

Williams/McKenzie (North Dakota) Interagency Team

Best Practice Assessment of the Police Patrol and Investigation Response to Domestic Violence: Findings and Recommendations

Part 1

Best Practices in the Police Patrol and Investigation Response to Domestic Violence	Findings	Recommendations
<p>Background and account of the officer's actions:</p> <p>Time of officers' arrival and time of the incident</p> <p>Relevant 911 information, including specific details about any violence or threats communicated in the 911 call</p> <p>Immediate statements of either party and any witnesses at the scene</p> <p>A complete description of the scene</p> <p>Any existing orders for protection, harassment restraining orders, criminal case no-contact orders, probation holds, warrants, prior convictions</p> <p>Threats suspect has made to victim if victim sought or cooperated with help from the courts or police</p> <p>Attention to indicators of stalking</p> <p>Attending to indicators of strangulation</p>	<p>Noted on every case file.</p> <p>911 information is very limited; specific threats re-violence or threats communicated not noted or dispatch not asking</p> <p>Written and verbal statements from victims included. Verbal statements and some written from offenders. Witness statements not always included (adult and children.)</p> <p>Some scene descriptions, some with photos.</p> <p>Existing orders found during booking. None noted in case files.</p> <p>Some threats noted in case files.</p> <p>Stalking indicators not noted.</p> <p>Some strangulation indicators noted in incident report.</p>	<p>McKenzie County dispatch; find out if they are asking DV questions from ND model policy. <u>Assess for training needs and provide on-site training on DV/911 calls.</u></p> <p>LE's consistent use of a DV incident report assessment that includes indicators of stalking and strangulation documentation, and lethality assessment with the <i>DV Lethality Screen for First Responders</i> checklist. <u>Change in protocol or policy needed. Schedule a conversation with chiefs and sheriffs to get approval on policy changes and implement. Add FCS crisis hotline number to the lethality assessment tool. Have policy changes assessed by States Attorney or City Attorney for legality before finalizing.</u></p> <p>Protocol for an on-scene call between the victim and the advocacy program when indicated through lethality assessment or when the responding officer believes the victim is in an extremely dangerous/potentially lethal situation, and when a suspect is</p>

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<p>Summary of actions taken by responding officers</p> <p>Account of all evidence Collected</p> <p>If an arrest was not made, the reason why</p>	<p>Actions taken by responding officers summarized in all cases.</p> <p>Evidence collected at scene; some photos.</p> <p>Arrests made in all case files.</p>	<p>arrested. <u>Updated MOUs between FCS and LE needed.</u></p> <p><u>Lana and Suzie will work on this after getting approval from chiefs and sheriffs.</u></p> <p>Look into a Verizon Hopeline or oil impact grant for cell phones to use with victims.</p> <p>Inter-departmental training for LE agencies on updates to and current departmental DV policy, use of a DV incident report and lethality assessment. <u>Schedule once approval is given by dept/agency heads.</u></p> <p>Training for LE on strangulation and lethality</p> <p>Use of DV incident report strangulation documentation chart when strangulation is reported or noted.</p> <p>When victim reports strangulation or strangulation is noted in lethality assessment or victim interview, medical personnel will be called with or without the consent of the party (due to potential internal injuries that can be fatal, and might not be apparent. <u>Possible change in policy needed. Will be implemented on approval from dept/agency heads.</u></p> <p>FCS information to be given to all victims on-scene, and noted in report.</p>

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<p>Information specific to each witness and party involved:</p> <p>His/her account of events and responses to follow-up questions</p> <p>Officer observation related to the person's account of events</p> <p>Relationship to witnesses or other parties involved</p> <p>Identification, address, and means of locating the person for follow-up, including home and employment</p>	<p>Victim and offender accounts included in most reports.</p> <p>Officer observation included in all reports.</p> <p>Relationships to witnesses and other parties included in most reports.</p> <p>Witnesses are not always interviewed, locating information not recorded.</p> <p>Some locating information for victims included in all cases.</p> <p>Alternative locating information for victims not always being included.</p>	<p>Verbal statements from victim and all witnesses to be recorded at the scene.</p> <p>Written statements from victim and all witnesses (on scene or in follow-up investigation) to be included in all DV reports.</p> <p>Alternate contact information for victim (telephone number)/means of locating her for follow-up.</p> <p><u>Create recommendations list for depts/agencies.</u></p>
<p>Information specific to each party involved:</p> <p>Injuries or impairment (including pain, strangulation effects, breathing, mobility)</p> <p>Emotional state/demeanor</p> <p>Acts of intimidation or aggression</p> <p>Presence or use of weapons</p> <p>Alcohol or drug</p>	<p>Victim's injuries usually noted in officer's report, photos taken.</p> <p>Emotional state usually noted.</p> <p>Acts of intimidation/aggression related to current incident usually noted.</p> <p>Strangulation questions not being asked.</p> <p>Unclear as to whether questions about presence or use of weapons are being asked (not noted in reports.)</p> <p>Alcohol/drug use by each party usually noted.</p>	<p>Use of DV incident report to note past /previous incidents of intimidation, aggression, violence by perpetrator against victim.</p> <p>Use of DV incident report to note victim's past injuries or impairment.</p> <p>Presence of weapons to be noted in every report.</p>

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<p>Information from the victim, including history of violence and contact information:</p> <p>Responses to the three risk questions</p> <p>Threats to the victim for seeking help, particularly regarding help sought from the police or courts</p> <p>Name and phone numbers of someone who can always reach the victim, recorded as confidential</p> <p>Notice to the victim of the limits of confidentiality and the suspect's possible access to contact information via court order</p>	<p>No risk questions asked, no responses recorded.</p> <p>No questioning of victims on any threats made.</p> <p>No information for someone who can always reach the victim recorded.</p> <p>Not noted</p>	<p>Regular/consistent use of DV incident report including risk questions/lethality assessment with every LE patrol on-scene response.</p> <p>Name and phone number of someone who can always reach the victim.</p>
<p>Additional information related to the suspect:</p> <p>Detailed description and information on likely whereabouts when suspect is gone-on-arrival</p> <p>Suspect's county and state of residence during the past ten years</p> <p>Whether Miranda is given and or a request for an attorney was made, and when this occurred</p> <p>Whether a custodial interview of the suspect was conducted</p> <p>Any spontaneous statements given by the suspect after the arrest</p>	<p>Information on suspect usually noted.</p> <p>Suspect's current county and state noted.</p> <p>Spontaneous statements usually noted.</p>	

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<p>Additional information related to the case:</p> <p>Children at the scene: Details regarding their presence, involvement, and welfare</p> <p>Existence of language, communication or cognition barriers</p> <p>Description of medical help offered or used, the name of medical facility that was used and a medical release obtained</p> <p>Presence or involvement of elderly people</p> <p>Presence or involvement of people with disabilities</p> <p>Prosecution/Charging</p>	<p>Details regarding children at the scene—presence, involvement, welfare—often not noted/recorded in reports.</p> <p>On-scene or follow-up interviews with children not always being done.</p> <p>Description of medical help offered or used usually noted. Medical releases not always being obtained.</p> <p>Charges being dismissed and plea agreements being reached; defendant(s) pleading guilty to lesser charges.</p>	<p>On-scene and/or follow-up interviews with children witnesses.</p> <p>Use of 960 on DV incident report when appropriate.</p> <p>LE to obtain signed medical release from victim when medical help is used, and obtain medical records, x-rays, etc. and interview(s) with victim and witnesses when a victim is hospitalized or receives significant medical care for injuries sustained. <u>Look into use of Mercy Medical Center's, Tioga Hospital, Watford City hospital's medical release as part of the updated DV incident report.</u></p> <p>Prosecutor to meet with LE/DV Investigator prior to requesting the charge be dismissed by the court. Determine if any new information or evidence has been or can be obtained on the case; any recent contact with the victim by the LE department or new DV report(s) involving the same victim and defendant. <u>MOU or verbal agreement needed. Schedule conversations with States Attorneys to discuss this matter.</u></p>

Part 3

Priority:	Next Steps in Meeting the Priority:	Assigned to:	Target date:
1. Protocol for on-scene call between victim and advocacy program. Updated MOUs.	Schedule meeting with chiefs and sheriffs from Williams and McKenzie Counties.	Team, CAWS ND	November 2013
2. Consistent use of DV incident report/lethality assessment tool	Schedule meeting with chiefs and sheriffs from Williams and McKenzie Counties	Team, CAWS ND	November 2013
3. Medical release	LE to contact their local medical center/hospital	LE Team members	December 2013
4. Communication between LE and prosecutor's office.	Schedule meeting or conversation with the Williams County States Attorney.	Williams County States Attorney VWC, CAWS ND, FCS	November 2013
5. Training for LE on DV policy, incident report, lethality assessment	Assess needs with individual agencies. Discuss possible interdepartmental training options. Review CAWS ND training schedule.	LE Team members, CAWS ND	February/March 2014
6. Funding for cell phones.	Research grant opportunities, grant writing.	CAWS ND, FCS	February 2014