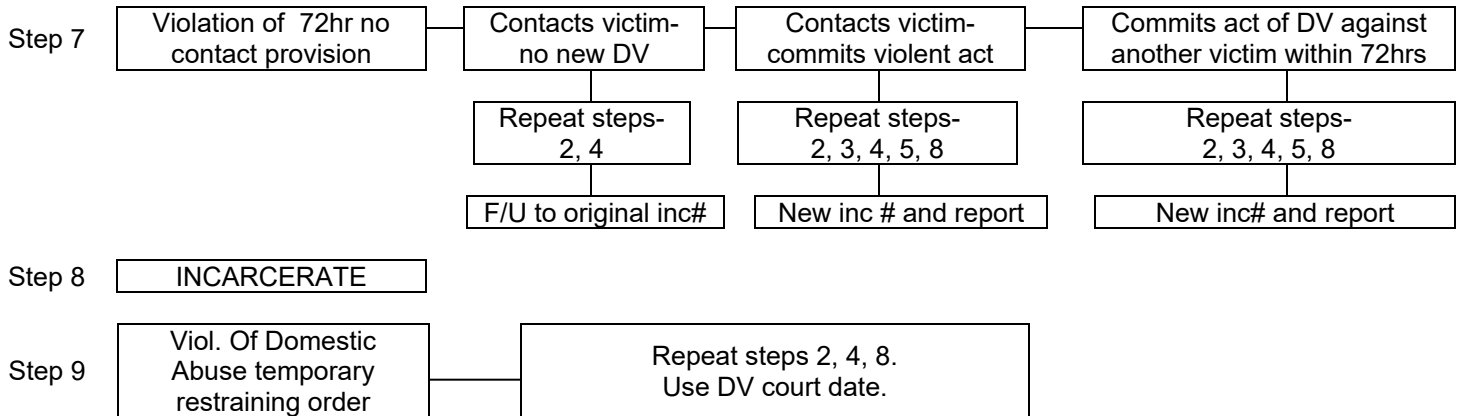
Wednesday, August 16, 2017

2:00 PM – 3:15 PM

DOMESTIC VIOLENCE PROCEDURE



VIOLATIONS OF 72hr NO CONTACT



_____ Incident No. Status closed _____
 _____ Date of Report Date/time _____ Officer _____
 Reviewed by _____

D. V. I. Checklist

VICTIM: _____ **Age:** _____

SUSPECT: _____ **Age:** _____

GANG MEMBER: YES or NO

Date/Time of arrest _____ /Charge _____
 In custody Y/N (reason – bond, P & P, felony) 72 hr no contact waived? Yes No

VICTIM ADDRESS: _____

CHILDREN: _____
(NAME/AGE) _____

(Remove juvenile names prior to sharing w/ YWCA advocate)

Prior DV incidents? VICTIM: Yes or No (Attach copies of reports, if available)

If yes, _____ DC _____
 _____ Battery _____
 _____ Domestic Trouble _____
 _____ Other _____

Prior DV Incidents? SUSPECT: Yes or No (Attach copies of reports, if available)

If yes, _____ DC _____
 _____ Battery _____
 _____ Domestic Trouble _____
 _____ Other _____

Prior Arrests?

Victim	Yes	No	DV?	Yes	No
Suspect	Yes	No	DV?	Yes	No

CCAP: Victim Yes No **Bond Conditions -** _____
 Suspect Yes No _____

P & P status:

Victim	Yes	No	Agent:	_____
Suspect	Yes	No	Agent:	_____

Criminal History

Suspect	Yes	No	CPS - Y / N
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911 Tape: _____ (serious offenses) **Spanish speaking – Y / N**

Medical release: Yes No - Refused
No - Missing _____ date obtained by DVI
No - Not required

Photos sent to DA: Yes _____
N/A _____

Victim Phone numbers:
Home: _____ Cell: _____ Work: _____

Phone contact?
1st attempt date/time _____ Officer _____
2nd attempt date/time _____ Officer _____
3rd attempt date/time _____ Officer _____

Contact made? Y / N

Face to Face? Y / N date/time _____ Officer _____
If no, 2nd attempt date/time _____ Officer _____

Advocate involved? Yes No (name) _____
(Cell phone 201-0347)

Other info:

Time spent (5 minute increments)

Date	Officer	Time

**JANESVILLE POLICE DEPARTMENT
DOMESTIC ABUSE VICTIM WORKSHEET**

Incident #: _____ Date: _____

VICTIM:

Name: _____ (maiden name) _____ Date of Birth: _____

Home Address: _____

Address where you are staying (leave blank if the same as above): _____

Phone Numbers: (home) _____, (cell) _____, (work) _____

Please respond to each question by circling your answer or by filling in the blank.

What is the **name of the SUSPECT** involved in this incident? _____

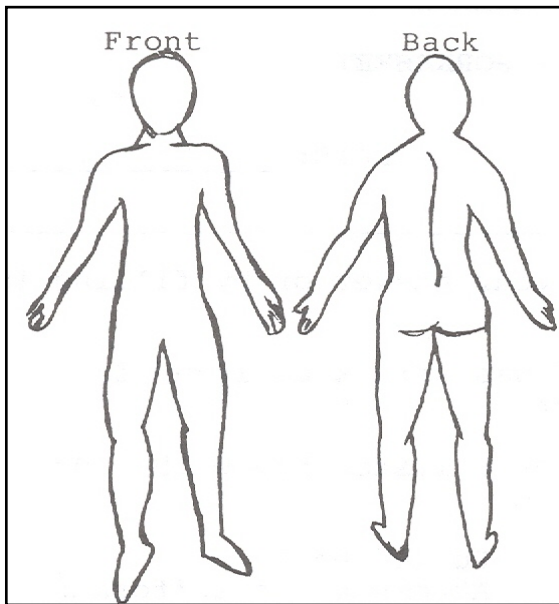
The suspect and I: *(circle all that apply)*

Are married/were married at one time.

Live/Have Lived together.

Have children in common.

- I have shown the Officer where I was struck or injured. YES or NO
- I have circled each one of the words listed below that describe how I was struck or injured AND circled the location on my body this injury occurred.



- | | |
|----------------------------------|-----------------|
| Pushed | Pinched |
| Kicked | Burned |
| Slapped with open hand | Bite |
| Struck with closed fist | Scratched |
| Chemically (acid, bleach, other) | Sexually abused |
| Attempted strangulation | Banged head |
| Threw objects | Shoved |
| Attempted to suffocate | Stepped on |
| Pulled hair | Other: _____ |

3. How many times were you struck or injured? _____

4. Did you give the suspect permission to strike or injure you?
YES or NO

5. The suspect's physical contact with me at the time I was struck or injured was: ACCIDENTAL OR INTENTIONAL

- Did the act cause you to suffer pain at the time it occurred? YES or NO
- Are you still suffering pain at this time? YES or NO
- Do you need medical treatment at this time? YES or NO
- Did any of the suspect's actions today cause you to fear for your safety? YES or NO
- Are you afraid that the suspect will continue to harm you? YES or NO
- Do you have any children? YES or NO If so, what are their names and ages?
- Were your children present at the time of this incident? YES or NO

- 13. Who else saw or heard this happen?
- 14. Was anyone else struck or injured in this incident? YES or NO
If so, who and how?
- 15. Was anything thrown or broken? YES or NO
If so, what and by whom?
- 16. Had anyone involved, including you, been drinking alcohol or using any drugs? YES or NO
If so, who and what did they consume?
- 17. Was any object used to threaten, scare, or harm you? YES or NO If so, what?

Please write down in your own words what took place.

(another page may be attached).

HISTORY

- 18. Have there been any other incidents of abuse involving this person? YES or NO
- 19. Has he/she ever used a weapon against you or threatened you with a weapon? YES or NO
- 20. Has he/she threatened to kill you, your children, or anyone close to you? YES or NO
- 21. Has he/she threatened to kill or harm any pets/animals? YES or NO
- 22. Do you think he/she might kill you? YES or NO
- 23. Does he/she have a gun or can he/she get one easily? YES or NO
- 24. Has he/she ever tried to strangle you? YES or NO
- 25. Is he/she constantly or violently jealous or does he/she control most of your daily activities? YES or NO
- 26. In the last year, have you left him/her or separated after living together or being married? YES or NO
- 27. Is he/she currently unemployed or has he/she experienced prolonged unemployment recently? YES or NO
- 28. Has he/she ever tried to kill himself/herself or threatened to do so? YES or NO
- 29. Does he/she follow or spy on you, destroy your property, or leave threatening messages? YES or NO
- 30. Is there anything else that worries you about your safety? YES or NO If so, what?
- 31. Has he/she ever asked you to trade sex for money or things you need to survive? YES or NO
- 32. I want to have the 72 hour contact prohibition enforced. YES or NO (If no, you will need to go to the Janesville Police Department to sign a waiver.)

This statement is true and correct to the best of my knowledge. Any erasures, strikeouts, or corrections have been made by me.

VICTIM: _____ DATE: _____

OFFICER: _____ TIME: _____

DOMESTIC VIOLENCE INTERVENTION (DVI) OFFICER RESPONSIBILITIES

Getting Started:

1. Check calendar for scheduled appointments for the day
2. Pick up DVI cell-phone. Check for messages
3. Check the DVI mailbox for new reports
4. Review new domestic violence and domestic trouble reports
5. Check DVI victim file for past DVI contacts
6. Domestic trouble put Spillman report in victim file in I: drive.
7. Multiple domestic troubles or new domestic violence incident, start a new working file.
8. Complete a new DVI checklist including
 - a. Victim info
 - b. Suspect info (gang member) copy to Ofc. Betley
 - c. Charges- arrested?
 - d. 72 hr waiver?
 - e. Children information (if a serious incident and children are in the home –send a copy of the report to CPS).
 - f. List – prior DV incidents involving the victim in LRMS/Spillman
 - g. List – prior DV incidents involving the suspect in LRMS/Spillman
 - h. Prior arrests – victim – DV arrests?
 - i. Prior arrests- suspect – DV arrests?
 - j. Check for photos of victim and suspect for ID purposes
 - k. Check for photos of injuries and send copy to DA - Renee
 - l. Check CCAP for any relevant information – prior TRO's / Bond Restrictions
 - m. Check Probation and Parole status for victim and suspect. (If positive status, make sure a copy is sent to Probation and Parole, if not done by original officer)
 - n. Get a copy of criminal history if needed. (Request relevant reports from other agencies.)
9. If relevant, obtain and review original 911 tapes. Tag as evidence if needed.
10. Ensure a medical release form/DV Victim Worksheet has been obtained if needed.

Contact with Victim:

1. Attempt phone or in person contact with the victim
 - a. If three(3) attempts at phone contact are unsuccessful, attempt personal contact
 - b. Introduce yourself and explain the reason for the contact
 - c. Ensure that the victim received basic information from the original officer on victim rights/ the YWCA, victim witness, and Vine.
 - d. Answer any questions the victim may have.
 - e. If contact is made by phone, ask if the victim would be willing to meet with you in person.
 - f. Take additional photos of injuries- many are visible 24-48 hrs later.

- g. If contact is made in person, if possible check on the welfare of the children.
- h. Check for any new information for the report including but not limited to any past history of violence not previously reported, any new injuries, or injuries that are more visible, and violations of the 72 hr no contact provision.
- i. Offer to arrange a meeting with the YWCA or Victim Witness for their services including: support groups, child care, the assistance with restraining orders and safety planning.
- j. Attend the meeting with the victim and YWCA advocate if desired by the victim; or if the meeting is taking place at a location other than the YWCA, at the request of the advocate.
- k. If the victim does not wish to meet with the YWCA, ensure they have a safety plan in place. (Handouts are in the file drawer.)

72 Hr No contact Violations

- 1. If the victim reports a violation of the 72 hr no contact provision, attempt to follow up with the suspect and arrest if appropriate.
- 2. If the suspect is in jail, verify the violation by listening to the jail recordings. Copy evidentiary recordings onto a disk and tag as evidence.
- 3. If the suspect is on probation and at the jail, notify the probation agent of the violation.
- 4. If you are unable to locate the suspect, leave for follow up or notify the district attorney's office of the violation via your follow up report.

Documentation

- 1. A follow up report should be completed and include:
 - a. Past history
 - b. Details of the follow up contact with the victim
 - c. Any new statements made by the victim reference this incident
 - d. Any new evidence obtain, phone recordings, photos etc.
 - e. Whether the victim had contact with the YWCA/ Victim Witness and or intended to obtain a restraining order.
- 2. All evidentiary photos related to this incident, should be forwarded to the District Attorney's office.

Closing the case

- 1. After the original is closed, the file can be marked closed on the checklist and be refiled in the "closed file" section.
- 2. Remember to document on the checklist the time spent on the DVI follow up.
- 3. The closed file will be reviewed by a DVI supervisor and the checklist will be scanned into the computer file under the victim's name. Any documents that can easily be recreated i.e.; police reports, criminal history, will be destroyed. Criminal History reports need to be shredded.

