

# DV & Strangulation



## NCACIA Checklist

### **PRIOR TO LEAVING THE SCENE:**

- Interview all adults on scene or possible witnesses, collect statements
- Obtain emergency and alternate contact information from victim
- Offer medical assistance to victim
- Take photos of victim and suspect
- Take detailed photos of the scene and any locations discussed by victim, suspect or witnesses
- Photograph and collect any physical objects used as part of the offense
- Document identifiers for ALL children on scene
- Make CPS report (**Mandated Reporter**)
- Collect information for EPO purposes
- Run CCH on suspect for prior Sexual Assault, DV or Child Abuse convictions
- Run location history for other reports that may be pending cases or cases without charges filed
- Check for any active Protection Orders or Child Safety Checks
- Preserve video from all responding officers (body cam & in-car video) and submit with report as evidence.

### **OTHER CONSIDERATIONS:**

- Forensic Nurse Examinations (Sexual Assault, DV, Strangulation, etc...)
- CPS Report (Document reference number for report)
- Women's Center / Advocate
- DA Intake / Refer for charges if applicable
- Victim's Rights Notification

# DV Supplement



**CASE NUMBER** \_\_\_\_\_ **DATE** \_\_\_\_\_ **AGENCY/OFFICER** \_\_\_\_\_

## VICTIM INFORMATION:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

Nature of Relationship to Offender \_\_\_\_\_ Length of Relationship \_\_\_\_\_

Military? \_\_\_\_\_ Foster Family? \_\_\_\_\_ Requesting EPO? \_\_\_\_\_

## OFFENDER INFORMATION:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

Present at scene? \_\_\_\_\_ Arrested? \_\_\_\_\_ Military? \_\_\_\_\_ Foster Family? \_\_\_\_\_

## METHOD & MANNER OF ASSAULT:

Who called LE? \_\_\_\_\_ Did offender say anything during assault? \_\_\_\_\_

Describe: \_\_\_\_\_

What did offender's face look like during assault? \_\_\_\_\_

What made suspect stop the assault? \_\_\_\_\_

What did victim think was going to happen during the assault? \_\_\_\_\_

Did victim do anything to attempt to stop the assault or defend themselves? \_\_\_\_\_

Describe: \_\_\_\_\_

## ASSAULT - MANNER & MEANS: (DID OFFENDER DO ANY OF THE FOLLOWING?)

- Pushing or Shoving
- Grabbing or Pulling
- Strike / Punch / Slap
- Scratching
- Biting
- Kicking
- Cutting / Stabbing
- Restraining
- Forced Sex (describe)
- Property Destruction
- Stalking or Harassment (describe)
- Offensive Contact
- Threats
- Applying Pressure
- Other: \_\_\_\_\_

## STRANGULATION / IMPEDING SCREENING (SEE ALSO PAGE 2)

- Did offender apply pressure to throat or neck? \_\_\_\_\_
- Did offender block nose or mouth? \_\_\_\_\_
- **If "YES" - Contact Forensic Nurse for Strangulation Medical Screening**

# DV Supplement



## VICTIM DESCRIPTION CONTINUED: (OBSERVANCES OF OFFICER)

### Physical Condition:

- Abrasion(s)
- Laceration(s)
- New bruises
- Loose hair
- Old bruises
- Shaking
- Bleeding
- Redness
- Physical pain
- Swelling
- Fracture(s)
- Other (describe)

### Appearance:

- Bloody clothes
- Smeared makeup
- Soiled / Sweat-stained
- Tangled / Messy hair
- Torn or Disheveled clothing
- Other (describe)

## MEDICAL ATTENTION:

### Victim:

- Treated at scene? \_\_\_\_\_
- Taken by ambulance? \_\_\_\_\_
- Destination? \_\_\_\_\_
- Alcohol or drug use? \_\_\_\_\_

### Offender:

- Treated at scene? \_\_\_\_\_
- Taken by ambulance? \_\_\_\_\_
- Destination? \_\_\_\_\_
- Alcohol or drug use? \_\_\_\_\_

## STRANGULATION ASSESSMENT: (during or after incident)

- Unable to breathe
- Difficult to breathe
- Physical pain
- Rapid breathing
- Shallow breathing
- Coughing (with or without blood)
- Nausea
- Vomiting/Dry-heaving
- Dizziness
- Headache
- Feel faint
- Disoriented
- Lost consciousness
- Loss of, or change in hearing
- Loss of, or change in vision
- Urination/Defecation
- Petechiae (eyes, ears, mouth, nose, etc...)
- Finger marks or fingernail impressions
- Swelling (neck, lips, tongue...)
- Scratches/Abrasions (neck, chest, face)
- Ligation marks
- Bruises
- Redness/Flushed
- Tenderness/Neck or throat pain
- Hoarse and/or raspy voice
- Painful to speak and/or swallow
- Trouble and/or difficulty swallowing
- Unable to speak/whispering/lost voice

# DV Supplement



## POWER AND CONTROL QUESTIONS: (FROM THE VICTIM)

### Emotional Abuse:

- Has the offender ever put you down or made you feel bad about yourself?
- Has the offender ever called you names?
- Has the offender ever made you feel like you were crazy or misremembering things?
- Has the offender ever played “mind games” with you?
- Has the offender ever humiliated you?
- Has the offender ever tried to make you feel guilty for something?

### Isolation:

- Has the offender ever controlled what you are allowed to do?
- Has the offender ever told you that you aren’t allowed to see or talk to anyone?
- Has the offender ever told you that you aren’t allowed to go somewhere?
- Has the offender limited your contact with friends and/or family?
- Has the offender monitored your phone or communications in any way?
- Has the offender ever justified their actions by saying they were jealous or suspicious of you, or have they blamed anything on beliefs of infidelity?

### Intimidation:

- Has the offender ever made you afraid by looking at you a certain way?
- Has the offender ever made you afraid by engaging in certain actions?
- Has the offender made you afraid by using certain gestures?
- Has the offender made you afraid by raising their voice?
- Has the offender ever threatened to destroy your things?
- Has the offender ever destroyed anything in a “fit of rage”?
- Has the offender ever threatened to or actually abused your pets?
- Has the offender ever threatened to use or displayed a weapon?

# DV Supplement



## POWER AND CONTROL QUESTIONS: (FROM THE VICTIM)

### Using Children:

- Has the offender ever made you feel guilty about the children?
- Has the offender ever used the children to relay messages to you?
- Has the offender ever used child visitation to harass you?
- Has the offender ever threatened to keep your children or prevent you from seeing your children?
- Has the offender ever threatened to use or actually used CPS or the courts against you?

### Sexual Abuse:

- Has the offender ever made you do any sexual things that you didn't want to?
- Has the offender ever used significant coercion to make you do sexual things?
- Has the offender ever photographed you or video recorded you without your consent in a sexual or compromising context?
- Has the offender ever physically attacked your sexual body parts (private areas, breasts, etc...)?
- Has the offender ever treated you like a sex object instead of a human being?
- Has the offender ever been previously accused of rape or child sexual abuse?

### Economic Abuse:

- Has the offender made you quit your job or prevented you from getting work?
- Has the offender made you ask them for money?
- Has the offender ever given you "an allowance"?
- Has the offender prevented you from knowing about or accessing family income?

# DV Supplement



## POWER AND CONTROL QUESTIONS: (FROM THE VICTIM)

### Coercion and Threats:

- Has the offender ever threatened to hurt you or carried out any threats of abuse?
- Has the offender ever threatened to hurt themselves or kill themselves?
- Has the offender ever threatened to report you for any reason to the authorities?
- Has the offender ever attempted to make you “drop charges”?
- Has the offender ever made you do anything illegal?

### Privilege:

- Does the offender believe that you are less-than they are?
- Does the offender believe that they should be making all of the “big decisions”?
- Does the offender think that they are the “king/queen” of the castle?
- Does the offender believe that you are subservient to them?
- Does the offender ever blame you for things the offender has done?
- Has the offender ever used religion, ethnic or social traditions against you?

## OTHER FACTORS:

- How long have you and the offender been in a relationship?
- How long have you and the offender been living together?
- Do you have children with the offender?
- Do the children live with you in the home?
- Was alcohol or narcotics a factor in this incident?
- Are you or the offender currently serving in the military?
- Is there a reported history of violence between you and the offender?
- Is there an unreported history of violence between you and the offender?
- Has the offender ever been violent with anyone else that you know of?
- Have you ever tried leaving the offender before? If so, what happened then?

# DV Supplement



## **LETHALITY ASSESSMENT: (ASK VICTIM ALL OF THESE QUESTIONS)**

- Has offender ever used a weapon against you or threatened you with a weapon?
- Has offender ever threatened to kill you or your children?
- Do you think the offender might try to kill you?
- Does the offender have a firearm, or easy access to a firearm?
- Has the offender ever used hands or an object to choke, strangle or suffocate you?
- Is the offender violently or constantly jealous or control most of your daily activities?
- Have you ever left the offender, or separated after living together or being married?
- Is the offender unemployed?
- Do you have children that the offender knows are not their children?
- Does the offender follow you, spy on you, or leave you threatening messages?
- Are there previous incidents of violence that you have not reported with this offender?
- Has the physical violence with this offender increased in severity over the past year?
- Is there a substance abuse or mental health concern that is also related to the violence?
- Is there anything else that worries you about your safety?

## **STALKING ASSESSMENT: (ASK VICTIM ALL OF THESE QUESTIONS)**

- Do you get repeated calls, where sometimes they hang up without saying anything?
- Does the offender follow you or possibly tracks you using a GPS device?
- Does the offender show up at places where you normally go (home, school, work, etc...)?
- Do you think the offender is watching you on hidden cameras?
- Has the offender contacted people within your family, your friends, or co-workers?
- Do you suspect that the offender is using internet searches to "keep tabs on you"?
- Do you believe that the offender is monitoring your phone calls, texts or internet use?
- Do you receive emails, instant messages, or social media communications from them?
- Does the offender send you unwanted cards, letters, gifts, or packages?
- Do you suspect that the offender has gone through your garbage?
- Has the offender damaged your house, car, or any of other property?
- Has the offender threatened to hurt you, your family, friends, children or pets?
- Do you believe that the offender is tracking you?
- Has the offender contacted you after you have asked them not to?
- Does the offender attempt to coerce or control you in any way?
- Are you fearful of the offender?

# DV Supplement

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## CHILD ABUSE RISK ASSESSMENT:

- Is the current complaint regarding abuse or domestic/family violence?
- Have there been previous allegations or reports regarding child abuse?
- Have there been previous allegations or reports regarding domestic/family violence?
- Have there been previous allegations or reports regarding sexual abuse/sexual assault?
- Have there been previous allegations or reports regarding animal cruelty?
- Have there been previous allegations or reports regarding child neglect or endangerment?
- Has there been any previous history of police or CPS involvement with the family?
- Are there 2 or more children living in the home?
- Are there children in the home that are not biologically related to both parents?
- Do either party have a history of witnessing domestic abuse or violence as a child?
- Do either party have a history of being the victim of physical or sexual abuse as a child?
- Do either party have a history of mental health issues?
- Do either party have a history of drug or alcohol abuse?
- Do either party have a history of suicide attempts or suicidal ideation?
- Do either parent engage in excessive or inappropriate discipline with the children?
- Is there any "positional discipline" being used with the children (nose on wall, wall sits, arms holding heavy objects out to the side, etc...)?
- Are either or both parents "domineering parents" or "authoritarian parents"?
- Is there a child in the home with developmental or intellectual disabilities?
- Are there any children in the home with delinquent offense histories?
- Do one or both of the parents not seem to take this situation very seriously?
- Do one or both of the parents not want to cooperate with LE or CPS?
- Does it seem like either or both parents are not motivated to improve their parenting skills?
- Do either or both parents appear to be emotionally or behaviorally unstable?
- Does this family have a "good" or appropriate social support system in place?
- Are one or both of the parents illiterate or severely lacking in education?
- Is this family living in poverty?
- Does anyone in the home have significant physical health issues?
- Is the housing environment safe? Is this a high-crime area?
- Do the children appear to be malnourished or neglected in their behavior or appearance?
- Do the parents/caregivers appear to have poor money-management skills?
- Do one or both of the parents seem to have a lack in effective communication skills?