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## MODEL OHIO PROTOCOL FOR RESPONDING TO DOMESTIC VIOLENCE



Sponsored By

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In Cooperation With

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### Notice

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## PREFACE

This model protocol was developed by the Legal Aid Society of Cincinnati under a grant from the Ohio Department of Human Services. Its goal is to provide a vehicle by which Ohio communities can reduce the incidence of domestic violence and help victims escape abuse. The protocol is not intended to mandate the duties or practices of any of the actors described within. It does, however, set forth a model for response that must be tailored to fit the circumstances and resources of individual communities. Thus, while the model occasionally uses words such as "must," "will" and "shall," it is to be understood that each agency will determine its own level of commitment to the guidelines contained here.

We suggest that the model protocol be implemented at the "community" level, which generally means a county or other area served by a particular court. One or more community leaders should call together the key actors necessary for a coordinated response to domestic violence: law enforcement, courts (administrative and judicial), prosecutors, probation department, battered women's shelters and other victim/witness assistance programs, batterer's treatment programs, medical providers and children's protective services. This "task force" can adapt the model protocol to local conditions and resources. This process has been carried out in a number of Ohio communities, including the counties served by the Legal Aid Society of Cincinnati - Hamilton and Clermont. We would be happy to share our experience and suggestions for implementation in other areas.

In addition to the model protocol, we have generated two other products for the Ohio Department of Human Services. One is a chart showing the key elements of a number of domestic violence protocols (models and actual documents) from all over the country. The chart provides an efficient way to examine similarities and differences among the many community approaches to domestic violence, and to inspire ideas that may work best for your own community.

The other product is an inventory of the many protocols and related domestic violence research that we gathered in preparation for preparing an Ohio model. The inventory includes a list of individuals and agencies throughout the United States who have done or are working on similar projects.

We received comments and input on a draft of this protocol from a number of dedicated and experienced domestic violence experts from throughout Ohio. Unfortunately, a great deal of wisdom has gone untapped because of time and resource limitations. We therefore consider this document a work in progress, and very much hope that others will take the time to review it and send any feedback to us or to ODHS.

Debra D. Rothstein  
Kelly A. Malone  
LEGAL AID SOCIETY OF CINCINNATI  
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This Model Protocol was developed in October 1992. A model is ever evolving. Enhancements, suggested by the Ohio Domestic Violence Network, were integrated in March 1994.

Counties are encouraged to use their protocols to educate systems' actors about the myths/misconceptions and the dynamics of domestic violence. Each protocol should include an Introduction including this information, as well as a Statement of Principle as to why it is important to develop a community-wide protocol for responding to domestic violence.

All protocol systems have unique insight into their particular response approach, and the impact on victims, perpetrators, and on other systems. Coordination among all the systems is, therefore, essential, and should be acknowledged in an appropriate section of each community's protocol.

Future revisions of this protocol should include an enhanced Children's Protective Services section and the addition of the following actors: (1) Women's Shelters; (2) Batterers' Treatment Programs; (3) Rescue Intervenors, and (4) other advocacy groups such as Victim Witness programs.

## ABSTRACT

### SUGGESTIONS FOR IMPLEMENTING A MODEL DOMESTIC VIOLENCE PROTOCOL

A coordinated community response to domestic violence must take into account the uniqueness of each geopolitical area of coordination. A model protocol can serve as a solid foundation upon which a group of system actors can build and adapt to local resources and systems. Based upon our experience, a model protocol can be implemented in accordance with the following suggestions.

(1) A responsible person or agency should come forward to initiate implementation and to coordinate early efforts. This responsible entity could be an existing service agency, a law enforcement agency, the prosecutor, a judge, or an energetic, knowledgeable private citizen.

(2) The geopolitical area of implementation should be selected; generally it should include the area that is served by a single court system.

(3) The "coordinator" should call together a "task force" for the specific purpose of designing and implementing a local protocol. Before the call is formally made, the coordinator should line up allies, and bring on board one or more respected public officials to lend "clout" to the call for a task force. This informal group should divide up responsibilities for "networking", so that by the time the task force meets for the first time, a substantial number of the members will be familiar with and supportive of the project.

(4) The informal group should identify the actors necessary to the successful design and implementation of a DV protocol. The systems that must be included are identified in the model, and the group should plug in local names and agencies. In addition to the necessary actors, the group should also identify other persons or agencies who will especially facilitate the process. For example, the mayor may not be an actor directly involved in DV response, but she may certainly lend clout and credibility to the task force's efforts, and be able to persuade reluctant actors to participate. Also, the local Legal Aid office may not have a specific role to play in the coordinated response, but can contribute a unique legal perspective.

(5) The informal group should conduct a press conference to announce the formation of the task force and to describe its goals. In our experience, the press conference will be successful if called by a current political officeholder. It emphasizes to the task force invitees that the project is already underway and has substantial support; hopefully motivating reluctant invitees to jump aboard in order to be heard.

(6) At the initial meeting of the task force, the model protocol should be distributed and some background given on its origin. It is helpful to have a representative from each system (e.g., legal, social service, law enforcement, medical) confirm his or her support for the project, describe the problems that exist in his or her system, and the need for a coordinated response to remedy the problems. The task force should identify what other actors need to be involved in the process, and make plans to lobby them to join. In our experience, it is very important to keep the atmosphere of this first meeting as "open" as possible; no suggestions or options should be ruled out. Members should feel that their views will be given serious consideration and that compromise is possible and anticipated.

(7) The task force should decide whether to begin considering the model protocol as a group or to break up into committees to work on different sections. Also, the group should decide how often it will meet. One member of the task force should be the logistical coordinator, keeping records of who is chairing each committee, who the members are, and when and where the committee meets. If the committee method is used, the committees will report back to the whole task force for discussion and input on its work.

(8) The task force should continue to meet until it has hammered out a local protocol that is acceptable to its members. If the group cannot reach agreement on all aspects of a coordinated response, the group should cement the agreements that it has reached and make a plan for the other issues, e.g., get more information, review again after a certain period, negotiate compromise. Throughout the process, the task force should take advantage of any press coverage that can be garnered. Also, new members of the participating agencies must be invited to participate as staffs

experience turn over. The task force should follow up continuously with members that "drop out" before the process is complete, and with those entities that initially declined to participate.

(9) The task force should decide what the process will be for "adoption" of the protocol. One method is to get all of the key actors to sign a pledge/endorsement/letter of support that can be made public. Consideration should also be given to obtaining the "endorsements" of umbrella groups, such as the county police chiefs' association.

(10) The task force should also design a method of monitoring the implementation of the protocol and revising it as necessary. For example, the task force could send out a survey to all participating agencies to get feedback on the protocol after a selected number of months, and/or plan future task force meetings for this purpose. Also, certain agencies that have substantial contact with DV victims and their families could employ a survey or other evaluation form that compares the victim's actual experience to the ideal that is set forth in the protocol. Another potential monitoring method is to set up a "courtroom observation" project; utilizing volunteers in the civil and criminal courts to evaluate the impact of the protocol upon DV cases that culminate in judicial proceedings. A system can be set up to bring any problems to the attention of the agency in question.

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**I. TERMS AND DEFINITIONS**

A. "VICTIM" AND "OFFENDER" are used throughout this protocol in order to conserve space and promote readability, even though at most stages of a domestic violence prosecution these persons are actually "alleged" victims and offenders.

B. "DOMESTIC VIOLENCE" occurs when a person:

1. Knowingly causes or attempts to cause physical harm to a family or household member;
2. Recklessly causes serious physical harm to a family or household member;
3. By threat of force, knowingly causes a family or household member to believe that the offender will cause imminent physical harm to the family or household member.

O.R.C. 2919.25

C. "FAMILY OR HOUSEHOLD MEMBER" is any of the following persons, who is residing or has resided with the offender:

1. The offender's current or former spouse, or a person who has lived or is now living with the offender as a spouse;
2. The offender's parent or child, or another person related by consanguinity (blood), or affinity (marriage), to the offender;
3. A parent or a child of any person identified in parts C(1) and (2) above.

O.R.C. 2919.25

D. "PERSON LIVING AS A SPOUSE" means a person

1. who is living or has lived with the offender in a common law marital relationship:<sup>1</sup>
2. who otherwise is cohabiting with the offender:<sup>2</sup>
3. who otherwise has cohabited with the offender within one year prior to the date of the alleged domestic violence in question; OR

4. who is the natural parent of the offender's child.<sup>3</sup>

O.R.C. 2919.25

- E. **"PROBABLE CAUSE"** means that combination of facts which leads a police officer to believe a crime has been committed. The probable cause standard that applies to domestic violence crimes is no different from the standard applied to all other crimes. One formulation of the definition of probable cause is as follows:

Probable cause exists when facts and circumstances within the officer's knowledge, and of which he or she has reasonably trustworthy information, are sufficient to warrant a person of reasonable caution to believe the offense has been or is being committed, and the accused is or has committed the offense.

Probable cause can be established from all the facts and circumstances observed by or known to the officers, including but not limited to: statements of victims or witnesses; admissions by alleged perpetrators; the appearance of physical evidence [blood, bruises, disheveled or torn clothing, broken furniture, etc.]; statements of neighbors or children of appropriate maturity; etc.

If no such circumstances are known of or can be discerned, or if these circumstances are inconclusive, **probable cause is established if a person signs a written statement alleging domestic violence against the person or against a child of the person, and naming the alleged perpetrator. O.R.C.2935.03(B)**

#### Factors Not to be Considered in the Probable Cause Determination

The following factors should not be considered in determining probable cause because, while they may play a role in the ultimate outcome of the case, they are irrelevant to the determination of whether a crime has been committed:

1. race, ethnicity, sexual preference, social class, occupation, or prominence in the community;
2. marital status of the parties (except to the extent necessary to determine if the parties fall within the statutory definition of domestic violence);
3. previous court dispositions regarding these same persons;
4. the possibility that the victim will not want to prosecute;

5. assurances by one or both parties that the violence will stop;
6. denial by the offender that the violence occurred when the facts and circumstances show otherwise. (Of course, when the victim denies that any violence occurred, the officer must determine if there is any independent evidence from which to establish probable cause, e.g., admissions by the offender, injuries, statements of witnesses.)

## **II. DISPATCHER**

The dispatcher who receives a family violence call can provide the responding officers with vital information that could save the victim's and the officer's life. The dispatcher will give a family violence call the same priority as any other life threatening call and will, whenever possible, dispatch two officers to the scene.

### **A. During the initial call for assistance, the call taker will obtain at least the following information\*:**

1. Where is the emergency? What apartment? What phone?
2. What has happened?
3. Who am I speaking to?
4. Are you the victim? If no, are you a witness?
5. Has anyone been injured? If yes, is an ambulance needed?
6. Is the suspect present? If not, a description of the suspect and his expected whereabouts;
7. Are weapons involved? If yes, what kind?
8. Is the offender under the influence of drugs or alcohol? If yes, what substance?
9. Are children present?
10. Does the victim have a current protection order?

**\* Police should be dispatched as soon as enough information is obtained to determine the priority of the situation. Any remaining information can be gathered while the unit is on the way.**

### **B. Dispatch Priority**

1. Dispatchers will dispatch domestic calls in the same manner as any other life-threatening call (known in most jurisdictions as a "priority one" call).
2. Whenever possible, the dispatcher should assign a back-up unit to respond to domestic calls.

3. Dispatchers should inform the caller of the intended response and how long it will take for an officer to arrive at the household.

**C. Victim Safety**

In volatile situations, the operator will keep the victim on the line until an officer arrives at the household or will ask the victim to meet the officer at a secure location, such as a neighbor's house.

**D. Check Previous Incidents and Protection Orders**

If the dispatcher has ready access to police department records that indicate whether the parties involved in the incident have been involved previously in domestic incidents, or that indicate whether there is a protection order involving the parties in effect, the dispatcher should consult such records and radio any relevant information to the responding officer.

**E. Cancellation of Calls**

1. If the dispatcher receives a second call to cancel the original call, he or she will still send the unit to the location to make sure the family is safe.
2. The officer shall privately and individually speak with the person who made the first call, or if the call was not from that household or the caller was unidentified, with other adults present who were not identified in the call as the assailant, and with one or more age-appropriate children (if present) to verify that there is no need for police intervention.

### III. LAW ENFORCEMENT

#### A. APPROACHING THE CONFLICT SCENE AND GAINING ENTRY

Officers should employ standard precautionary measures and police practices for dealing with any conflict in which violence is alleged and the existence of weapons is a possibility. In addition, because domestic violence is a family crime, officers should try to ascertain prior to gaining entry whether there are children on the premises and take appropriate precautions for their safety.

Officers should listen outside of the premises, if possible, for any sounds, and look through windows to see what is going on inside. Such action is covered by the plain view doctrine, and it (1) increases officer safety, and (2) can establish probable cause that a crime is in progress or has been committed.

#### B. ON-SCENE INVESTIGATION AND PROCEDURES

The purpose of the on-scene investigation is to establish "probable cause" through: interviewing of all parties, recording statements, preserving the crime scene, and collecting evidence.

##### 1. ESTABLISH CONTROL

Once inside, the responding officer should:

- a. Identify potential weapons in the surroundings;
- b. Separate the victim and the assailant;
- c. Restrain the assailant if necessary, and remove the assailant to the patrol car if immediate arrest is warranted;
- d. If the parties are in a corridor, lobby, or other public place, escort them to a private area;
- e. Assess injuries (including inquiry about possible internal injuries), administer first aid, and/or notify emergency medical services. (If victim shows evidence of serious injury but refuses medical attention, the officers should summon the medical squad, nevertheless. It is the responsibility of medical personnel to determine the exact extent of injuries and the need for medical care).
- f. Inquire about the reason for the call for assistance;

- g. Identify all occupants/witnesses on the premises; and
- h. Separate occupants/witnesses from the victim and the accused and keeping them out of hearing range (to avoid compromising their witness status).

## 2. INTERVIEWING PARTIES AND WITNESSES

The responding officer should interview the victim and the assailant as fully as circumstances allow.

- a. The officer's manner is critical to the success of the interview. Domestic violence is a serious offense, and the officer can communicate this both to the victim and the offender by the officer's behavior at the scene. The officer's use of effective listening skills can reflect the officer's interest in the victim's reciting of facts, and can help that process. The officer should be aware of nonverbal communication signals, such as a fixed stare, which can be a barrier to communications. Natural eye contact should be maintained.
- b. The officer should be alert to possible incriminating statements of the assailant and record them in the offense report. These statements may (1) establish probable cause and (2) constitute "admissions" that the court will consider as evidence that the accused committed the crime. The officer should be aware that his or her own statements at the scene may be repeated at trial, thereby undermining the prosecutor's case, especially where the officer expresses reluctance for enforcing the law. Examples are statements such as "I don't want to do this, but..." and "I don't think you ought to be arrested, but I have to". (Of course, at times such "soothing" statements may be necessary for the officer's own safety.)
- c. In questioning the victim, the officer should use supportive interview techniques. The officer should ensure the victim's safety and privacy by interviewing the victim in an area apart from the assailant, witnesses, and bystanders. The officer should avoid questions or statements that are judgmental or have the effect of blaming the victim. E.g., "why did you let him in if you knew he was drunk?" and "why didn't you press charges the first time this happened?" Examples of supportive statements that can be used

to elicit information are: "I am concerned about you, can you tell me what happened," and "many women call us when they have been hurt by someone they are with in a relationship. Can you tell me what happened?" The officer should also ask the victim about the history of any previous violence involving the accused.

- d. Find out if there is a temporary protection order in effect. The officer should ask the victim whether there is a civil or criminal domestic violence protection order in effect and whether the victim can produce a copy. If the victim cannot produce a copy of the order, the officer will verify the existence and effective period of the order by following the procedure outlined in the section on protective orders, below. The officer should note carefully the restrictions imposed by the order so that the officer may determine whether there is probable cause to believe that the order has been violated.
- e. The officer should interview any witnesses as fully and as soon as circumstances allow. Additionally, if witnesses provide information about prior incidents which they have observed, the officer should document such incidents to establish a pattern, and to note in the bond information sheet.
- f. The officer should provide information to the victim about local community crisis resources.

### 3. PRESENCE OF CHILDREN AT THE CONFLICT SCENE

- a. If children are present, they should be separated from the parties. If only small children are present, they should be placed in a crib or playpen, if available, and supervised.
- b. Children should be interviewed about the abuse in a careful, gentle manner appropriate to the child's age and his or her emotional state. Children should be asked only very general questions about the alleged violence. If children show signs of trauma or distress, the questioning should stop.
- c. If a child is the suspected victim of domestic violence, child abuse or neglect, the officer should make a report to the children's protective services agency (\_\_\_-\_\_\_), as required by Ohio law. If the child is a suspected victim of abuse, the officer should follow the procedures spelled out in the "County Plan of

Cooperation" (required in each county by O.R.C. §2151.421) for interviewing child abuse victims.

- d. After initial evaluation of the situation, officers should not keep children separated from their caretaker.

If the arrest of the accused or the hospitalization of the victim will leave a child without a caretaker, the officer should determine whether there is a responsible relative who can care for the child and, if so, should contact that relative and await the relative's arrival. If no such person is available, the officer should contact Children's Protective Services and remain at the residence until a protective services worker arrives, or should take the child into custody pursuant to children's protective services law.

- e. Officers are required to report suspected incidents of child abuse or neglect, even when concluding that there is no probable cause that domestic violence was committed.

#### 4. COLLECTING EVIDENCE

The officer should collect and preserve all physical evidence reasonably necessary to support prosecution, including:

- a. evidence substantiating the victim's injuries;
- b. evidentiary articles that substantiate the occurrence of violence or imminent threat of violence: weapons, torn or blood-stained clothing, broken window glass fragments or damaged furniture;
- c. evidence recording the crime scene, such as a photograph of the crime scene showing evidence of a struggle, e.g., a forced door lock, broken window, broken or overturned furniture, blood stains, torn curtains, and general disarray.
- d. All physical evidence should be collected, noted in reports, and vouchered as in other criminal investigations.

#### 5. INVESTIGATION WHEN THE OFFENDER HAS FLED THE SCENE

If the offender has left the scene and there exists probable cause that a crime was committed, the officer should, in addition to the interviewing the victim and witnesses and collecting physical evidence:

- i. Conduct a search of the immediate area;
- ii. Obtain information from the victim and witnesses as to where the offender might be (at his or her job, a relative's or friend's house, a local business establishment); and
- iii. Remain on the scene until the victim(s) and any children have been transported to a shelter or safe place, or the victim or parent of the children has stated that he or she desires to remain on the premises.
- iv. Provide information to the victim about local community crisis resources.

C. ARREST

**PRO-ARREST POLICY**

This protocol states a “pro-arrest” or “preferred arrest” policy, wherein the preferred response to domestic violence or the violation of a domestic violence protection order, once probable cause has been established, is to arrest the offender. “Pro-arrest” means that arrest is the preferable action, and non-arrest measures are the exception. In contrast with a “mandatory arrest” policy, pro-arrest leaves some degree of discretion with the officer in deciding whether to arrest or take other action. The officer’s discretion, however, should be exercised in accordance with the principles outlined below.

1. The officer should immediately arrest the offender when:

- a. probable cause exists that the accused committed the crime of domestic violence and/or violation of a civil or criminal temporary protection order. Probable cause (see definition in Section I, above) is established either by:
  - i. the officer’s assessment of all of the facts and circumstances; OR
  - ii. the victim’s signing of a Victim’s Statement (or a parent signing on behalf of a child victim, or a juvenile of sufficient maturity signing on his or her own behalf).

AND

- b. The offender is present or otherwise immediately available for arrest.

2. CERTAIN FACTORS NOT TO BE CONSIDERED IN ARREST DECISION

Violence against a family or household member is a crime, and the officer must not allow this fact to be clouded over by myths or stereotypes about domestic violence, or by the belief (however likely in a particular case) that “they will just drop the charges anyway.” Assuming that probable cause has been established, the following factors should not be considered in determining whether to arrest the offender:

- a. The marital status of the parties (except to the extent necessary to determine whether the parties fit within a relationship covered by the domestic violence statutes)
- b. The ownership or tenancy rights of either party
- c. Verbal assurances that the domestic violence will stop
- d. A claim by the accused that the victim provoked or perpetuated the violence (this is different from the accused's claim that he or she acted in self-defense)
- e. Speculation that the victim will not follow through or cooperate with criminal prosecution (whether based on prior incidents involving the same victim, the victim's hesitancy about pursuing prosecution, or any other factor)
- f. The disposition of any previous police calls involving the same victim or accused (except to the extent necessary to establish credibility)
- g. Speculation that the arrest may not lead to a conviction
- h. The existence or non-existence of a current protection order (except insofar as the violation of such an order might justify arrest)
- i. The victim's emotional state
- j. Concern about reprisals against the victim
- k. Adverse financial consequences that might result from the arrest
- l. The racial, cultural, social, political or professional position, or the sexual orientation of either the victim or the accused.
- m. Intoxication by either party

It is the officer's responsibility to decide whether an arrest should be made. The officer, therefore, should not give controlling weight to the victim's opposition to arrest. The officer should emphasize to the victim and to the accused that a criminal prosecution is an action by the state, and is not the victim's action.

D. DUAL COMPLAINTS

A batterer often claims that the victim also is guilty of domestic violence, in order to direct the blame away from him or herself. The officer should exercise sound discretion in determining whether to arrest both parties or issue warrant referrals to both parties, keeping in mind the following:

1. If both parties allege domestic violence and there is evidence that both parties may have committed some form of violence against the other, the officer must evaluate whether one party acted in self-defense. If the officer so concludes, the party acting in self-defense should not be arrested, nor should he or she be given a warrant referral.
2. If there is evidence of violence on the part of both parties and the officer concludes that one party was the principal aggressor or that one party is likely to re-initiate the violence, the officer should arrest only that person, or should issue a warrant referral to the victim of that person. If the principle aggressor persists in demanding that the victim be arrested, also, the officer should tell the principle aggressor to contact the prosecutor's office or other appropriate entity. The [entity] will evaluate the principle aggressor's complaint after the charges against him or her have been resolved.
3. The officer is not required to permit both parties to sign the Victim's Statement, thereby establishing probable cause. Instead, the officer may direct any party to the prosecutor's office (or similar entity) to further discuss his or her allegations.
4. The officer may refer one or both parties to the appropriate court to seek a civil protection order.

E. APPREHENDING THE OFFENDER

1. Offender Present

The responding officer should take the accused into custody as soon as the officer determines that a warrantless arrest is appropriate.

2. Offender has Fled the Scene

If the suspect has fled the scene, the officer will normally give the victim a Warrant Referral and take no further action until informed that the warrant has been issued. However, where the facts and circumstances

indicate a high risk that the offender will return to the residence and poses a particular risk of further violence to the victim, the officer should consider the feasibility (in light of departmental policy and resources) of taking steps to pursue and arrest the offender immediately. If a warrant is necessary, the officer should obtain and execute the warrant as soon as practical.

F. APPROPRIATE CHARGES SHOULD BE FILED:

Whether the officer is the "complainant"<sup>4</sup> or is filling out the Warrant Referral form for the victim, the officer should indicate all applicable charges:

1. Domestic Violence, O.R.C 2919.25 (D).

If the offender has previously been convicted of domestic violence, assault, or felonious or aggravated assault involving a person who was then a family or household member, then a violation of 2919.25(A) or (B) is a fourth degree felony; a violation of 2912.25(C) is a third degree misdemeanor.

Confirm prior convictions with the Clerk's Office before signing the escalated charges. The opportunity to apply the escalated penalties for repeat domestic violence offenders may be lost if this step is omitted. If the officer is merely filling out a warrant referral form and does not have the opportunity to confirm the prior conviction, he or she should indicate on the form that the clerk should check for prior convictions before processing the victim's complaint.

2. Violation of a Temporary Protection Order (criminal) or Civil Protection Order (O.R.C. 2919.27).
3. Assault (O.R.C. 2903.13).
4. Aggravated Assault (O.R.C. 2903.12).
5. Felonious Assault (O.R.C. 2903.11).
6. Menacing by Stalking (O.R.C. 2903.211).
8. Any other appropriate charge, i.e., weapons violations, property crimes, child endangering, etc. It should be remembered, however, that only certain charges provide the victim the option of a temporary protection order.

G. ADVISING THE VICTIM

The officer should advise the victim of:

1. The availability of criminal charges as a means of relief (but see the section above on dual complaints);
2. His or her right to request a temporary protection order (TPO) if charges are filed;
3. His or her right to request, without filing criminal charges, a civil protection order;
4. The availability of shelter, counseling, and court advocacy;
5. The fact that, once the offender is arrested, he or she may only be in custody for a short time since judges will occasionally set bond prior to arraignment, even in the middle of the night; the officer should encourage the victim to articulate a safety plan to follow if the defendant is released.
6. The police incident number (if available), the officer's name and badge number, and a follow-up telephone number.
7. The need to keep the court informed of a good address and phone number where the victim can be contacted at any stage in the proceedings.

Also, UPON FIRST CONTACT WITH THE VICTIM, THE OFFICER SHOULD GIVE THE VICTIM WRITTEN INFORMATION DESIGNED FOR VICTIMS OF DOMESTIC VIOLENCE. Such information should contain, at minimum, a description of the victim's rights and remedies, appropriate resources and phone numbers, and information on the Crime Victim's Compensation Act.

H. WRITTEN REPORTS AND DATA COLLECTION

The information in the Domestic Violence Reporting Form [or local equivalent to a domestic violence incident report] and can be vital to bond determination, and can also factor into other decisions that arise later in the prosecution. The initial reports are a permanent record of information that tends to be overlooked if not recorded right away by someone other than the victim, and the officer should not underestimate the importance of thorough reporting, even where limited resources and time pressures exist.

1. THE DOMESTIC VIOLENCE REPORTING FORM

An incident report should be filled out for each and every response to a domestic dispute, whether or not charges will be filed. If the victim declines or is unable to provide a written narrative of the alleged incident, the officer should do so to the best of his or her ability using all available information.

A model domestic violence reporting form is appended to this protocol.

For departments declining to use the model reporting form, the following minimum facts should be gathered in the report:

- a. Names, addresses, and phone numbers of the victim, the accused, any witnesses, and the caller
- b. A statement of the relationship between the victim and the accused
- c. A narrative of the incident
- d. What, if any, weapons were used or threatened to be used
- e. A description of any injuries observed by the officer
- f. A description of any injuries described by the victim but not observed by the officer, and an indication that the injury was not observed
- g. Documentation of any evidence that would tend to establish that a crime was committed
- h. The officer's response to the incident, e.g., arrest, warrant referral, social service referral
- i. Whether the accused actually was arrested or whether there is an outstanding arrest warrant
- j. The crime(s) with which the accused was charged or for which the officer made a warrant referral
- k. If the accused was arrested and arraigned, and, if the officer knows at the time of filling out the report, whether bail was set and any conditions of bail imposed

- l. Notation of previous incidents involving the accused
- m. Whether there is a criminal or civil protection order in effect and whether it has been violated
- n. Whether children were present at the scene, their condition and disposition.

2. OFFICER'S BOND RECOMMENDATION

The officer is usually in the best position to marshal the information needed for informed bond setting. Each jurisdiction should have a "bond information form" designed to elicit critical information from the officer, such as the defendant's use of weapons or drugs, severity of injuries, etc.

If the officer is not able to fill out a bond information form, the officer should ensure that all important information reaches the bond evaluator (may be solely the judge or may be an officer or department of the Court) and the court records. This may be done by giving the victim a copy of the completed Domestic Violence Reporting Form and instructing him or her to submit the form to the prosecutor or to the victim advocate at arraignment.

If the reporting form is not completed before the officer separates from the victim, the officer should advise the victim where s/he can obtain the completed form.

3. OPTIMAL DATA COLLECTION

- a. Each law enforcement agency should have a procedure to ensure that all written reports on the same person are kept together or cross-referenced so that repeat domestic violence can be monitored.
- b. The written report, or another document (such as an index card), or computer entry generated from the written report, should become a domestic violence tracking report.
- c. The domestic violence tracking report should be accessible to dispatchers and police officers.

I. TEMPORARY PROTECTION//RESTRAINING ORDERS

1. TEMPORARY PROTECTION ORDER (TPO) (CRIMINAL)

This order is available as a condition of bond when the victim or the police officer signs a petition for a TPO and submits it with the complaint. A sample TPO is attached in the appendices [attach local sample].

- a. When the arresting officer signs the Domestic Violence charge, he or she will also request a TPO.
- b. When the victim is signing the Domestic Violence charge, the officer should recommend that the victim request a TPO.
- c. Regardless of who requests the TPO, the victim must appear at the protection order hearing. Advise the victim that the hearing is held in [identify specific room, building, address, days of the week and times].
- d. [Specify here whether, in your jurisdiction, the officer must appear at the protection order hearing.]
- e. Duration of Criminal TPOs

The TPO does not have an expiration date stated on its face. The order is effective until there is a "disposition" of the criminal case. [Usually, "disposition" means dismissal or sentencing, but it may also mean plea, conviction, or special court order. Officers should be familiar with local practice.]

2. CIVIL PROTECTION ORDER (CPO) (CIVIL)

- a. The victim must file a petition with the Common Pleas Court (Domestic Relations Division, where applicable). This can be done between the hours of [specify hours, days and location, and any advocacy agencies that specifically assist the victim in filing civil petitions].
- b. There are two hearing and two separate orders issued in the civil process:
  - i. The first stage is an "ex parte hearing" which is held on the same day that the petition is filed. At this hearing, the

court will generally issue an ex parte order. (See sample in the appendix [attach local sample].) The expiration date of the order appears on the \_\_\_\_\_ of the order, and usually corresponds to the date of the second hearing.

- ii. At the second stage, the court will hold a "full" hearing (usually 7-10 days after the ex parte hearing) at which the abuser will have an opportunity to appear and state his or her side of the story. The court may then issue a final protection order. The expiration date of this final order appears on the \_\_\_\_\_ of the order, and may be effective for up to one year after the hearing (or beyond, if renewed by order of the Court).
- c. Both the ex parte order and final order are civil protection orders and are fully enforceable.
- d. It is a common misconception that CPO's expire when a divorce is filed. This is not true. Only the child support, spousal support, custody and visitation provisions of a civil order expire, and they do so sixty days after the filing of the divorce.
- e. It should be noted that a CPO is available even when there are criminal charges pending and a criminal TPO is in place (ORC 3113.31 (G)). The domestic violence statute provides, however, that the issuance of a CPO automatically terminates the effectiveness of a criminal TPO. There may be cases where it is advisable for the victim to obtain a CPO. The advantages of a CPO are that the Domestic Relations Court may also make orders concerning temporary custody of minor children, and temporary orders of child and spousal support. Further, the CPO may be effective for up to one year, and can be extended by the court for good cause. By contrast, the criminal TPO is only effective until the criminal case is disposed of.

### 3. NON-DOMESTIC VIOLENCE RESTRAINING ORDERS DISTINGUISHED

Do not confuse the civil protection order with a "restraining" order that is issued by the Domestic Relations Court pursuant to its inherent authority in divorce cases. [Note, however, that in some jurisdictions a

CPO may be issued in conjunction with a pending divorce case.] Law enforcement agencies have no duty or authority to enforce the latter. Copies of the different types of orders are appended to this protocol so that they may be distinguished [append local samples].

Divorce-related restraining orders (unless a CPO) do not fall under the domestic violence statutes, and are enforceable only by a motion for contempt filed by the aggrieved party with the Domestic Relations Court. Officers should advise the person alleging that his or her divorce-related restraining order has been violated to contact their attorney or the Domestic Relations Court.

Keep in mind, however, that an act by one party that is a violation of a divorce-related restraining order may also independently constitute an act of domestic violence, and should be charged as such. Parties to a divorce are entitled to no less protection than other victims of domestic violence. Also, the officer should consider whether there is probable cause that any other crimes have been committed, such as trespass or property damage crimes.

#### 4. VIOLATIONS OF TEMPORARY PROTECTION ORDERS

Reckless or intentional violation of a criminal TPO or of a CPO is a criminal offense in itself and should be treated as such. (ORC 2929.27)

- a. If the victim alleges that a TPO or CPO has been violated, but cannot produce a copy of it, the officer should make every effort to verify the existence of the order from the scene of the conflict.

[State local procedures for verifying protection orders, both civil and criminal. Every jurisdiction should have a simple, quick method of verifying the existence and terms of a TPO/CPO, such as a centralized, 24-hour access point.]

- b. Violation of a TPO or a CPO is also subject to the "preferred arrest" policy stated in this protocol. Therefore, upon a finding of probable cause that a valid TPO/CPO has been violated, and if the offender is still on the scene or otherwise immediately available for arrest, an arrest should be made. If the offender has

fled, or if the case is a justified exception to the preferred arrest policy, the officer should issue a warrant referral to the victim.

- c. Violations of a TPO/CPO should be charged as follows:
  - i. First Offense: Fourth Degree Misdemeanor
  - ii. Second Offense: First Degree Misdemeanor
  - iii. Third (or more) Offense: Fourth Degree Felony

O.R.C. 2919.27.

Because of the escalating penalties, it is important to check to see if there have been prior convictions for TPO/CPO violations before charging the offender. If the officer is issuing a warrant referral, he or she should indicate on the referral form that there have been prior convictions, or that the Clerk should verify this.

- d. Violation of a civil protection order is also punishable by the Common Pleas/Domestic Relations Court as contempt of court. The victim or the victim's attorney must file a motion for contempt with the Common Pleas/Domestic Relations Court. This often is not a viable option for most domestic violence victims because of his or her lack of access to an attorney and because the motion may not be heard by the court for weeks or even months.
- e. Is a TPO/CPO effective when made or when served upon the defendant? [Since the answer to this question seems to vary by jurisdiction in Ohio, the local "rule" should be ascertained and stated here.]

## 5. CHANGING A TPO/CPO

Occasionally a victim will need to change the terms of a TPO or CPO. For example, she may have moved from the address stated on the TPO. If asked, the officer should advise the victim that she can have the terms of her order changed in the following manner:

- a. CPO: [state local procedure]

- b. TPO: [state local procedure]

J. ELDER VICTIMS AND DEPENDENTS

- 1. When responding to a report of domestic violence perpetrated upon an elderly person, the officer must take special precautions to avoid leaving a physically dependant elder alone in the residence without assistance. This may arise when the officer arrests the elder's only caretaker, or when the caretaker is the victim of domestic violence and he or she can no longer provide care (because of hospitalization or fleeing to a shelter).

Before leaving the residence, the officer should determine if the elder is physically endangered, either as a result of the abuse, a pre-existing medical condition, or the removal of the caretaker.

- a. If the elder is found to be endangered, yet is mentally alert, the officer should ask the elder for the name of a friend or relative who can be contacted immediately to assist the elder.
- b. If there is no one available to assist the elder, or if the elder appears not to be mentally alert, the officer should make an emergency referral to the [identify local adult protective services agency].

2. Advising the Elder Victim

In addition to the written information that the officer will give all domestic violence victims, the officer should advise the elderly victim of the availability of comprehensive victim services for the elderly through [identify local victim service agency specializing in elder victim-advocacy].

3. Mandatory Reporting Requirement

Ohio Revised Code Section 5101.61 (A) requires that any peace officer having reasonable cause to believe that an adult is being abused, neglected, or exploited or is in a condition which is the result of abuse, neglect, or exploitation shall immediately report such belief to the [local agency with the statutory responsibility to take such reports].

#### IV. CLERK OF COURTS (CRIMINAL)

##### A. Information for the Victim

As the "gatekeeper" to the court, the Clerk's Office plays an important role in supporting the victim's decision to follow through on prosecution or otherwise get out of an abusive situation. The criminal process is very confusing, and especially so for persons traumatized by recent abuse. Upon request, the clerk's office shall inform the victim of:\*

1. how to file criminal charges;
2. how to obtain a temporary protection order;
3. how to let the court or prosecutor know important information relevant to bond-setting, sentencing, and violation of protection orders;
4. status of the case: time, location, and nature of the next hearing;
5. identity and phone number of the judge and prosecutor;
6. whether the offender is locked up, and when he or she might be released;
7. the availability of and procedure for obtaining civil relief (or referral to another agency for information on civil relief).
8. The clerk should also provide copies of an existing TPO to the victim upon request.

The Clerk's Office shall give prompt, courteous and thorough answers (or referrals, where appropriate) to these questions so that lack of information will not be one more barrier the victim must contend with in order to ameliorate his or her situation.

- \* For certain crimes, such as felonious assault, the prosecutor is required by Ohio law to notify the victim of the time, date, and location of the trial, plea, or other final disposition of the case.

##### B. Literature Display

The Clerk will also have available, in a display stand and behind the counter, written informational materials, including pamphlets from area agencies providing services to domestic violence victims and treatment for offenders.

**C. Filing of Charges Based on Warrant Referrals**

1. Inform the victim of the next steps: date, time, location, and purpose of court hearings;
2. refer victim to the prosecutor's office for contact about the case;
3. refer victim to victim advocacy service agency.

**D. Cooperation with Victim Advocacy Service Agency**

The Clerk of County Court shall furnish the victim/witness advocates' office with a copy of the docket each day in order that they may provide support, court escort and advocacy to the victim.

## V. PROSECUTOR

### A. Ethics and Advocacy

The assistant prosecuting attorney's highest ethical responsibility is the duty to seek justice, not merely to convict. (Hereinafter, all references to the "assistant prosecuting attorney" shall mean the Prosecuting Attorney through his or her assistant.) This special duty exists because the assistant prosecutor represents the sovereign and therefore should use restraint in the discretionary exercise of governmental powers such as the selection of cases to prosecute. During trial the assistant prosecutor is not only an advocate, but he or she may make decisions normally made by an individual client and those decisions affecting the public interest should be fair to all. In our system of criminal justice, the accused is to be given the benefit of all reasonable doubts. Further, an assistant prosecutor should not intentionally avoid pursuit of evidence merely because he or she believes it will damage the prosecution's case or aid the accused.

### B. Vertical Prosecution

The individual prosecuting attorney who handles a domestic violence case at arraignment will be responsible for that case throughout the entire prosecution.

### C. "No-Drop" Policy

It will be made clear to the victim and the offender, from first contact through sentencing, and by every person associated with the prosecutor's office, that the victim in a domestic violence case cannot "drop" charges or "press" charges. The Prosecutor's office should prepare a form letter to send to victims explaining that the victim does not have the option of dropping charges as it is the State of Ohio that is pressing charges. The letter should explain that the Prosecutor will not put the victim in the uncomfortable position of having to testify in court unnecessarily, but that if the victim's testimony is necessary, the victim will be contacted and subpoenaed to appear in Court. Such a letter can be useful to victims in responding to pressures exerted by the abuser or family. The decision whether or not to "drop" or "press" charges is made by a member of the prosecutor's staff in accordance with the following guidelines.

#### **D. Charging Procedure**

Although some misdemeanor domestic violence cases originate with local police departments, some originate in the Prosecutor's Office intake or complaint unit. The following guidelines apply to cases originating there:

1. Filing criteria. In determining whether to file a misdemeanor charge, the intake/complaint unit will determine [specify local criteria].
2. Referral to the Victim Advocacy Service. Early and consistent contact between the assigned prosecuting attorney and the victim, and referral of the victim to an appropriate support service agency, is crucial to effective prosecution of domestic violence cases. The following steps should be taken:
  - a. The intake/complaint unit will refer the case to the victim/witness advocacy service, if this has not already been done. The victim advocacy service will assist the victim throughout the prosecution of the case and inform him or her of the availability of support and treatment.
  - b. The assigned prosecuting attorney will attempt to contact or interview the victim as soon as possible prior to hearing.
  - c. A representative from the intake/complaint unit and/or the prosecuting attorney will inform the victim that the Prosecutor's Office is responsible for charging and prosecuting the case.
  - d. The representative from the intake/complaint unit and/or the assigned attorney will stress that the victim is an important witness in the case.
  - e. The victim will be instructed to report his/her address and phone number (and any changes) to the prosecutor's office or victim/witness advocacy agency.

#### **E. Declined Prosecutions**

If the intake/complaint unit declines to prosecute the case, written reasons shall be provided for the file and the file will be sent for review to [the assigned supervisor] or, in his/her absence, to [alternate supervisor]. That person will then refer the matter to the victim advocacy service for follow up.

## **F. Bond**

### **1. Marshal Information**

The assistant prosecutor should provide all relevant information reasonably accessible to the court for consideration on bond-setting and establishing terms of the temporary protection order. Such information includes: the victim's and defendant's statements, the "bond information form," physical evidence (injuries, weapons), information obtaining from the advocate or victim, and any criminal history or lack thereof.

### **2. Fully utilize domestic violence bail statute.**

The assistant prosecutor will request that the Court consider all factors described in O.R.C. 2919.251 before setting bail. These factors -- the offender's history of violence or of violating court orders, mental health, potential threat to others -- must be considered when the offender is charged with committing domestic violence or related crimes while subject to the terms of a TPO or CPO, or has previously been convicted of domestic violence or a related crime.

## **G. Subpoenas**

Victims and all other witnesses will be subpoenaed at the earliest possible date to allow sufficient time to achieve service of the subpoenas.

## **H. Addressing Victims' Fears and Uncertainties**

Helping a victim overcome the fear and uncertainty of the judicial process is crucial to building cooperation with the victim as a witness. Early contact with the victim can clear up any misunderstandings regarding criminal prosecution. The State can assure the victim that the goal is to stop the violent behavior. Victims are often concerned over the possible punishment of the offender. They rarely understand the crime of domestic violence and believe that lengthy imprisonment is the only outcome. The various other potential outcomes should also be explained, e.g., probation, partially suspended sentence, abuser's education, etc. By sharing the State's goals with the victim, the prosecutor may gain an ally.

Experience shows that early and supportive contact with victims decreases fear of the process and increases victim witness cooperation. All victims should be

contacted by a victim witness advocate and/or local domestic violence program advocate. They should be offered information about the dynamics of domestic violence and court accompaniment. It is important to note that there are many legitimate reasons why a victim may not want to cooperate with a prosecutor. Abusers can be lethal and the victim is in the best position to know the capabilities of the perpetrator. A victim who does not appear in court or changes the story on the witness stand is not being "uncooperative" but rather is being self-protective. Prosecutors should be encouraged to learn ways to prosecute without the availability of the victim-witness by using evidence gathered on the scene, police reports, other witnesses, etc.

Cases in which the victim is afraid or uncertain about the legal process and/or its outcomes will be dealt with individually.

1. The victim advocacy service should be contacted for assistance in cases where the assigned prosecuting attorney determines that the victim is reluctant to testify.
2. If the victim fails to appear for trial and his or her testimony is not essential to successful prosecution (i.e., there is sufficient independent corroboration of the crime to prove the charges without the victim's full involvement), the matter should proceed to trial.
3. If the victim refuses to testify and/or fails to appear for trial and his or her testimony is essential to successful prosecution, the assigned prosecuting attorney may seek to enforce a subpoena when the ends of justice require it.
4. If the victim refuses to testify, the assistant prosecutor may nonetheless subpoena him/her to court and call the victim to testify under oath, seeking a declaration that he/she is a hostile witness, if necessary.
5. If the victim refuses to testify and his or her testimony is essential to successful prosecution, the case may be recommended for dismissal, with prior supervisory approval.
6. In case where the assistant prosecutor chooses to dismiss, based on the victim's refusal to testify, he or she will encourage the victim to file charges again if the violence reoccurs.

## **I. Plea Negotiations**

1. Restrictive Plea Bargain Policy. Reduction of charges will be limited to those cases in which evidentiary deficiencies suggest that a conviction for the charged offense has become unlikely. In these situations, and consistent with prosecutor discretion, there will be an offer to amend the complaint or to plea bargain to the court. Dismissals are appropriate in cases where evidentiary problems preclude the possibility of proving all elements of the crime.
2. Prior to the reduction or dismissal of a domestic violence case, the prosecutor should contact the victim and, in some cases, the victim advocacy service, to explain the decision and allow the victim to express his/her feelings about it.
3. The assigned prosecuting attorney will personally contact the victim prior to disposition.
4. There shall be no pleas offered or dismissals solely because a victim so requests. Reluctant or refusal of the victim or a witness to testify shall not be sufficient basis in itself for reduction or dismissal. Cases in which the victim is uncooperative will be dealt with on an individual basis.

## **J. Continuances**

1. The prosecutor will proceed with as few continuances as possible to increase the likelihood of conviction and to protect the victim and society.
2. If a victim fails to appear for trial and the victim's testimony is essential, a continuance should be requested. If the defendant requests a continuance, it should be strongly opposed.
3. If a continuance is granted, it should be brought to the attention of the court and made clear to the defendant on the record that any conditions of bond or orders of protection remain in effect. If there has not been a previous order of protection and the victim desires one, it should be requested from the court.

## **K. Advocate's Role**

Advocates should be permitted to attend hearings with the victims, and to act as advocates at any and all pretrial conferences. Prosecutors should explain to defense attorneys that advocates may be present and that the prosecutors support the advocacy role.

## **L. Sentencing Recommendations**

1. In the case of first-time offenders, the assigned prosecuting attorney should request, at a minimum, that the court (1) impose a sentence of supervised probation; (2) order an appropriate fine and costs; and (3) order the defendant to make restitution to the victim, including payment for her stay at a protective shelter; and (4) order the defendant to participate in a domestic violence treatment program. When required by the ends of justice, the prosecuting attorney should request that the court impose a period of incarceration.
2. In the case of second or repeat offenders, the assigned prosecuting attorney should request that the court impose, at a minimum, a sentence of probation and, if appropriate, a period of incarceration. Further, special conditions of probation may be recommended, including, but not limited to, a psychiatric or psychological evaluation, substance abuse evaluation, and counseling or treatment as appropriate.
3. Use of Sentencing Alternatives

Sentencing alternatives are intended to serve at least two purposes: they offer at least some possibility of rehabilitating the offender; and their prospect may encourage a victim to cooperate with the prosecution, who otherwise would not have cooperated out of concern that the offender would be imprisoned. Alternative sentences, however, are likely to be counterproductive -- that is, to increase the risk of further violence -- if the counseling or treatment program to which the offender is referred is ineffective. It, therefore, should be the policy of each prosecutor to recommend alternative sentencing only when the prosecutor can verify that the program to be included in the sentence meets appropriate effectiveness criteria. Such criteria include: that the program is of sufficient duration; that its curriculum is suitable to its purpose; and, most importantly, that it has a demonstrated record of success. If the offender violates the conditions of alternative sentencing, the prosecutor, of course, should seek its revocation.

There should be a relationship between the treatment program and the probation department, such that the treatment provider is required to report the defendant's non-participation to his/her probation officer.

Post-conviction diversion programs are preferred in domestic violence cases. Post-conviction diversion is that which is imposed after a guilty or nolo-contendere plea or conviction. Pre-conviction diversion is that in which prosecution on the criminal charges is deferred pending successful completion of diversion. If the participant fails in pre-conviction diversion, prosecution proceeds. Successful prosecution is difficult where the alleged perpetrator breaches the terms of the pre-trial diversion program and is brought on for trial. Thus, one advantage of post-conviction diversion is that the case is tried when it is fresh. Further, post-conviction participants are often better prepared for treatment because their denial about violence has been effectively disrupted. Also, the leverage over a convicted participant is greater. Sure and swift consequences of violence are most powerful for batterers. Revocation of probation, followed by incarceration, can be expedited in the post-conviction situation while it may take months for prosecution to be completed in consequences imposed in pre-conviction programs.

Under no circumstances will the prosecutor agree to generalize "family counselling" in which the convicted defendant himself will be allowed to decide when he is cured.

#### **M. Victim Protection Measures**

Victim protection measures should include filing charges for victim or witness intimidation, requesting criminal protection orders, requesting bail revocation, charging probation violations, and/or seeking criminal contempt orders, as the circumstances of the case require.

## **VI. THE JUDICIARY (CRIMINAL)**

The cooperation of the courts is essential to the success of any coordinated effort toward reduction of the incidence of domestic violence cases. Research consistently shows that "when the bench is serious about domestic violence, the rest of the justice system cooperates". However, it would be counterproductive (and questionable on legal grounds) to attempt to mandate rules for the judges which would dictate how every domestic violence case should be handled. Each case is unique on its own facts and, within the parameters of the law, each judge must bring to bear his or her individual discretion in deciding how the cases which appear before him or her should be handled.

The following, then, constitutes a suggested framework for a consistent overall approach to the unique problems which domestic violence cases present to the criminal justice system, while leaving intact the full range of judicial responses to those problems.

### **Motions for Temporary Protection Order (TPO)**

#### **A. Ex Parte Appearance by the Complainant**

Since the purpose of the TPO is to maintain the peace and prevent the possibility of further violence, pending a judicial determination of, at a minimum, probable cause, these orders are in the nature of injunctive relief and should be liberally granted.

#### **B. Appearance of Defendant Following Summons or Arrest**

1. A formal hearing with full due process protection should be afforded the defendant, if he/she so requests, to allow him/her to challenge the allegations made in the motion for TPO.
2. While the law requires that the hearing be had within 24 hours of the granting of the motion for TPO, to do so in some cases is impractical because the defendant is still at large at that time. To hold the hearing within 24 hours of apprehension is clearly the better practice.
3. At the conclusion of the hearing, if the motion is granted, the defendant will be given a copy of the TPO, and the Court will request that he sign the TPO to acknowledge its receipt.

#### **C. The burden of proof at the formal hearing on the motion for a TPO should be reasonable belief.**

1. This is not, and should not be, a trial on the merits.
  2. The purpose of the order is to keep the defendant away from the victim in order to prevent further violence.
- D. The terms of the TPO must be carefully and completely spelled out, since police officers can enforce only the exact terms of the order. The victim should be given an opportunity to inspect the TPO, to point out any errors (such as address(es) from which defendant is restrained), and to ask any questions before court is adjourned.
- E. Admonishing the defendant.

The judge should explain the terms of the TPO to the defendant and warn him/her about the penalties for violation. If the victim is present, the judge should explain (within hearing of the defendant) what steps he/she should take to enforce the TPO.

#### Defendant's Appearance at Arraignment

The judge should require the appearance of the defendant at arraignment and not authorize overnight release. The appearance will serve as a reminder of the potential consequences of future violence and may therefore deter pre-trial violence directed at the victim.

#### Verify Whether This is a Second Offense

At this stage, it should already have been determined whether defendant has a previous domestic violence conviction (by the police, court clerk, or prosecutor) that would escalate the current pending charge to a felony. The judge should inquire of the prosecutor whether the defendant's record has actually been examined. If the victim or the victim's advocate indicates that there has been a prior court case, the judge should direct the prosecutor to make this determination before proceeding with the case, and amend the complaint if appropriate.

## Bond

The judge should request and consider all available information in deciding what type of bond will be set. Such information should include, at minimum:

- (a) Input from the victim about the nature of the current violence, the history of violence and injuries, history of violation of protection orders, and whether she fears further assault pending trial [append a suggested questionnaire for gathering this information prior to arraignment -- by the clerk, prosecutor, or victim service agency];
- (b) the defendant's record of prior arrests and convictions for violent behavior;
- (c) the number and nature of police reports filed whether or not charges were filed;
- (d) the police offense report or bond recommendation; and
- (e) if applicable, the pre-release investigation report.

When a TPO has not been issued for some reason, the judge should nonetheless consider imposing a "no-contact" order as a condition of bond. Whether or not the violent incident involved children, they should be named in the TPO and the Court should order supervised visitation as a condition of bond.

Additional conditions of release should be imposed as appropriate, including: chemical dependency treatment, enrollment in an approved batterer's treatment program, and confiscation of weapons. Also, the victim should be given an opportunity to request special orders for the temporary disposition of such matters as requiring the defendant to turn over the family house or car keys.

For second offenses as described in O.R.C. 2919.251, the Court should request and consider all available information related to the considerations enumerated in the statute.

## Dismissal or Reduction of Charges

Judges should not accept civil compromises, deferred prosecutions, reduced charges, or dismissals where justice is not served by these devices.

Alternative dispositions and diversion in family violence cases are frequently inappropriate, and send a message to both the victim and the offender that the crime is less serious than comparable crimes against non-family members. When these alternatives are proposed, judges should ascertain that they are in the interest of justice

and not simply devices for docket management. When a victim asks to have the complaint withdrawn or is reluctant to testify, the judge should inquire about coercion and intimidation. (This may be especially true where a divorce is pending or contemplated. Victims are often coerced into "dropping" charges by empty, unenforceable promises of a favorable divorce settlement.) In cases where the victim refuses to testify, it is often possible to prove the case with other evidence. Prosecutors and Judges should maintain a "no drop" policy in regard to domestic violence cases unless the case is impossible to prove without the victim, and the victim cannot be located to testify.

### Pretrial Conference

Given the dynamics of family violence and the existence of an ongoing intimate relationship between the defendant and the victim, speedy resolution of the case will serve to better protect the victim as well as increase the efficiency of the entire process. Therefore, the pretrial conference should take place within two weeks of arraignment.

Inappropriate pleas to reduced charges should not be accepted. Continuances should be discouraged.

Cases of family violence shall not be dismissed at the pretrial conference stage if the sole reason for dismissal is the victim's unwillingness or reluctance to testify. (The victim shall be subpoenaed to appear at trial). Where possible, the victim shall be informed that a sheriff or police officer will be available to escort her to the trial. If the prosecutor insists on dismissing the charge solely on the basis of the victim's reluctance to testify, judicial disapproval of the dismissal shall be stated on the record. Inappropriate pleas to reduced charges will not be accepted.

### Trial

If the victim has been subpoenaed and appears but indicates a continuing reluctance to testify, the judge should order the victim to testify. The prosecutor should proceed with any independent evidence of the assault, even if the victim refuses to testify or does not appear at the trial. If the prosecutor refuses to proceed, even though there is independent evidence, and agrees to dismiss, judicial disapproval of the dismissal should be noted in the record. The victim witness advocate should be permitted to be with the victim throughout the proceeding including sitting beside the victim during the victim's testimony.

## Presentence Investigations and Recommendations

- A. Following conviction for domestic violence, or any allied offense, the judge should refer every defendant to the probation department or other appropriate entity for the preparation of a presentence investigation and report.
- B. The judge should require that every reasonable effort be made to contact the victim or the victim's advocate in order to:
  1. Inform the victim of the sentencing options and/or release conditions available to the court, and obtain a statement from the victim regarding the case;
  2. Discuss the need for conditions of probation or release which will provide for the on-going safety of the victim, i.e., limited contact by the assailant with the victim, supervised visitation of children, temporary removal of weapons from the household, continued absence of assailant;
  3. Inform the victim of the resources available, including Ohio Victims of Crime Compensation Act monies, legal advocacy, emergency shelter, and support/counseling groups;
  4. Obtain information from the victim regarding any aggravating circumstances, including but not limited to:
    - a. Serious bodily injury or threat thereof to any adult or minor child in the household;
    - b. Forces sexual contact or threat thereof to any adult or minor in the household or any prohibited intrafamilial sexual contact;
    - c. Use of, or threat with, a dangerous weapon;
    - d. Verifiable history of physical abuse by the offender to the victim or other family or household member;
    - e. On-going harassment of the victim by phone, mail, or in person by the assailant, or through a third party.

## Sentencing

- A. Every sentence in a family violence case should:
1. Hold the offender accountable;
  2. Order offender involvement in activities specifically designed to reduce future violence;
  3. Require an alcohol and drug evaluation where appropriate, mandate successful completion of treatment, and provide for mandatory chemical testing;
  4. Provide for formal supervision and monitoring of compliance;
  5. Place restrictions on the defendant as needed to protect the victim and other family members.

Key to this recommendation is the principle that all of these items must be a part of every sentence or court order. Offender accountability may be accomplished in a variety of ways, including restitution (for lost wages, shelter costs, medical, counseling and treatment fees, and replacement cost of destroyed property), supervised probation, and/or jail time.

See the discussion of sentencing alternatives contained in the Prosecutors section, part M.

- B. The typical sentence for first offenders (except in aggravated cases) should include the following elements:
1. Imposition of maximum jail term;
  2. Suspension of no less than half of the jail term, depending on the facts;
  3. A supervised probationary period of at least one year;
  4. Specific conditions of probation prohibiting any act of violence and, where appropriate, the use of all mind-altering substances;
  5. Mandated counseling and treatment, as appropriate, including:
    - education/therapy monitored by a domestic violence program
    - substance abuse rehabilitation

- mental health treatment
- prompt payment of any associated fees.

Treatment programs should be designed specifically to deal with battering and violent behavior. Individual or couples counseling does not address these issues or remediate the problems of violence, power and control. Alcohol and drug evaluations are also usually appropriate. While treatment for the alcohol and drug problems will not solve the violence problem, it is often a necessary prerequisite. Urine testing for alcohol and drug abuse as a condition of probation is absolutely necessary to monitor compliance.

Provision must be made for formal supervision and monitoring of the offender's behavior. Unsupervised bench probation is not appropriate or effective. In addition to offender accountability, formal supervision provides a measure of protection for the victim who will have an officer of the court to turn to in the event of subsequent threats or assaults.

Enhanced sentences may be called for in a number of circumstances such as the presence of children; use of a dangerous weapon; elderly, pregnancy, youthful or handicapped victim; sexual assault; serious injuries requiring hospitalization; or threats of death or serious bodily injury.

## VII. PROBATION DEPARTMENT

Probation departments should classify family violence offenders in the maximum supervision category and monitor them intensively.

### A. Post-sentence Probation Agreement:

1. Immediately following sentencing, the probation department shall add the court's special conditions to the written probation agreement, which the defendant is required to sign. The defendant should be ordered to refrain from harassing the prosecutor;
2. Copies of the agreement shall be provided to each person or agency specifically named in the agreement;
3. Conditions in the agreement shall be set forth explicitly. Any questions as to the court's requirements shall be resolved before the defendant signs. The probation department shall thoroughly review all conditions with the defendant before he signs.

B. The probation department shall periodically, but in no case less than once a month, meet face-to-face with the offender following sentencing. Any modifications in this schedule shall be approved by the court, in its discretion, following the presentation of documentation to justify the request.

C. The probation department in conjunction with the victim witness coordinator, shall attempt to contact victims, by phone and/or letter, at least once every ninety (90) days to encourage the reporting of any non-compliance with the provisions of the court's probation order.

D. Any non-compliance with the court's probation order may result in the probation department initiating probation violation proceedings, including arrest where probable cause of the violation can be established. However, allegations of continued harassment, verbal or physical, or unauthorized contact or substance abuse shall require the probation department to institute probation violation proceedings. Deviations from this practice shall be documented in writing and reviewed by a supervising probation officer and, when appropriate, the sentencing court.

- E. The filing of new charges of violence by the original complainant or any other person shall cause the probation department to institute probation violation proceedings (independent of the hearing on the new charges). The same shall be true even if the probation department does not discover the existence of the new charges until well after they have been filed, or even after they have been disposed.

## VIII. CLERK OF COURTS (CIVIL)

### A. Facilitating Petitions for Civil Protection Orders

1. The desk or person that a petitioner must initially approach to obtain civil relief should be clearly marked.
2. The clerk will at all times have available a supply of blank petitions on hand, as well as any other lawful and relevant forms the petitioner will be required to complete. Such forms will be developed in cooperation with local victim's advocates.
3. The clerk will provide prompt and courteous information to the petitioner about the procedures and court appearances, e.g., date, time, location, and purpose of hearings.
4. To the extent permitted by law, the clerk will assist the petitioner in completing the required forms.
5. Upon initial contact, the clerk will refer the petitioner to the victim advocacy agency, and inform her of the availability of court accompaniment.
6. The clerk will refer the petitioner to the local bar association and/or legal aid office should the victim express a desire to be represented by an attorney. However, attorney representation is not required and no petition shall be refused if filed *pro se*.
7. The clerk should be required to provide written information about local domestic violence resources. The clerk shall have in the immediate proximity a literature display, stocked with free written information about victims' rights and remedies, as well as pamphlets and the like from local victim's assistance and batterer's treatment programs.
8. The clerk shall furnish the victim advocate service a copy of the docket each day in order that the service may provide support, court escort, and advocacy to the victim.
9. The clerk will promptly provide copies of ex parte and final protection orders to the appropriate law enforcement agencies and to the central protection order registry (if applicable).

10. The clerk will promptly respond to requests from law enforcement to verify the existence and terms of CPOs.

## **IX. THE JUDICIARY (CIVIL)**

Civil restraining orders should be issued ex parte upon request when family violence has occurred or is threatened. Such orders should be clear and specific and should address:

- (a) The safety of victims at home, school, work, and other places where the victim is subject to harassment or potential violence;
- (b) Child custody and visitation;
- (c) Telephone threats or harassment;
- (d) Removal of the perpetrator from the home;
- (e) Financial support and maintenance for the victim and family members;
- (f) Weapons in the home or in the possession of the offender;
- (g) Physical description of the offender;
- (h) Expiration date;
- (i) Method of modification;
- (j) Provision for service upon offender together with notice and an opportunity for a speedy hearing.

Ohio law requires that the court hold an ex parte hearing on the same day that the petition for ex parte relief is filed. The court should thus prioritize such hearings and permit interruption of proceedings in progress in order to achieve compliance with this statutory requirement.

### **Role of Victim Advocate**

The court should permit the victim advocate to accompany the victim at all times during civil proceedings.

## Judges should not issue mutual protective or restraining orders.

Issuance of mutual restraining orders raises issues of due process, enforcement, and gender bias. This practice has emerged as a major problem in some areas, and has been cited in several states' gender bias reports as evidence of continued bias in the court's response to family violence.

In some cases, mutual orders of protection are issued even when the respondent has filed no cross petition nor alleged any violence by the petitioner. Thus, both parties are labeled as abusers and are treated as equally blameworthy. The message to the batterer is that such behavior is excusable, was perhaps provoked, and he or she will not be held accountable for the violence. Victims who have not engaged in violent behavior are confused, humiliated, and stigmatized when such orders are issued against them.

Mutual restraining orders create due process problems as they are issued without prior notice, written application, or finding of good cause. The petitioner of the original request for restraining order now finds himself or herself a subject of the order of protection, having had no opportunity to prepare a response or consult with an attorney.

Mutual restraining orders create significant problems of enforcement which render them ineffective in preventing further abuse. They are confusing to law enforcement and unenforceable. When an order is violated, police have no way of determining who needs to be arrested. Often, they will arrest both parties, further victimizing the real victim.

If both parties are alleged offenders, there should be two separate applications, hearings, findings of good cause, and separate orders issued. It should be recognized that most women who are accused of domestic violence are actually victims.

Should a respondent appear with or without counsel and request a trial, the original order should be extended, a continuance given, and the victim referred for representation.

## Words to the Parties

Respondent. The judge should explain the terms of the CPO to the respondent and require him/her to sign a statement to indicate that he understands its terms. The judge should warn the respondent about the penalties for violation of the CPO.

Petitioner. The judge should permit the petitioner to review the CPO prior to leaving the courtroom, so that he/she may point out any errors or omissions, and may ask questions. The judge should explain the victim's options if the CPO is violated (motion for contempt or filing a new criminal charge) and how the victim should pursue these. He/she should also be given written instructions and explanations.

## Victim Safety at the Courthouse

Since domestic relations courts are civil courts, it is unusual for security measures, such as police presence, to be in place. Therefore, courts should permit domestic violence victims, their families, and victim's advocates to use separate and secure facilities while filling out forms or waiting for hearings to begin.

## **X. CHILDREN'S PROTECTIVE SERVICES**

### **A. Screening to Identify Domestic Violence in the Home**

The central focus of Children's Protective Service agencies is to protect and promote the welfare of all children, and to prevent, remedy or assist in the solution of problems that may result in the neglect or abuse of children. An important aspect of this mission is to identify issues such as domestic violence which adversely impact families and place children at risk. Once problems are identified, service needs are assessed and appropriate services provided.

In this context, CPS provides direct services (or referrals to community services) to adult victims of domestic violence so that such persons can meet their obligations to their children.

Recent studies have found a 60-70% correlation between spouse and child abuse. Child abuse is defined as acts that inflict physical or mental injury. Growing up in a home where family violence is occurring is in itself a form of child abuse. Children in these homes suffer from low self-esteem, poor school attendance, poor social skills, delinquency, hyperactivity, nightmares, bedwetting, violent behaviors, and drug/alcohol abuse. They are far more likely to have serious emotional and psychological problems and to become abusers and victims of violence as adults.

Children's Protective Service agencies should develop methods of screening referrals for multiple abuses occurring in families, including use of a risk assessment matrix specific to domestic violence. Referrals and reports of child abuse from judges, shelter workers, law enforcement officers, and probation officers involved in a case of spouse abuse must be taken very seriously.

### **B. Taking Immediate Steps to Protect the Family**

Upon discovering multiple violence in a family, prompt legal intervention may be necessary. CPS staff should be familiar with civil and criminal court processes and procedures for obtaining protective orders. They must also cooperate and facilitate appropriate exchange of information with courts and agencies involved with the family. A primary consideration should be the immediate and long-term safety of the abused family members. It may be necessary to request that the Juvenile Court order the removal of the perpetrator from the home while a variety of services are provided to all family members. CPS staff may determine it necessary to alert the victim's attorney pursuing a divorce or a civil protection order action of the need to protect the victimized family members by the removal of the perpetrator.

### **C. Removal of the Abuser**

Generally, a family violence case involves a woman or children being abused by the male authority figure of the household. In such cases, the just course of action is to remove the perpetrator from the home, leaving the victims with at least the security of a familiar roof over their heads. Requesting that a Court issue such an order is recommended even if the home or its occupancy legally belongs to the perpetrator. Such an order gives a clear message to the offender that such behavior will not be tolerated regardless of who holds legal title to the home, and that the state intends to protect victims from further abuse.

It is extremely important that, where children can be made safe by removal of the abuser, they not be removed from their home. In families where there is multiple abuse, the mother may be faulted for neglect or failure to protect. Or, an acute incident of family violence will be forgotten and she will reunite with the perpetrator. These are all symptoms of the "Battered Women's Syndrome" and of a family caught in the "Cycle of Violence." Where the mother has herself been a victim of family violence, judgment should be reserved about her willingness and ability to provide a proper home for her children until such time as she has had ample support services and opportunities provided to break out of the cycle of violence. If the child's safety cannot be secured by other means and it is necessary to remove the children from the home, this should be done with a view towards returning them as soon as the mother has taken strong steps towards her own recovery. CPS should ensure that necessary services are provided, and that adequate safety plans are in place for the children. Reunification plans also involve assisting the victimized parent to enhance her parenting abilities and to develop a safety plan for herself and family either by direct CPS service or by CPS's referral to appropriate community services.

### **D. Services**

Reasonable efforts should be aimed at providing a violence-free home for the children, and in supporting the nonabusing caregiver parent so that parent can provide adequate child care.

Agencies responsible for protecting children must develop responses to child abuse which do not further victimize an abused parent, thereby reducing that parent's ability to care for the children. It is important not to inappropriately hold her accountable for the violence in the home, or to remove the children before services have been provided, either directly or through referral, which services could enable the mother to adequately provide for, and protect, herself and the children. The goal is to maintain children in their own homes if at all possible, and if children must be removed to return them home as soon as possible. To this end, services might include: referrals for legal representation

and victim support services, counseling, parenting classes, financial support, food, clothing, housing, day care, drug or alcohol treatment, children's counseling, life skills training, transportation, and referrals for employment training and placement.

**E. Domestic Violence Training Within CPS**

CPS should develop training regarding providing intensive, short-term support services to families experiencing domestic violence. The overall model should be one of combining advocacy for children and mothers, with the goal of breaking the intergenerational cycle of family violence. Objectives should include:

- \* Optimizing the health of the children through comprehensive pediatric assessments.
- \* Evaluating the children's current emotional/developmental needs and advocating for appropriate services through the Department of Human Services.
- \* Supplying information to mothers about the broad range of effects of violence upon their children in a safe, supportive environment.
- \* Advocating for the woman's safety after assessing her situation and reviewing her options so that she can adequately provide for the children.

**NOTE:**

Section X contains references from the publication Family Violence: Improving Court Practice, Recommendations from the National Council of Juvenile and Family Court Judges, Family Violence Project, 1990.

## **XI. MEDICAL FACILITIES**

Note: The Model Ohio Protocol For Responding to Domestic Violence was originally developed in October 1992. At that time, the section on Medical Facilities contained what was then considered a comprehensive response approach. Following the October printing of the Model Ohio Protocol, the Ohio Physicians' Domestic Prevention Project, TRUST TALK was made available to practitioners. This effort, sponsored by the Ohio State Medical Association, and the Ohio Department of Human Services, is now considered the optimal approach to Medical Facilities Response. TRUST TALK is offered here as the model for Medical Facilities response to domestic violence.

NOTE: To receive a copy of Trust Talk, please contact: Julia Arbini Carbonell, Ohio Department of Human Services, 65 East State Street 5th Floor, Columbus, Ohio 43215 or call (614) 466-5392.

● Ohio

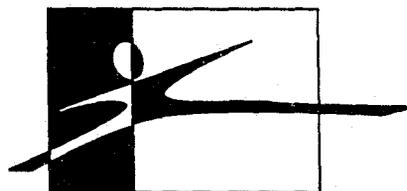
Physicians'

Domestic

Violence

● Prevention

Project



**TrustTalk**

● ***Break the silence. Begin the cure.***

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**Sponsored by:**

The Ohio State Medical Association  
The Ohio Department of Human Services

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The Ohio Medical Group Management Association

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The Ohio Society of Anesthesiologists  
The Ohio Dermatological Association  
The Ohio Chapter, American College of Emergency Physicians  
The Ohio Academy of Family Physicians  
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The Ohio Geriatric Society  
The Ohio Society of Internal Medicine  
The Ohio State Neurosurgical Society  
The Ohio Section, American College of Obstetricians and Gynecologists  
The Ohio Ophthalmological Society  
The Ohio Society of Pathologists  
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The Ohio Chapter, American College of Physicians  
The Ohio Society of Physical Medicine and Rehabilitation  
The Ohio Valley Society for Plastic and Reconstructive Surgery  
The Ohio Psychiatric Association  
The Ohio State Radiological Society  
The Ohio Society of Rheumatology  
The Ohio Committee on Trauma, American College of Surgeons

And special thanks to the American Medical Association, which provided the general medical guidelines for this handbook.

These guidelines are not intended to be construed or to serve as a standard of medical care. Standards of medical care are determined on the basis of all the facts and circumstances involved in an individual case and are subject to change as scientific knowledge and technology advance and patterns of practice evolve. These guidelines reflect the views of scientific experts and reports in the scientific literature as of March 1992.

**A message to the physicians of Ohio from  
Stanley J. Lucas, MD, President of the Ohio State Medical  
Association**

The Ohio Physicians' Domestic Violence Prevention Project was developed to help reduce the toll of one of the nation's most serious health problems: spouse or partner abuse.

Battering is the single major cause of injury to women and accounts for more than half of all female homicides. This problem encompasses all ages, all races and all economic groups. Nearly one-quarter of the women in the United States has been or will be abused by a current or former partner at one time during her life.

Yet, when the Ohio State Medical Association polled 4,800 non-surgical primary care specialists in the state in March of 1992 on the issue of family violence (spouse abuse, child abuse and elder abuse), the results were surprising. Only 9% of the physician respondents indicated that they frequently saw patients who were experiencing family violence and only 34% indicated that they occasionally saw these patients.

Those results, and the fact that only 14% of the respondents felt "very capable" of recognizing problems associated with family violence, prompted the OSMA, in collaboration with the Ohio Department of Human Services, to launch this project. The materials in this handbook address the issue of domestic violence or partner abuse. At a later date, the OSMA plans to provide materials to physicians on child physical/sexual abuse and elder abuse.

We at the OSMA are well aware of the fact that physicians cannot be held responsible for solving every social ill. However, the physician-patient relationship will always be the most viable forum for frank, early identification and treatment of domestic violence victims. And, in this day and age when much is being done to weaken the physician-patient relationship, we must do everything in our power to help strengthen it.

The goal of our domestic violence campaign is two-fold: first, to educate you, the physician about the prevalence of domestic violence and give you the information you need to respond to it and, second, to let patients know that they may look to their physician for help with this problem.

We are calling the patient component of the campaign "TrustTalk" because we want to emphasize that the physician-patient relationship, which is founded on trust, could provide many women with their best opportunity to take that first step of talking to someone about the fact that they are in an abusive relationship. Our logo, an individual stepping out of a shadow into the light, was selected to reflect the positive, hopeful nature of the campaign. For most women, breaking their silence regarding this problem is one of the most difficult things they will ever do. Physicians have the opportunity to encourage their patients to take that step.

This handbook was developed to give you the practical tools you need to help your

patients who are victims of domestic violence. Inside you will find information on how to approach women you suspect of being battered or emotionally abused, clinical guidelines for recognizing abuse, legal considerations, and, most important of all, a list of domestic violence shelters, separated by county, so that you know where to refer a woman for follow-up help.

Please review this material, discuss it with your staff and place the handbook within easy reach of everyone in your office. Your staff can play an important role in this campaign since some patients who may not feel comfortable approaching you may feel comfortable talking to your staff people. In fact, included in this packet is a special letter from the Ohio Nurses Association encouraging their members to take part in this campaign. Please share this letter with the nurses in your office. Nurses often have received special training in this area and can be very helpful in dealing with this issue.

Also included with this material is a poster for display in your office and a tent card that you can place in your reception area. The poster and tent cards will help alert your patients to the fact that they can talk to you about this very sensitive subject.

The theme for this campaign is: "Break the silence. Begin the cure." Physicians, by helping patients break their silence on this issue, will be helping them start on the road to happier, healthier lives.

### Category I CME Credit

Physicians may qualify for two hours of Category I Continuing Medical Education credit by reviewing the material in this handbook and taking the test enclosed with this packet.

George V. Voinovich  
Governor



Terry A. Wallace  
Director

# The Ohio Department of Human Services

30 E. Broad St., Columbus, Ohio 43266-0423

To the Reader of This Manual:

As Director of the Ohio Department of Human Services, I am pleased at the effort of the Ohio State Medical Association in addressing domestic violence as the serious health problem that it is to women and children in Ohio. The publication of this manual for medical professionals' response to domestic violence is only one of the many positive steps Ohio has undertaken to stop the violence in our homes.

Domestic violence affects all of us, our communities, our families, our children. Medical professionals are often the first people to see battered women, abused children or abused elder adults. It is imperative that medical professionals develop an understanding of the dynamics of domestic violence, recognize its indicators, and become aware of community resources so appropriate referrals can be made. This manual will be an invaluable tool toward those ends.

Ohio has become a model for other states in domestic violence prevention. We are committed to continue promoting the rights of safe homes for our children and their mothers. Thank you for your continued support in preventing domestic violence in Ohio.

Sincerely,

A handwritten signature in cursive script that reads "Terry A. Wallace".

Terry A. Wallace  
Director

## **Ohio Physicians' Domestic Violence Prevention Project**

The Ohio State Medical Association, in an effort to lessen the toll of domestic violence in Ohio, is asking all of its members to:

- 1. Assume that at least a portion of your patients are experiencing partner or spouse abuse and act accordingly.** See the section on the Definition of Domestic Violence and the section on Diagnosis and Clinical Findings.
- 2. Routinely ask your women patients, either as part of medical history taking, as part of the physical exam or when an injury suggests abuse, if they are experiencing abuse from a partner or spouse.** See the section Barriers to Identification and see the section on Interviewing the Patient.
- 3. If the patient indicates she is being abused, take the time to talk with her about her options. Give her the name and telephone number of the local shelter and tell her about the services it offers.** See the section on Intervention, the section on Legal Considerations and the section with the Shelter and Program List.
- 4. Document the patient's injury thoroughly. Not all abusive situations end up in court, but accurate, well-documented medical records are a big advantage if they do.** See the section on Legal Considerations and the section on Documentation.
- 5. Don't get angry or upset with a patient if she denies what is obviously abuse or if she fails to follow-up on your advice. Nationally, 75% of battered women first identified in a medical setting will go on to suffer repeated abuse. Just remember to remain supportive and hope that the next time she will take your advice.**

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## FACTS ABOUT DOMESTIC VIOLENCE

Domestic violence is characterized as a pattern of coercive behaviors that may include repeated battering, psychological abuse, sexual assault, progressive social isolation, deprivation and intimidation. These behaviors are perpetrated by someone who is or was involved in an intimate relationship with the person experiencing the violence. Although men can find themselves in this situation, the vast majority of cases involve women. For this reason, this handbook is written assuming the patient is a woman. For the most part, the same advice applies regardless of the sex of the patient.

There are no psychological or cultural profiles of a battered woman, but certain women are at somewhat greater risk for abuse: women who are single, separated or divorced (or who are planning separation or divorce); women between the ages of 17 and 28; women who abuse alcohol or other drugs – or whose partners do; women who are pregnant; or women whose partners are excessively jealous or possessive.

### Nationally

- It is estimated that six million women per year are assaulted by their partners.
- Forty-seven percent of husbands who beat their wives do so three or more times a year.
- It is estimated that 52% of female murder victims were killed by a current partner or ex-husband.
- Fourteen percent of ever-married women report being raped by their current or former husbands, and rape is a significant or major form of abuse in 54% of violent marriages.
- Battered women account for:
  - 22% to 35% of women seeking emergency services;
  - 14% of women seen in ambulatory-care internal medicine clinics;
  - 25% of all women who attempt suicide;
  - 25% of women seeking psychiatric emergency service;
  - 23% of pregnant women seeking prenatal care;
  - 45% to 59% of mothers of abused children;
  - 58% of women over 30 years old who have been raped.
- Ninety-five percent of all domestic violence is male to female.

*National statistics courtesy of the American Medical Association.*

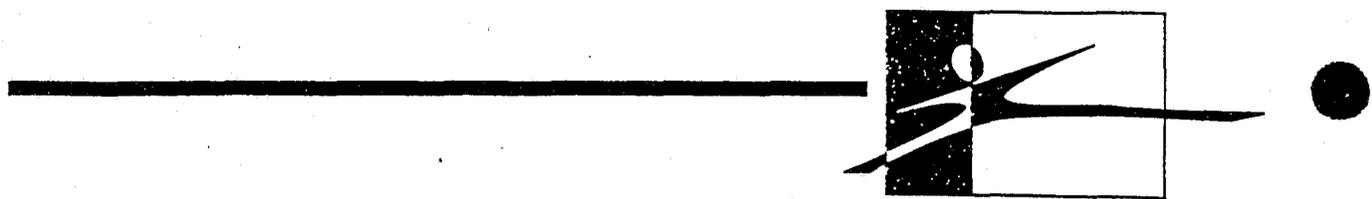
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## In Ohio

- In 1990, 15,000 Ohio families received crisis intervention assistance from domestic violence programs; more than 50% of those served were children.
- Eighty percent of violent juvenile offenders and adult prisoners come from homes in which domestic violence occurred.
- Ninety percent of abusive or neglectful parents were abused as children.
- Seventy-three percent of Ohio male abusers were abused as children.
- At least 80% of men in Ohio's prisons grew up in a violent home.

*Statistics courtesy of the Ohio Department of Human Services.*

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## Executive Summary

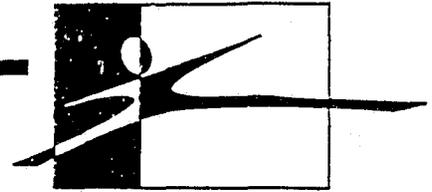
### Barriers to Identification

There are both patient barriers and physician barriers to recognizing domestic violence.

Many women are reluctant or unable to get help. Some are literally held captive, others may not have the money or means of transportation to leave. Cultural, ethnic or religious background may also influence a woman's response to abuse and her awareness of viable options.

Physicians may be reluctant to inquire about abuse for a variety of reasons, ranging from lack of awareness of the problem to thinking it isn't the physician's role to intervene, or that the woman provoked the abuse.

Recognizing these barriers is the first step to overcoming them.



## Executive Summary

### Definition of Domestic Violence

Domestic violence cuts across all age groups and social classes. It also goes beyond physical abuse. It includes emotional abuse (threats, isolation, extreme jealousy and humiliation) and sexual abuse. Whenever a woman is placed in physical danger or controlled by threat or use of physical force, she has been abused. The risk of abuse is greatest when a woman is separated from supportive networks.

Domestic violence usually occurs in cycles. Physicians need to be aware of the different stages so that they may identify the best time to intervene.

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## DEFINITION OF DOMESTIC VIOLENCE

Domestic violence cuts across all age groups and social classes. It is the ongoing, debilitating experience of physical, psychological and/or sexual abuse in the home, associated with increased isolation from the outside world and limited personal freedom and accessibility to resources. It includes emotional abuse – threats, isolation, extreme jealousy and humiliation – as well as sexual abuse.

### Ohio Law

The Ohio Revised Code defines domestic violence as to include child abuse and elder abuse as well as spouse or partner abuse:

**"The occurrence of one or more of the following acts between family or household members who reside together or have resided together:**

- 1. attempting to cause or recklessly causing bodily injury;**
- 2. placing another person, by the threat of force, in fear of imminent serious physical harm; or**
- 3. committing any act with respect to a child that would result in the child being an abused child.**

**A person may seek legal relief from this by filing a petition with the Court."**

**"Family or household member means any of the following, who is residing or has resided with the offender: a spouse, person living as a spouse, or a former spouse of the offender; a parent or child of the offender; or another person related by consanguinity or affinity of the offender; a parent or child of a spouse, person living as a spouse, or former spouse; or a parent, child, or another person related by consanguinity or affinity to a spouse, person living as a spouse, or former spouse."**

**Please Note:** For the purpose of this handbook, we will concentrate on spouse or partner abuse. Two other handbooks, on child abuse and elder abuse, are being developed by the OSMA for later distribution.

Whenever a woman is placed in physical danger or controlled by the threat or use of physical force, she has been the victim of domestic violence. The risk for this violence is greatest when a woman is separated from supportive networks.

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## Defining Physical Abuse

Physical abuse is usually recurrent and escalates in both frequency and severity. It may include the following:

- Pushing, shoving, slapping, punching, kicking, or shaking;
- Assault with a weapon;
- Holding, tying down, or restraining her;
- Leaving her in a dangerous place;
- Refusing to help when she is sick or injured.

## Defining Emotional Abuse

Emotional or psychological abuse may precede or accompany physical violence, as a means of controlling through fear and degradation. It may include the following:

- Threats of harm;
- Threats of harm to a woman's children;
- Physical and social isolation;
- Extreme jealousy and possessiveness;
- Deprivation;
- Intimidation;
- Degradation and humiliation;
- Calling her names and constantly criticizing, insulting and belittling her;
- False accusations, blaming her for everything;
- Ignoring, dismissing or ridiculing her needs;
- Lying, breaking promises, destroying trust;
- Driving fast and recklessly to frighten and intimidate her.

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## Defining Sexual Abuse

Sexual abuse in violent relationships is often the most difficult aspect of abuse for women to discuss. It may include any form of forced sex or sexual degradation, such as:

- Trying to make her perform sexual acts against her will;
- Pursuing sexual activity when she is not fully conscious or is not asked or is afraid to say no;
- Hurting her physically during sex or assaulting her genitals, including use of objects or weapons intravaginally, orally or anally;
- Coercing her to have sex without protection against pregnancy or sexually transmissible diseases;
- Criticizing her and calling her sexually degrading names.

## The Cycle of Violence

Domestic violence tends to follow a cycle of three phases. In phase one, tension begins to increase, anger rises, and there is blaming and arguing. In phase two, battering occurs, and can include sexual abuse, verbal threats, or use of objects or weapons. In phase three, the batterer may deny the violence, make excuses for his or her behavior, apologize, and promise not to do it again. The third phase is sometimes called the "Honeymoon phase."

Physicians have the best opportunity to intervene in phase one and two.

Research has shown that a victim may go through five to seven physical separations from his or her partner before taking any legal steps to obtain intervention in stopping the violence.

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## BARRIERS TO IDENTIFICATION

### Patient Barriers

Many women are reluctant or unable to seek help. Some are literally held captive and are not allowed out of the house. Others may not have money or means of transportation. If they do come to a physician's office, they may have to leave before they are seen, rather than risk further abuse for "getting home late." Childhood experiences of physical or sexual abuse, or witnessing domestic violence may make it more difficult for a battered woman to recognize a relationship as abusive and to take steps to protect herself. Cultural, ethnic or religious background may also influence a woman's response to abuse and her awareness of viable options. Other reasons for not mentioning abuse include:

- Fear that revelation will jeopardize her safety or the safety of her children;
- Lack of funds;
- Shame and humiliation at the way she is being treated;
- Thinking she deserved the abuse and is not deserving of help;
- Feeling protective of her partner. He may be her sole source of love and affection when he is not abusive and may provide the financial support for her and her children.
- Lack of awareness that her physical symptoms are caused by the stress of living in an abusive relationship;
- Belief that her injuries are not severe enough to mention.

Because the experience of abuse is so degrading and humiliating, a woman may be reluctant to discuss it with someone who may not take her seriously, who may discount her experience, who may perceive her as deserving the abuse, or blame her for staying with her abuser. She may fear that reporting the abuse will jeopardize her safety and destroy her means of support; she may stay in the relationship hoping that the situation will get better. Her partner may not always be abusive and this gives her hope that he will change.

### Physician Barriers

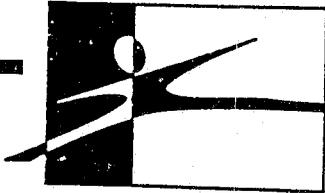
Until recently, physicians rarely addressed issues of abuse and violence, even when the signs or symptoms were present. There are many reasons why physicians may avoid asking about abuse and why it may seem difficult to do so

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initially. Among these are:

- Lack of awareness of the prevalence, means of identification, or severity of the problem and lack of recognition of the social and psychological costs of abuse;
- Thinking it is not a physician's place to intervene, or that the woman must have provoked the abuse;
- Believing identification of abuse and referral for services is not part of the physician's role;
- Not knowing how to intervene or help even if a woman is recognized as being battered;
- "Blaming the patient" and feeling frustrated or angry if the woman doesn't leave her partner (she becomes the problem for being noncompliant with the physician's timetable);
- Disbelief because the alleged assailant is present and seems very concerned and pleasant;
- Concern that discussing psychosocial issues will take an overwhelming amount of time;
- Difficulty dealing with the feelings evoked by listening to a woman describe what has been done to her. The physician may feel helpless or inadequate if he or she can't "do something" to "fix" the situation.

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Executive Summary

### Interviewing the Patient

Physicians should routinely screen all women patients in emergency, surgical, primary care, pediatric, prenatal and mental health settings for the possibility of domestic violence. Such questions can be included in the social history, past medical history, review of systems, or history of present illness, as appropriate. Because some women may not initially recognize themselves as "battered" (this is particularly true for emotional abuse), physicians should ask direct, specific questions on abuse.

Included in this section: specific suggestions on how to phrase questions to make them nonjudgmental and nonthreatening.

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## INTERVIEWING THE PATIENT

Domestic violence and its medical and psychiatric sequelae are sufficiently prevalent to justify routine screening of all women patients in emergency, surgical, primary care, pediatric, prenatal and mental health settings. Because some women may not initially recognize themselves as "battered," the physician should routinely ask all women direct, specific questions about abuse. Such questions may be included in the social history, past medical history, review of systems, or history of present illness, as appropriate. Physicians may want to update their medical history questionnaire to include these questions.

Although women may not bring up the subject of abuse on their own, many will discuss it when asked simple, direct questions in a nonjudgmental way and in a confidential setting. The patient should be interviewed alone, without her partner present. The physician should make an opening supportive statement, such as: "Because abuse and violence are so common in women's lives, I've begun to ask about it routinely." Even if she does not respond at the time, the fact that a provider is concerned and believes that battering is a possibility will make an impression. The physician's concern about abuse validates her feelings and reinforces her capacity to seek help when she feels ready and able to do so.

### Questions to Ask

Routine questions about violence not only identify women who are currently being abused but also serve to assess the safety of women who have been battered in the past and to heighten the awareness of those who have not been in abusive relationships. Routine assessment is particularly important for women who have recently left a violent relationship; leaving an abusive partner or finalizing a divorce may increase her risk for abuse.

A medical encounter may provide the only opportunity to stop the cycle of violence before more serious injuries occur, and intervention begins by gathering information. Providing the woman with a different kind of experience -- one in which she is respected and taken seriously; one that lets her know she does not deserve to be abused; one that offers the possibility of support and safety, and one that encourages her own choices and decision-making is, in itself, therapeutic and an important step. Questions about domestic violence should be asked in the physician's own words and in a nonjudgmental way. Here are some examples of recommended questions:

- Are you in a relationship in which you have been physically hurt or threatened by your partner? Have you ever been in such a relationship?
- Are you (have you ever been) in a relationship in which you felt you were treated badly? In what ways?

- 
- Has your partner ever destroyed things that you cared about?
  - Has your partner ever threatened or abused your children?
  - Has your partner ever forced you to have sex when you didn't want to? Does he ever force you to engage in sex that makes you feel uncomfortable?
  - We all disagree at home. What happens when you and your partner disagree?
  - Do you ever feel afraid of your partner?
  - Has your partner ever prevented you from leaving the house, seeing friends, getting a job, or continuing your education?
  - You mentioned that your partner uses drugs/alcohol. How does he act when he is drinking or on drugs? Is he ever verbally or physically abusive?
  - Do you have guns in your home? Has your partner ever threatened to use them when he was angry?

### Patient Response

Physicians should be prepared for the fact that a portion of their patients will indicate that they are in an abusive relationship. It is important for physicians to know how to respond appropriately. Please review the "Intervention" section for information on this subject.

### Denial

Some patients may deny being in an abusive situation even though all indicators point to the fact that they are. It may take a series of office visits before the patient feels comfortable discussing the problem. Physicians should not become angry or upset with these patients. Maintain the doctor-patient relationship and pay special attention to skipped appointments, etc., which indicate the cycle of violence is starting again.



## Executive Summary

### Diagnosis and Clinical Findings

Since domestic violence encompasses physical, emotional and sexual abuse, there are numerous clinical findings. Physicians should consider the possibility of assault when the woman's explanation of how an injury occurred does not seem plausible or when there has been a delay in seeking medical care.

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## DIAGNOSIS AND CLINICAL FINDINGS

### Physical Injuries

Episodes of physical assault characterize abusive relationships. Physicians should consider the possibility of assault when the woman's explanation of how an injury occurred does not seem plausible or when there has been a delay in seeking medical care. Common types of injury include:

- Contusions, abrasions and minor lacerations, as well as fractures or sprains;
- Injuries to the head, neck, chest, breasts and abdomen;
- Injuries during pregnancy (especially to the breasts or abdomen);
- Numerous injuries at multiple sites (unless the patient has been involved in an auto accident or other catastrophe);
- Repeated or chronic injuries.

### Related Medical Findings

The stress of living in an ongoing abusive relationship may cause any of the following:

- Chronic pain, psychogenic pain or pain due to diffuse trauma without visible evidence;
- Physical symptoms related to stress, chronic post-traumatic stress disorder, other anxiety disorders or depression. Examples are:
  - Sleep and appetite disturbances;
  - Fatigue, decreased concentration, sexual dysfunction;
  - Chronic headaches;
  - Abdominal and gastrointestinal complaints;
  - Palpitations, dizziness, paresthesias, dyspnea;
  - Atypical chest pain;
- Gynecologic problems, frequent vaginal and urinary tract infections, dyspareunia, pelvic pain;
- Frequent use of prescribed minor tranquilizers or pain medications;
- Frequent visits with vague complaints or symptoms without evidence of physiologic abnormality.

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Many practitioners have noted that chronic illnesses such as asthma, seizure disorders, diabetes, arthritis, hypertension and heart disease may be exacerbated or poorly controlled in women who are being abused.

Sexual coercion and assault are common expressions of domestic violence. Assessment for sexual abuse and rape should be addressed in the sexual or social history taken during routine primary care visits, in discussions of birth control and safer sexual practices and in evaluations during gynecologic and obstetric visits.

### Medical Signs During Pregnancy

Because of the risk to the mother and fetus, assessment for abuse should be incorporated into routine prenatal and postpartum care. Presentations include:

- Injuries, particularly to the breasts, abdomen and genital area, or unexplained pain;
- Substance abuse, poor nutrition, depression, and late or sporadic access to prenatal care;
- "Spontaneous" abortions, miscarriages and premature labor.

### Mental Health/Psychiatric Symptoms

Assessment for domestic violence should be included as a routine part of psychiatric intakes and evaluations. The stress of domestic violence may aggravate comorbid psychiatric disorders. Psychiatric symptoms of abuse include the following:

- Feelings of isolation and inability to cope;
- Suicide attempts or gestures;
- Depression;
- Panic attacks and other anxiety symptoms;
- Alcohol or drug abuse;
- Post-traumatic stress reactions and/or disorder.

Routine assessment of domestic violence in the patient's family is important for both men and women in alcohol and drug rehabilitation programs. Nearly 75% of all wives of alcoholics have been threatened, and 45% have been assaulted by their addicted partners.

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## **Patients' and Partners' Behavioral Signs**

Battered women exhibit a variety of responses to the stress of ongoing abuse; such patients may appear frightened, ashamed, evasive or embarrassed. A battered woman may believe she deserves the abuse because the abuser tells her so, and she may take responsibility for his violence to maintain some sense of control over her situation. Other findings may include the following:

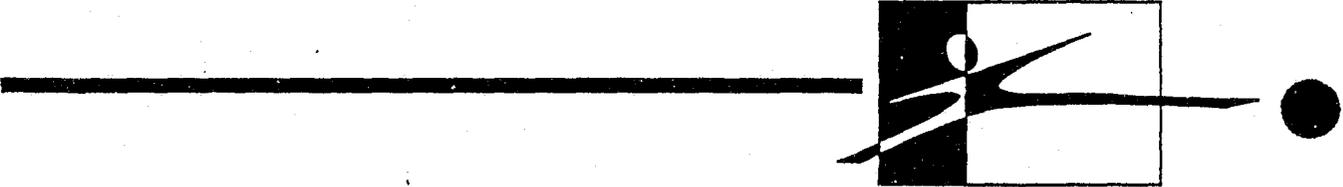
- Partner accompanies patient, insists on staying close and answers all questions directed to her;
- Reluctance of a patient to speak or disagree in front of her partner;
- Intense irrational jealousy or possessiveness expressed by partner or reported by patient;
- Denial or minimization of violence by partner or by patient;
- Exaggerated sense of personal responsibility for the relationship, including self-blame for her partner's violence.

## **Issues for Medical Treatment Compliance**

An abusive partner's use of control within a violent relationship may result in:

- Limited access to routine and/or emergency medical care;
- Noncompliance with treatment regimens;
- Not being allowed to obtain or take medication;
- Missed appointments;
- Lack of independent transportation, access to finances, ability to communicate by phone;
- Failure to use condoms or other contraceptive methods;
- Not being told by a partner that he is infected with HIV or other sexually transmissible diseases.

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## Executive Summary

### Intervention

Once abuse is recognized, a number of interventions are possible, but even if a woman is not ready to leave the relationship or take other action, the physician's recognition and validation of her situation is important. It helps confirm the seriousness of this situation and the need to resolve it.

It is important to evaluate the existence of psychiatric and/or substance abuse problems which may coexist with the violence.

The first concern should be the safety of the woman and her children. It is imperative that the physician inquire about a battered woman's safety before she leaves the medical setting.

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## INTERVENTION

### Important Considerations

Once abuse is recognized, a number of interventions are possible, but even if a woman is not ready to leave the relationship or take other action, the physician's recognition and validation of her situation is important. Silence, disregard or disinterest convey tacit approval or acceptance of domestic violence. In contrast, recognition, acknowledgment and concern confirm the seriousness of the problem and the need to resolve it. Optimal care for the woman in an abusive relationship also depends on the physician's working knowledge of community resources that can provide safety, advocacy and support. (Refer to the community agencies listed in the last section of this handbook under "Shelter/Program List.")

### Emotional Problems

The injury or complaint that precipitated the health care encounter requires evaluation and appropriate treatment. In addition, the physician should ask about the patient's use of pain, sleeping or antianxiety agents. Psychiatric problems, including severe depression, panic disorder, suicidal tendencies or substance abuse, may hinder the battered woman's ability to assess her situation or take appropriate action. When serious psychiatric conditions are present, an appropriate treatment plan includes psychiatric evaluation and treatment. On the other hand, emotional, behavioral and cognitive symptoms of abuse can be misinterpreted as psychiatric in origin. Physicians must make sure that the mental health professional to whom they refer the patient is sensitive to these issues.

### Substance Abuse

Alcohol or drugs may be used to rationalize violent behavior. Perpetrators and family members may insist that substance abuse is the problem. Evidence indicates that while substance abuse and violent behavior frequently coexist, the violent behavior will not end unless interventions address the violence as well as the addiction. Medications for pain, anxiety, sleeping, etc., should be used judiciously since these medications may cloud a woman's judgment and may be used for suicide attempts. Similarly, mental illness is rarely the cause of domestic violence, although mental illness in a batterer can lead to loss of control and increased frequency and severity of violence. Treating the mental illness alone will not end the violence. Both issues must be addressed.

### Family Safety

Couples' counseling or family intervention is generally contraindicated in the presence of domestic violence. Attempts to implement family therapy in the

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presence of ongoing violence may increase the risk of serious harm. The first concern must be for the safety of the woman and her children.

Often women are not the only victims at home: Child abuse has been reported to occur in 33% to 54% of families where adult domestic violence occurs. In situations where children are also being abused, coordinated liaisons between advocates for victims of domestic violence and child protective service agents should be used to ensure the safety of both the mother and her children. Otherwise, the reporting and investigation of alleged child abuse may increase the mother's risk of abuse.

### Patient Safety

It is imperative that the physician inquire about a battered woman's safety before she leaves the medical setting. The severity of current or past injury is not an accurate predictor of future violence, and many women minimize the danger they face. After assessing the situation, plans for the woman's safety should be discussed before she leaves the physician's office. Various options should be considered:

- Does she have friends and family with whom she can stay?
- Does she want immediate access to a shelter?
  - If none is available, can she be admitted to the hospital?
  - If she doesn't need immediate access to a shelter, give her written information about shelters and other resources if it is safe to do so.
- Does she need immediate medical or psychiatric intervention?
- Does she want immediate access to counseling to help her deal with the stress caused by the abuse?
- Does she want to return to her partner, with a follow-up appointment at a later date?
- Does she need referrals to local domestic violence organizations?

If the patient feels it is safe to do so, provide her with information on how to seek help and, if needed, provide her with a private place in your office to make the call. If the patient does not feel safe, have someone in your office place a call to one of the shelters in your community while she is still in the office.

### Leaving the Abusive Situation

For many women, deciding to leave an abusive relationship is one of the most difficult decisions they will ever make. Depending on the situation, some women

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may have to bolt from the home with no notice, others have some time to plan what they will need to take with them. The following items will be helpful to the woman after she leaves:

- As much cash as possible (at least \$50), a checkbook, an ATM card and credit cards;
- A small bag of extra clothing for the woman and her children;
- Extra keys for the car and house;
- Documents:
  - Bank accounts;
  - Insurance policies;
  - Marriage license;
  - Abuser's date of birth;
  - Social Security Numbers (abuser's, woman's and the children's);
  - Birth certificates (the woman's and the children's);
  - List of important phone numbers (family and friends);
  - Sentimental valuables.

### **Failing to Leave an Abusive Situation**

Nationally, 75% of battered women first identified in a medical setting will go on to suffer repeated abuse. In fact, a victim may go through five to seven physical separations from her partner before taking any legal steps to obtain help in stopping the violence. Physicians should maintain the physician-patient relationship and continue to provide the patient with support and assistance.



## Executive Summary

### Documentation

Thorough, well-documented medical records are essential, since they provide concrete evidence of violence or abuse and may prove to be crucial in the outcome of any legal case.

In addition to keeping detailed written records, physicians may want to utilize the assessment guidelines form and injury chart (enclosed in this section) and may want to keep photographic records of injuries (a photo release form is included in this section).

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## DOCUMENTATION

### Medical Records

Thorough, well-documented medical records can provide concrete evidence of violence and abuse and may prove to be crucial to the outcome of any legal case. If the medical record and testimony at trial are in conflict, the medical record may be considered more credible. Records should be kept in a precise, professional manner and should include the following:

- Date and time of arrival;
- Name, address and phone number of anyone accompanying the victim;
- Chief complaint and description of the abusive event, using the patient's own words whenever possible rather than the physician's assessment. "My husband hit me with a bat" is preferable to "Patient has been abused."
- Complete medical history;
- Relevant social history;
- A detailed description of the injuries, including type, number, size, location, resolution, possible causes, and explanations given. Where applicable, the location and nature of the injuries should be recorded on a body chart or drawing. (See form in this section);
- An opinion on whether the injuries were adequately explained;
- Documentation if explanation of injuries given is inappropriate;
- Documentation that the physician asked the patient about domestic violence, and noting the patient's response;
- Results of all pertinent laboratory and other diagnostic procedures;
- Color photographs and imaging studies, if applicable (See form in this section);
- If the police are called, the name, badge number and phone number of the investigating officer and any actions taken;
- Name of physician and/or nurse who treated the victim.

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## Photographs

In addition to complete written records, photographs are particularly valuable as evidence. A 35mm camera offers much better quality, clarity, and color of photographs than can be provided by a polaroid or instamatic camera; however, any documentation is preferable. The physician should ask the patient for permission to take photographs. (See form in this section.) Imaging studies also may be useful. State laws that apply to the taking of photographs apply to x-rays as well. The physician's office may need to establish a documentable chain of custody for all photographs or other evidence, which can prove it was not tampered with.

- When possible, take photographs before medical treatment is given;
- Use color film, along with a color standard;
- Photograph from different angles, full body and close-up;
- Hold up a coin, ruler or other object to illustrate the size of an injury;
- Include the patient's face in at least one picture;
- Take at least two pictures of every major trauma area;
- Mark photographs precisely as soon as possible with the patient's name, location of injury, and names of the photographer and others present and the date and time the photograph was taken.

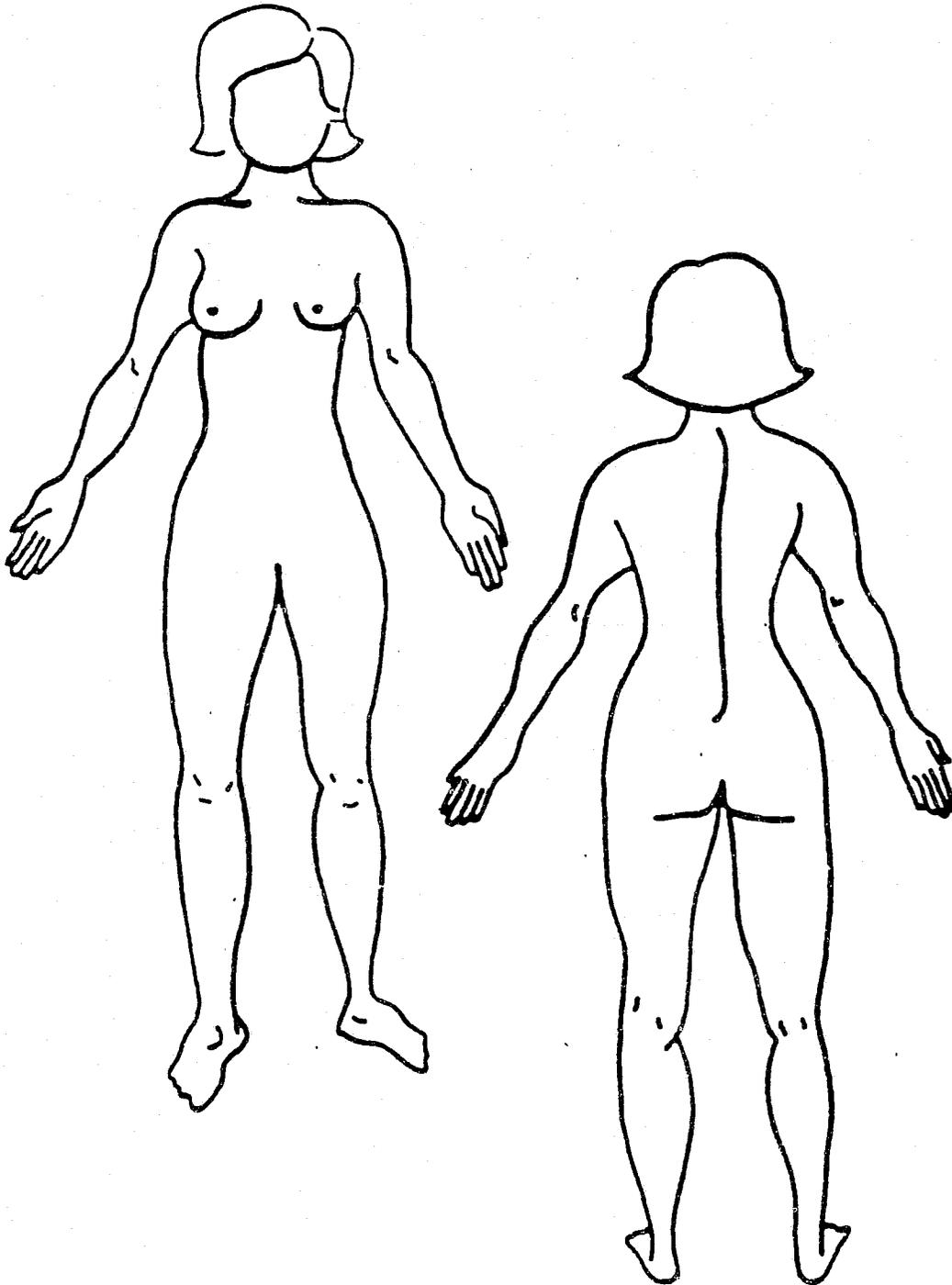
## Admission of Records in Court

For medical records to be admissible in court the doctor should be prepared to testify:

- That the records were made during the "regular course of business" at the time of the examination or interview;
- That the records were made in accordance with routinely followed procedures;
- That the records have been properly stored and their access limited to professional staff.

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Injury Map



## Assessment Guidelines For Victims of Violence

The purpose of this assessment sheet is to provide accurate documentation of physical abuse in patients presented to emergency departments.

A. Patient's statement of cause of injury.

B. Patient's description of assault, in detail.

1. Detail and chronology

2. Pain and symptoms

C. Check physical findings:

	Contusions	Abrasions	Lacerations	Bleeding	Fracture	Loss of Function	Painful Areas
Head							
Ears							
Nose							
Cheeks							
Mouth							
Neck							
Shoulders							
Arms							
Hands							
Chest							
Back							
Abdomen							
Genitalia							
Buttocks							
Legs							
Feet							

D. Describe presence of trauma. Indicate location, appearance and size.

Indicate possible source (teeth, cigarette burns, etc).

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## Consent to Photograph

The undersigned hereby authorizes \_\_\_\_\_  
(Name of Agency)  
and the attending physician to photograph or permit other persons in the employ of this facility to photograph \_\_\_\_\_ while under the care of this facility,  
(Name of Patient)  
and agrees that the negatives or prints be stored in patient's medical record, sealed in a separate envelope, in the event they may be needed later for evidence. These photographs will only be released to the police or prosecutor when the undersigned gives permission to release the medical records. The undersigned does not authorize any other use to be made of these photographs.

Date \_\_\_\_\_ Patient's Signature \_\_\_\_\_

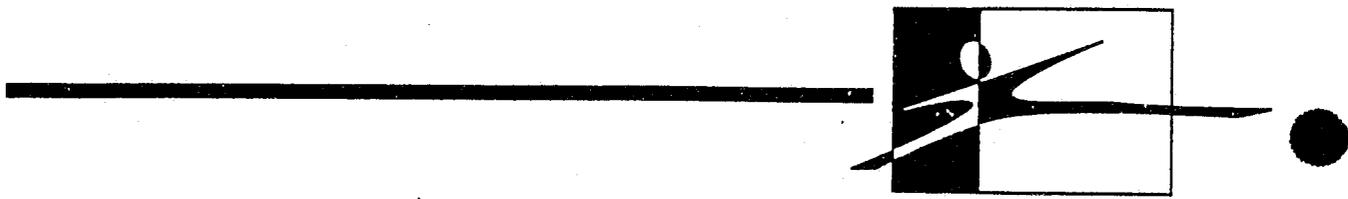
Witness \_\_\_\_\_

\_\_\_\_\_  
Patient's Parent or Legal Guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

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## Executive Summary

### Legal Considerations

Ohio does not have mandatory reporting requirements for domestic violence (reporting for child physical/sexual abuse and elder abuse is mandated for physicians). It is the responsibility of the abused person to report the abuse to the proper authorities.

However, physicians should thoroughly document in the patient's records any indication of injuries (physical, sexual and emotional) caused by abuse. If the case goes to court, these records would be very helpful to the woman.

Included in this section: an explanation of the legal options available to people who are experiencing abuse. Physicians may want to photocopy this section and make it available to interested patients.

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## LEGAL CONSIDERATIONS

### Ohio's Reporting Requirements

#### Domestic Violence

Unlike child physical/sexual abuse and elder abuse (see below), Ohio does not have an explicit law requiring physicians to report instances of spouse or partner abuse. It is the responsibility of the abused person to report the abuse to the proper authorities. For a physician, reporting abuse (or disclosure of a diagnosis of abuse to anyone else) should only be done with the abused person's knowledge and consent.

Physicians are required, however, to report to law enforcement officials any gunshot or stab wounds, or any other injuries that they suspect are a result of acts of violence.

#### Child Abuse

Physicians, including hospital interns and residents, are required to report incidents of suspected abuse or neglect of a child to the Children Services Board, the County Department of Human Services exercising the children services function, or to a municipal or county peace officer. Failure to report can result in a fourth-degree misdemeanor punishable by 30 days in jail or a \$250 fine.

The report can be made by telephone or in person, although the receiving agency may request a written report.

If a physician reports suspected child abuse or neglect, the physician is immune from any civil or criminal liability that might otherwise be incurred as a result of his or her reporting. The physician-patient privilege is not a ground for excluding evidence regarding a child's injuries, abuse or neglect in court hearings resulting from the submission of a report.

#### Elder Abuse

Physicians who have reasonable cause to believe an adult of 60 years or older is being abused, neglected or exploited, or is in a condition that is the result of abuse, neglect or exploitation, must report such belief to the County Department of Human Services. Failure to report suspected cases of elderly abuse can result in fines of up to \$500.

The report may be written or oral, but written reports may be requested by the department. All reports are confidential.

Physicians who make a report shall be immune from civil or criminal liability, except liability for perjury, unless the physician has acted in bad faith or with malicious purpose.

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## Court Appearances

Since abusive situations often end up in court, it is possible that physicians with patients who are victims of domestic violence may become involved in the legal proceedings.

There are basically two ways a physician may be drawn into this situation. First, a physician may be called by the court to present evidence that a patient has been abused, testifying about the contents of the patient's record or statements made by the patient. If this becomes necessary, a well-documented medical record, in addition to helping the patient, may help reduce the time a physician is required to spend in judicial proceedings. Also, it may be possible to place the physician "on call" for court, so that he or she need appear only when it is time to testify.

The second way a physician may become involved is as an expert witness. In this situation, the physician may be requested to give expert medical testimony, perhaps giving an opinion on whether an explanation given by a patient for a particular injury is consistent with medically recognized abuse.

## Giving Testimony

With regard to testimony, the following guidelines may be helpful.

- Insist on pre-trial preparation by the attorney presenting you as a witness;
- Know the facts of the case well;
- If testifying as an expert witness, propose questions for the attorney to ask;
- Brief the attorney on questions to ask the opposing expert;
- Listen to the question asked and answer only that question;
- If a question is not understood, ask that it be repeated;
- Do not volunteer information;
- Explain when a one-word answer is not enough;
- Calmly correct an attorney who misstates prior testimony.

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## Medical Malpractice Lawsuits

As is true in other medical situations, it is conceivable that even if a physician has taken all possible measures to handle these cases correctly, he or she could be sued. If sued, physicians should:

- Not panic;
- Not discuss the case with anyone until they have spoken with their attorney;
- Contact their malpractice insurance carriers;
- Record the circumstances involved in the serving of a summons;
- Have thorough documentation.

## PATIENTS' LEGAL OPTIONS

In Ohio, there are two laws regarding domestic violence – a civil statute (civil protection order) and a criminal statute. A victim can choose to use one option or both to obtain maximum protection. The following overview was developed to help physicians and their patients understand the various legal options available to victims of domestic violence. It is advisable for a woman to consult with an attorney before exercising any of the following options.

### Civil Protection Order (CPO)

The victim may use a civil protection order to receive temporary relief from an abusive situation whether or not a criminal charge is filed against the abuser.

There are three bases for filing a civil protection order:

1. attempting to cause or causing bodily injury;
2. placing someone in fear of imminent harm by a threat, or committing menacing by stalking or aggravated trespass;
3. abuse of a child.

A family or household member who is a victim, or an adult household member on behalf of a child may request the order. Family or household members include the following who reside or have resided together in the past year:

Spouse, ex-spouse, a parent or child, a stepparent or stepchild, other persons related to the abuser or to the spouse, or ex-spouse of the abuser; boyfriends, girlfriends, or their children; and gays and lesbians.

### Filing a Civil Protection Order

The victim may request a civil protection order through the domestic relations division of the local court of common pleas. In many jurisdictions, the victim must have an attorney represent him/her in the proceeding. However, some courts do allow for self-representation by the victim.

The victim can choose to request one or more of these options:

- Order the abuser to have no contact with the victim in person or by phone, at home, work or anywhere. The victim's family may be included in the order.

## PATIENTS' LEGAL OPTIONS - PAGE 2

- May award the victim temporary custody of children, child support or visitation arrangements, as well as use of home, car or residence.
- Order the abuser to leave the house or apartment the victim and the abuser both live in – even if it is in the abuser's name.
- Order the abuser to stay away from the victim's separate residence.
- Order the abuser to attend counseling sessions.

Upon the filing of a petition for a civil protection order, the victim will generally need to explain to a judge the reason for the order. The judge needs to know that the victim fits the definition of a family or household member, has been threatened or harmed, and is fearful of continuing harm. The judge can then grant a temporary order, in effect until a full hearing is held. A copy of the order must be served on the abuser. Note that at the first hearing the abuser will not be present.

### Full Hearing

When the victim receives the original civil protection order, he or she will be given a date to return to court for a full hearing. The hearing is to be held within seven court days or within 10 days of when the original order was granted.

The abuser shall be given notice of an have an opportunity to be heard at this hearing. Either an agreement on terms of a continuing order will be reached or each party will have a chance to testify. If an agreement cannot be reached, the judge/referee will decide on the terms and length of any continuing protection order (or the court can dismiss the order if there is no evidence). The maximum length of the order is one year, upon request of a party and approval of the court. If there is any continued abuse after the civil order is dissolved, a victim can reapply for a new order. If the abuser was served and given notice of the hearing, but does not appear, the court can proceed without him or her. If the victim fails to appear and makes no arrangements in advance to reschedule, the case will be dismissed and the protection order is no longer valid.

The victim should bring to the hearing a witness and any or all documentation of abuse, including polic reports and hospital or physician records.

### Using the Civil Protection Order

When the victim obtains his/her copy of the protection order, he/she should keep it with him/her at all times. The local police and the abuser should also have copies.

If the abuser does not obey the order, the victim should call the police. The abuser can be arrested and charged with violation of a protection order. It may

be helpful to obtain the officers' names and badge numbers when they arrive.

Once an order is granted, it cannot automatically be dissolved by the actions of the victim, such as to allow the abuser to enter the residence. Only a judge can dissolve the order. Therefore, it is valid until it has expired by passage of time or upon a court order, and an abuser can be held to have violated said order regardless of the actions of the victim. Some jurisdictions make prosecution difficult in this situation, however, and victims should seek advice from experienced counsel if they find themselves in this situation.

### **Filing Criminal Charges**

The victim may file criminal charges against the abuser arising from an incident of domestic violence. These charges may be filed at a police station in the city or municipality where the event occurred. However, some jurisdictions may require that the victim appear at the prosecutor's office after making a police report, in order to file the formal charge or request the temporary protection order. In other counties, a hearing on the request for a protection order is held after the abuser is arrested.

Three types of domestic violence charges may be filed: knowingly causing or attempting to cause physical harm to a family member or household member; recklessly causing physical harm to a family or household member; or a threat by force to cause imminent physical harm to a family or household member. Other criminal actions against batterers may include prosecution for assault, aggravated assault, felonious assault, menacing by stalking, and aggravated criminal trespass. Local domestic violence programs often can explain to women the legal options that are available, and can help them access the legal system.

### **Penalties if Convicted**

Any charges resulting in a conviction give the abuser a permanent record and may result in the abuser being sentenced, fined or put on probation. Conviction of a first offense of knowingly causing physical harm or recklessly causing physical harm to a family or household member can result in up to six months in jail and up to a \$1,000 fine. Conviction of an abuser for a repeat offense can result in up to five years imprisonment and up to a \$2,500 fine. Conviction of a first-time offense of threat of force is punishable up to 30 days in jail and a \$250 fine; repeat offense, up to 60 days in jail and a fine of up to \$500.

### **Temporary Protection Order**

Upon the filing of criminal domestic violence charges, assault, aggravated assault, felonious assault, menacing by stalking or aggravated trespass by a family or household member, the victim or arresting officer may file a motion request-

ing the court to issue a protection order as a pretrial condition of the release of the alleged abuser. The victim may be able to sign this motion at the police department or at the scene, or may need to go to the prosecutor's office or clerk's office to sign. The court will hold a hearing within 24 hours of the filing of the motion to determine if the temporary protection order should be granted. The victim must be present at the hearing in order for the court to grant the motion. If granted, the pretrial restraining order will contain terms designed to ensure the safety and protection of the victim, such as restraining the abuser from entering the residence, school, business or place of employment of the victim.

The same rules apply to use of a criminal protection order, which were discussed in the section "Using the Civil Protection Order."

The criminal order is effective only while criminal charges are pending.

### **Criminal Procedure**

After the formal charge is issued, either by the victim's signature or police or prosecutor, and the abuser is arrested, the victim may need to appear in court a number of times. The victim has a right to notice of all hearings and has a right to be heard at sentencing. In some jurisdictions, the prosecutor wants the victim present at all hearings and in others the prosecutor only wishes to have the victim present as a witness at trial. The victim should make sure that she notifies the prosecutor of her address, particularly if she moves during the case.

As with any criminal charge, a prosecutor may proceed with the case and require the victim's attendance at trial, through subpoena, even if the victim has a change of heart regarding the prosecution. Similarly, if one case is dismissed, or charges are not issued for one incident, it does not preclude charges from being filed should another incident of abuse happen. Again, local practice varies and victims may need an advocate if they are having problems with law enforcement. Shelters can often provide this assistance or refer the victim to legal resources.

### **Other Options**

There are three other types of court orders available to victims with varying degrees of protections.

#### **Anti-Stalking Protection Orders**

Victims of a pattern of conduct that causes fear of harm or mental distress who do not fit the definition of a family or household member may be able to obtain an anti-stalking protection order.

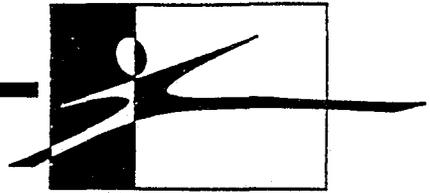
Upon the filing of a criminal charge of menacing by stalking or aggravated trespass, a victim may request an anti-stalking protection order. The procedure is the same as that of obtaining a temporary protection order. Enforcement of the order is also the same as described in "Using a Civil Protection Order."

#### **Restraining Orders/Peace Orders**

Some women become confused by the difference between a protection order, a restraining order and a peace bond. A protection order is specific to domestic violence situations and the law provides that violation of the order is a crime. Therefore, police can arrest for the violation of a protection order. The statute mandates police enforcement.

A restraining order is most often granted during a pending divorce action and is used to restrain one party from selling household goods, taking all the money out of the bank or abuse and harassment. If this order is violated, the police do not have to arrest, as this is a court order and police are not required to enforce a court order. The victim must ask her attorney to file a contempt action with whatever court granted the restraining order.

A peace bond is a layperson's name for what is most likely a peace warrant. A judge can order that one person be restrained from bothering another person. It may be used in a criminal case or can be requested on its own. Like the restraining order described above, police cannot arrest for a violation of this order. These are seldom, if ever, used in Ohio at present, though victims who have lived in other states often want to request them.



## Executive Summary

### Shelter and Program List

The following section provides information on the types of assistance available to battered women. It includes a county-by-county breakdown of domestic violence shelters in the state. The information provided on each shelter has been verified for accuracy, but no list can be all-inclusive. A page has been left at the end of this section for physicians to add the names of shelters not included on the list.

When providing the woman with information about the shelter, describe the various services it offers. Write down the telephone number for her, but not the name of the shelter (this information could be found by the abuser and precipitate a violent episode).

Ask if you or your staff can make the call for her or let her call (in privacy) from your office.

This section also contains information about national assistance programs and the Ohio Crime Victims Compensation Program, which reimburses victims of crime for some of their out-of-pocket expenses.

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## DOMESTIC VIOLENCE SHELTER AND PROGRAM LIST

Ohio domestic violence shelters and domestic violence programs are listed in this section of this handbook. They can help with housing, information about legal rights, welfare applications, and counseling (including peer groups and counseling for children). They may have brochures for distribution to women patients that address issues and list local resources. Many programs offer these services without charge. In addition to the shelters listed, there may be other shelters or services in the community that offer similar help. Physicians should become aware of all of the resources available in the community.

Physicians may find it helpful to contact the shelters and programs in their communities to learn first-hand about the extent of the problem as well as update the listing of available resources.

**KEY:**

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Y= Yes

N= No

R= referral to other providers of this service

SL=Sliding fee based on ability to pay

	Shelter	Safe Homes	24-Hour Hotline	Accept Collect Calls	Counseling/Advocacy	Children's Counseling/Programs	Maximum Length of Stay	Fee for Services	Emergency Transportation	Legal Services/Advocacy
<b>ADAMS COUNTY</b> SOUTHERN OHIO TASK FORCE ON DOMESTIC VIOLENCE P.O. BOX 754 PORTSMOUTH, OH 45662 (614) 456-8217	•		•	N	•		Varies	N	•	•
<b>ALLEN COUNTY</b> CROSSROADS CRISIS CENTER, INC. P.O. BOX 643 LIMA, OH 45802 (419) 228-4357	•		•	Y	•	•	30 Days	N	•	•
<b>ASHLAND COUNTY</b> THE DOMESTIC VIOLENCE SHELTER P.O. BOX 1524 MANSFIELD, OH 44901 (419) 526-4450	•		•	Y	•		30 Days	N	•	•
<b>ASHTABULA COUNTY</b> HOMESAFE, INC. P.O. BOX 702 ASHTABULA, OH 44004 (216) 992-2727	•		•	N	R		30-45 Days	Y	•	•
<b>ATHENS COUNTY</b> MY SISTER'S PLACE P.O. BOX 1158 ATHENS, OH 45701 (800) 443-3402	•		•	800 #	Y		Varies	N	•	•
<b>AUGLAIZE COUNTY</b> AUGLAIZE COUNTY CRISIS CENTER ROUTE #4 WAPAKONETA, OH 45895 (419) 738-5511	•		•	Y	•		90 Days	N	•	•

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	Shelter	Safe Homes	24-Hour Hotline	Accept Collect Calls	Counseling/Advocacy	Children's Counseling/Programs	Maximum Length of Stay	Fee for Services	Emergency Transportation	Legal Services/Advocacy
<b>BELMONT COUNTY</b> WOMEN'S TRI-COUNTY HELP CENTER P.O. BOX 494 ST. CLAIRSVILLE, OH 43942 (614) 695-5441 (800) 695-1639	•		•	Y	•		30 Days	Y	•	•
<b>BROWN COUNTY</b> YWCA HOUSE OF PEACE 55 S. FOURTH STREET BATAVIA, OH 45103 (513) 753-7281	•		•	Y	•	•	30 Days	N	•	•
<b>BUTLER COUNTY</b> DOVE HOUSE PROTECTIVE SHELTER 244 DAYTON STREET HAMILTON, OH 45011 (513) 863-7099	•			Y	•		3 Weeks	SL	•	
<b>CARROLL COUNTY</b> DOMESTIC VIOLENCE PROJECT P.O. BOX 9432 CANTON, OH 44711 (216) 452-6000 (216) 453-7233 Hotline	•		•	Y	•	•	30 Days	N	•	•
<b>CHAMPAIGN COUNTY</b> PROJECT WOMAN 1316 E. HIGH STREET SPRINGFIELD, OH 44505 (800) 634-9893	•		•	Y	•		30 Days	SL	•	•
<b>CLARK COUNTY</b> PROJECT WOMAN 1316 E. HIGH STREET SPRINGFIELD, OH 44505 (513) 325-3707	•		•	Y	•		30 Days	SL	•	•

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<b>CLERMONT COUNTY</b> YWCA HOUSE OF PEACE 55 S. FOURTH STREET BATAVIA, OH 45103 (513) 677-1775	•		•	Y	•	•	10-14 Days	N	•	•
<b>CLINTON COUNTY</b> YWCA HOUSE OF PEACE 55 S. FOURTH STREET BATAVIA, OH 45103 (513) 677-1775	•		•	Y	•	•	10-14 Days	N	•	•
<b>COLUMBIANA COUNTY</b> S.A.V.E., INC. P.O. BOX 415 LISBON, OH 44432 (216) 424-7774	•		•	Y	•		Varies	N	•	•
<b>COSHOCTON COUNTY</b> TRANSITIONS P.O. BOX 226 ZANESVILLE, OH 43702 (614) 454-3213	•		•	Y	•		None	N	•	•
<b>CRAWFORD COUNTY</b> TURNING POINT P.O. BOX 822 MARION, OH 43302 (800)232-6505	•		•	Y	•		30 Days	N		•
<b>CUYAHOGA COUNTY</b> CENTER FOR PREVENTION OF DOMESTIC VIOLENCE 23875 COMMERCE PARK RD. BEACHWOOD, OH 44122 (216) 831-5440 (216) 391-HELP (Hotline)	•		•	Y	•		None	N		•
LIFE 23875 COMMERCE PARK RD. BEACHWOOD, OH 44122 (216) 831-5440					•		N/A			

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	Shelter	Safe Homes	24-Hour Hotline	Accept Collect Calls	Counseling/Advocacy	Children's Counseling/Programs	Maximum Length of Stay	Fee for Services	Emergency Transportation	Legal Services/Advocacy
<p>TEMPLUM HOUSE P.O. BOX 5466 CLEVELAND, OH 44101 (216) 631-2275</p>	•		•	Y	•		2 wks-1 mo	N	•	•
<p>DARKE COUNTY SHELTER FROM VIOLENCE P.O. BOX 988 GREENVILLE, OH 45331 (513) 548-2020</p>	•	•	•	Y	•		7 Days	N	•	•
<p>DEFIANCE COUNTY NORTHWEST OHIO CRISIS LINE P.O. BOX 13 DEFIANCE, OH 43512 (419) 782-1100</p>	•		•	Y	•		30 Days	SL	•	•
<p>DELAWARE COUNTY TURNING POINT P.O. BOX 822 MARION, OH 43302 (800) 232-6505</p>	•		•	N	•		30 Days	N	•	•
<p>CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE P.O. BOX 06157 COLUMBUS, OH 43206 (614) 224-4663</p>		•	•	Y	•	•	30 Days	Y	•	•
<p>ERIE COUNTY GENESIS HOUSE 42707 N. RIDGE ROAD ELYRIA, OH 44035 (216) 323-3400</p>	•		•	N	•		30 Days	N	•	•
<p>FAIRFIELD COUNTY LIGHTHOUSE P.O. BOX 215 LANCASTER, OH 43130 (614) 687-4423</p>	•		•	Y	•	•	Varies	N	•	•

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FAYETTE COUNTY PROJECT WOMAN 1316 E. HIGH ST. SPRINGFIELD, OH 44505 (800) 634-9893	•		•	Y	•		30 Days	SL		•
FRANKLIN COUNTY AMETHYST, INC. 61 JEFFERSON AVENUE COLUMBUS, OH 43215 (614) 463-1330					•		N/A	SL		
CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE P.O. BOX 06157 COLUMBUS, OH 43206 (614) 224-4663		•	•	Y	•	•	30 Days	Y		•
DECISION CENTER, INC. 542 ELWOOD AVENUE COLUMBUS, OH 43207 (614) 577-1151	•	•	•	Y	•		30-60 Days	SL	•	R
WAIT HAVEN PROGRAM (FOR AFRICAN AMERICAN WOMEN ONLY) P.O. BOX 90677 BEXLEY, OH 43209 (614) 258-5295			•	Y			N/A			•
FULTON COUNTY NORTHWEST OHIO CRISIS LINE P.O. BOX 13 DEFIANCE, OH 43512 (419) 782-1100 (Hotline) (419) 782-1314 (Business Line)	•		•	Y	•	•	30 Days	SL	•	•
YWCA BATTERED WOMEN SHELTER 1018 JEFFERSON AVENUE TOLEDO, OH 43624 (419) 241-7386	•		•	Y	•		30 Days	SL	•	•

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<b>GALLIA COUNTY</b> SERENITY HOUSE P.O. BOX 454 GALLIPOLIS, OH 45631 (614) 446-6752 (800) 252-5554	•		•	Y	•		30 Days	N	•	•
<b>GEAUGA COUNTY</b> WOMEN SAFE P.O. BOX 656 CHARDON, OH 44024 (216) 564-9555	•		•	Y	•		2 Weeks	N	•	•
<b>GREENE COUNTY</b> GREENE COUNTY DOMESTIC VIOLENCE PROJECT P.O. BOX 271 XENIA, OH 45385 HOTLINE: (513) 372-4552 BUSINESS: (513) 372-6655	•	•	•	Y	•		30 Days	N	•	•
<b>GUERNSEY COUNTY</b> HAVEN OF HOPE P.O. BOX 948 CAMBRIDGE, OH 43725 (614) 432-3542	•		•	Y	•		30 Days	N	•	•
<b>HAMILTON COUNTY</b> YWCA ALICE PAUL HOUSE 898 WALNUT STREET CINCINNATI, OH 45202 (513) 241-2757	•		•	N	•		10 Days	N	•	•
<b>HANCOCK COUNTY</b> OPEN ARM P.O. BOX 496 FINDLAY, OH 45839 (419) 422-4766	•		•	N	•	•	30 Days	N	•	R

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<b>HARDIN COUNTY</b> CROSSROADS CRISIS CENTER., INC. P.O. BOX 643 LIMA, OH 45802 (419) 228-4357	•		•	Y	•		30 Days	N	•	•
<b>HARRISON COUNTY</b> WOMEN'S TRI-COUNTY HELP CENTER P.O. BOX 494 ST. CLAIRSVILLE, OH 43942 (614) 695-5441	•		•	Y	•	•	30 Days	SL	•	•
<b>HENRY COUNTY</b> NORTHWEST OHIO CRISIS LINE P.O. BOX 13 DEFIANCE, OH 43512 (419) 782-1100	•		•	Y	•		30 Days	SL	•	•
<b>HIGHLAND COUNTY</b> HIGHLAND COUNTY DOMESTIC VIOLENCE TASK FORCE P.O. BOX 527 HILLSBORO, OH 45133 (513) 393-8118	•	•	•	Y			3 Days	N	•	•
<b>HOCKING COUNTY</b> MY SISTER'S PLACE P.O. BOX 1158 ATHENS, OH 45701 (800) 443-3402	•		•	N	•		90 Days	N	•	•
<b>HOLMES COUNTY</b> EVERY WOMAN'S HOUSE 225 N. GRANT STREET WOOSTER, OH 44691 (216) 263-1020	•		•	Y	•		6 Weeks	N	•	•

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<b>HURON COUNTY</b> <b>HURON COUNTY</b> <b>DOMESTIC VIOLENCE</b> <b>PROGRAM</b> <b>85 BENEDICT AVE.</b> <b>NORWALK, OH 44857</b> <b>(419) 663-3839</b>	R			Y	•		N/A	N	•	•
<b>JACKSON COUNTY</b> <b>SERENITY HOUSE</b> <b>P.O. BOX 454</b> <b>GALLIPOLIS, OH 45631</b> <b>(800) 252-5554</b>	•		•	Y	•		30 Days	N	•	•
<b>JEFFERSON COUNTY</b> <b>ALIVE</b> <b>P.O. BOX 866</b> <b>STEUBENVILLE, OH 43052</b> <b>(614) 283-3444</b>	•		•	Y	•		30 Days	Y	•	•
<b>KNOX COUNTY</b> <b>NEW DIRECTIONS</b> <b>P.O. BOX 453</b> <b>MT. VERNON, OH 43050</b> <b>(614) 397-4357</b>	•		•	Y	•		30 Days	Y	•	•
<b>LAKE COUNTY</b> <b>FORBES HOUSE</b> <b>P.O. BOX 702</b> <b>PAINESVILLE, OH 44077</b> <b>(216) 357-1018</b>	•		•	Y	•		30 Days	SL	•	•
<b>LAWRENCE COUNTY</b> <b>LAWRENCE COUNTY DOMESTIC</b> <b>VIOLENCE TASK FORCE</b> <b>P.O. BOX 311</b> <b>IRONTON, OH 45668</b> <b>(614) 532-7111</b>	•		•	N	•	•	14 Days	N	•	•

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<b>LICKING COUNTY</b> NEW BEGINNINGS 68 WEST CHURCH ST. NEWARK, OH 43055 (800) 686 2760 (614) 345-4498	•		•	N	R	R	30 Days	Y	•	•
<b>LOGAN COUNTY</b> CROSSROADS CRISIS CENTER, INC. P.O. BOX 643 LIMA, OH 45802 (419) 228-4357	•		•	Y	•	•	30 Days	N	•	•
<b>AUGLAIZE COUNTY CRISIS CENTER</b> ROUTE #4 WAPAKONETA, OH 45895 (419) 738-5511	•		•	Y	•	•	90 Days	N	•	•
<b>LORAIN COUNTY</b> GENESIS HOUSE 42707 N. RIDGE ROAD ELYRIA, OH 44035 (216) 323-3400	•		•	Y	•	•	30 Days	N	•	•
<b>LUCAS COUNTY</b> BETHANY HOUSE P.O. BOX 4221 TOLEDO, OH 43609 (419) 241-3235		•		N	•	•	9 Months	Y	•	•
<b>YWCA BATTERED WOMEN SHELTER</b> 1018 JEFFERSON AVENUE TOLEDO, OH 43624 (419) 241-7386	•		•	N	•	•	4-6 Weeks	SL		•
<b>MADISON COUNTY</b> PROJECT WOMAN 1101 E. HIGH STREET SUITE 4 SPRINGFIELD, OH 44505 (800) 634-9893	•	•	•	Y	•	•	30 Days	SL	•	•

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CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE P.O. BOX 06157 COLUMBUS, OH 43206 (614) 224-4663	•	•	•	N	•	•	4 Weeks	SL	•	Y
MAHONING COUNTY SOJOURNER HOUSE P.O. BOX 5694 YOUNGSTOWN, OH 43224 (216) 747-4040	•		•	Y	•	•	30 Days	N	•	R
ALLIANCE AREA DOMESTIC VIOLENCE CENTER (216) 823-7223	•	•	•	N			30 Days	N		•
MARION COUNTY TURNING POINT P.O. BOX 822 MARION, OH 43302 (800) 232-6505 (Hotline)	•	•	•	N	•	•	30 Days	N	•	•
MEDINA COUNTY BATTERED WOMEN'S SHELTER P.O. BOX 9074 AKRON, OH 44305 (216) 374-1111	•	•	•	Y	•	•	Open	N	•	•
MEIGS COUNTY SERENITY HOUSE P.O. BOX 454 GALLIPOLIS, OH 45631 (800) 252-5554	•		•	Y	•	•	30 Days	N	•	•
MERCER COUNTY FAMILY CRISIS NETWORK P.O. BOX 632 ATHENS, OH 45701 (419) 586-1133	R	R	•	Y	•		N/A	N	•	R

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<b>MIAMI COUNTY</b> FAMILY ABUSE SHELTER 16 E. FRANKLIN STREET TROY, OH 45373 (513) 339-6761 days 911 evenings	•		•	Y	•	•	3 months	N	•	R
<b>MONROE COUNTY</b> WOMEN'S TRI-COUNTY HELP CENTER P.O. BOX 494 ST. CLAIRSVILLE, OH 43942 (304) 234-8161		•	•	Y	•	•	3 Months	N	•	R
<b>MONTGOMERY COUNTY</b> ARTEMIS HOUSE 224 N. WILKINSON SUITE 303 DAYTON, OH 45402 (513) 461-5091				N	•	•	N/A	N	•	•
YWCA SHELTER HOUSE AND HOTLINE 141 W. THIRD STREET DAYTON, OH 45402 (513) 222-0874	•		•	Y	•	•	Varies	N	•	•
<b>MORGAN COUNTY</b> TRANSITIONS P.O. BOX 226 ZANESVILLE, OH 43701 (614) 454-3213			•	Y			N/A	N	•	
<b>MORROW COUNTY</b> TURNING POINT P.O. BOX 822 MARION, OH 43302 (800) 232-6505	•	•	•	N	•	•	30 Days	N	•	•

**KEY:**

• indicates service is offered

Y= Yes

N= No

R= referral to other providers of this service

SL=sliding fee based on ability topay

	Shelter	Safe Homes	24-Hour Hotline	Accept Collect Calls	Counseling/Advocacy	Children's Counseling/Programs	Maximum Length of Stay	Fee for Services	Emergency Transportation	Legal Services/Advocacy
MUSKINGUM COUNTY TRANSITIONS P.O. BOX 226 ZANESVILLE, OH 43701 (614) 454-3213			•	Y			N/A	N	•	
NOBLE COUNTY EVE, INC. P.O. BOX 122 MARIETTA, OH 45750 (614) 374-5819	•		•	Y	R	•	30 Days	N	•	•
OTTAWA COUNTY YWCA BATTERED WOMEN SHELTER 1018 JEFFERSON AVENUE TOLEDO, OH 43624 (419) 241-7386	•	•	•	N	•	•	30 Days	SL		•
PAULDING COUNTY NORTHWEST OHIO CRISIS LINE P.O. BOX 13 DEFIANCE, OH 43512 (419) 782-1100	•		•	Y	•		30 Days	Y	•	•
PERRY COUNTY TRANSITIONS P.O. BOX 226 ZANESVILLE, OH 43701 (614) 687-4423	•		•	Y	•		None	N	•	•
PICKAWAY COUNTY LIGHTHOUSE P.O. BOX 215 LANCASTER, OH 43130 (614) 687-4423	•		•	Y	•	•	30 Days	N	•	•
PIKE COUNTY SERVICES/ASSISTANCE VICTIMS OF SPOUSE ABUSE 408 WALNUT STREET WAVERLY, OH 45690 (614) 947-4892		•	•	Y	R	•	30 Days	N	•	R

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	Shelter	Safe Homes	24-Hour Hotline	Accept Collect Calls	Counseling/Advocacy	Children's Counseling/Programs	Maximum Length of Stay	Fee for Services	Emergency Transportation	Legal Services/Advocacy
<b>PORTAGE COUNTY</b> SAFER FUTURES 302 N. DEPEYSTER STREET KENT, OH 44240 (216) 678-4357	•		•	Y	•		30 Days	N	•	•
<b>PREBLE COUNTY</b> PREBLE COUNTY COUNSELING CENTER 225 NORTH BARRON ST. EATION, OH 45320 (513) 456-1166	•		•	Y	•	•	Varies	SL	•	•
<b>PUTNAM COUNTY</b> CRIME VICTIM SERVICES AND CRISIS ASSISTANCE IN PUTNAM COUNTY P.O. BOX 453 216 EAST 2ND STREET OTTAWA, OH 45875 (419) 523-1111	•	•	Y	Y			30 Days	N	•	•
<b>RICHLAND COUNTY</b> THE DOMESTIC VIOLENCE SHELTER P.O. BOX 1524 MANSFIELD, OH 44901 (419) 526-4450	•		•	Y	•	•	30 Days	N		•
<b>ROSS COUNTY</b> ROSS COUNTY COALITION AGAINST DOMESTIC VIOLENCE P.O. BOX 1727 CHILLICOTHE, OH 45601 (614) 773-4357		R	•	Y	•	•	3 Days	N	•	•
<b>SANDUSKY COUNTY</b> FIRST STEP P.O. BOX 1103 FOSTORIA, OH 44830 (419) 435-7300	•	•	•	Y	•	•	30 Days	SL	•	•

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	Shelter	Safe Homes	24-Hour Hotline	Accept Collect Calls	Counseling/Advocacy	Children's Counseling/Programs	Maximum Length of Stay	Fee for Services	Emergency Transportation	Legal Services/Advocacy
SAFE HARBOR DOMESTIC VIOLENCE SHELTER P.O. BOX 2616 SANDUSKY, OH 44870 (419) 626-2200	•		•	Y	•		30 Days	N		
SCIOTO COUNTY SOUTHERN OHIO TASK FORCE ON DOMESTIC VIOLENCE P.O. BOX 754 PORTSMOUTH, OH 45662 (614) 352-1010	•		•	N	•		Varies	N	•	•
SENECA COUNTY FIRST STEP P.O. BOX 1103 FOSTORIA, OH 44830 (419) 435-7300	•	•	•	Y	•	•	30 Days	SL	•	•
SHELBY COUNTY NEW CHOICES 129 E. COURT ST. SIDNEY, OH 45365 (513) 498-7261			•	N	•		N/A	N	•	•
FAMILY ABUSE SHELTER 16 E. FRANKLIN STREET TROY, OH 45373 (800) 351-7347	•		•	Y	•	•	3 months	N	•	R
STARK COUNTY ALLIANCE AREA DOMESTIC VIOLENCE CENTER (216) 823-7223	•	•	•	N			30 Days	N		•
DOMESTIC VIOLENCE PROJECT P.O. BOX 9432 CANTON, OH 44711 (216) 452-6000 (216) 453-7233 Hotline	•		•	Y	•	•	30 Days	N	•	•

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	Shelter	Safe Homes	24-Hour Hotline	Accept Collect Calls	Counseling/Advocacy	Children's Counseling/Programs	Maximum Length of Stay	Fee for Services	Emergency Transportation	Legal Services/Advocacy
CANTON YWCA 231 6TH STREET NE CANTON, OH 44702 (216) 453-7644	•			N	•	•	90 Days	SL		R
SUMMIT COUNTY BATTERED WOMEN'S SHELTER P.O. BOX 9074 AKRON, OH 44305 (216) 374-1111	•		•	Y	•	•	30 Days	N		•
TRUMBULL COUNTY SOMEPLACE SAFE P.O. BOX 282 WARREN, OH 44482 (216) 393-1565 (800) 743-5332	•		•	Y	•	•	30-35 Days	N	•	•
TUSCARAWAS COUNTY HARBOR HOUSE P.O. BOX 435 NEW PHILA, OH 44663 (216) 364-1374	•	•	•	Y	•	•	30 Days	N	•	•
UNION COUNTY TURNING POINT P.O. BOX 822 MARION, OH 43302 (800) 232-6505	•		•	N	•	•	30 Days	N		•
CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE P.O. BOX 06157 COLUMBUS, OH 43206 (614) 224-4663	•	•	•	N	•	•	30 Days	SL		
VAN WERT COUNTY CRISIS CARE LINE P.O. BOX 266 VAN WERT, OH 45891 (419) 238-4357	•		•	N			3 Days	Y	•	•

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	Shelter	Safe Homes	24-Hour Hotline	Accept Collect Calls	Counseling/Advocacy	Children's Counseling/Programs	Maximum Length of Stay	Fee for Services	Emergency Transportation	Legal Services/Advocacy
VINTON COUNTY MY SISTER'S PLACE P.O. BOX 1158 ATHENS, OH 45701 (800) 443-3402	•		•	N	•		None	N		
WARREN COUNTY WARREN COUNTY FAMILY ABUSE 570 N. STATE ROUTE 741 LEBANON, OH 45036 (513) 933-1107		•	•	Y	•		None	N		
WASHINGTON COUNTY EVE, INC. P.O. BOX 122 MARIETTA, OH 45750 (614) 374-5819	•	•	•	Y		•	30 Days	N	•	•
WAYNE COUNTY EVERY WOMAN'S HOUSE 225 N. GRANT STREET WOOSTER, OH 44691 (216) 263-1020	•		•	Y	•	•	6 Weeks	N	•	•
WILLIAMS COUNTY NORTHWEST OHIO CRISIS LINE P.O. BOX 13 DEFIANCE, OH 43512 (419) 782-1100	•		•	Y	•	•	30 Days	SL	•	•
WOOD COUNTY FIRST STEP P.O. BOX 1103 FOSTORIA, OH 44830 (419) 435-7300	•	•	•	Y	•	•	30 Days	SL	•	•
WYANDOT COUNTY TURNING POINT P.O. BOX 822 MARION, OH 43302 (800) 232-6505	•		•	N	•	•	30 Days	N		•

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**Additional Shelters and Programs in Your Area:**

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## OHIO BATTERER EDUCATIONAL/TREATMENT PROGRAMS

Although most domestic violence programs are aimed at the victim, some counties offer counseling and treatment for batterers – the person who is being abusive.

### CLERMONT COUNTY

AMEND  
898 WALNUT STREET  
CINCINNATI, OH 45219  
(513) 241-7090

### CUYAHOGA COUNTY FAMILY VIOLENCE PROGRAM

c/o W/VSC  
1215 WEST THIRD STREET  
CLEVELAND, OH 44113  
(216) 443-7345

### LIVING IN ABUSE-FREE ENVIRONMENTS (LIFE)

23875 COMMERCE PARK RD.  
BEACHWOOD, OH 44122  
(216) 831-5440

### DEFIANCE COUNTY

BATTERER'S TREATMENT PROGRAM  
P.O. BOX 13  
DEFIANCE, OH 43512  
(419) 782-1314

### FRANKLIN COUNTY

SOUTHEAST COMMUNITY MENTAL HEALTH CENTER  
1455 SOUTH FOURTH STREET  
COLUMBUS, OH 43207  
(614) 444-0800

### DOMESTIC OPTIONS TO VIOLENCE EDUCATION/THERAPY GROUP (D.O.V.E.)

57 EAST MAIN ST.  
COLUMBUS, OH 43215  
(614) 228-5209

### FULTON COUNTY

BATTERER'S TREATMENT PROGRAM  
P.O. BOX 13  
DEFIANCE, OH 43512  
(419) 782-1314

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THE FAMILY SERVICE OF NORTHWEST OHIO  
1 STRANHAN SQUARE  
TOLEDO, OH 43604  
(419) 244-5511

GEAUGA COUNTY  
FAMILY VIOLENCE PROGRAM  
c/o W/VSC  
1215 WEST THIRD STREET  
CLEVELAND, OH 44113  
(216) 443-7345

HAMILTON COUNTY  
AMEND  
898 WALNUT STREET  
CINCINNATI, OH 45219  
(513) 241-7090

HANCOCK COUNTY  
HANCOCK COUNTY DOMESTIC VIOLENCE PROGRAM FOR OFFENDERS  
COUNCIL OF DOMESTIC VIOLENCE  
P.O. BOX 496  
FINDLAY, OH 45839  
(419) 874-0799

HENRY COUNTY  
BATTERERS' TREATMENT PROGRAM  
P.O. BOX 13  
DEFIANCE, OH 43512  
(419) 782-1314

HIGHLAND COUNTY  
CRISIS STABILIZATION FOR DOMESTIC VIOLENCE VICTIMS  
4449 S.R. 159  
CHILLECOTHE, OH 45601  
(614) 775-1260

KNOX COUNTY  
MEND  
C/O NEW DIRECTIONS  
BOX 453  
MT. VERNON, OH 43050  
(614) 397-4357

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LORAIN COUNTY  
FAMILY VIOLENCE PROGRAM  
C/O W/VSC  
1215 WEST THIRD STREET  
CLEVELAND, OH 44113  
(216) 443-7345

LUCAS COUNTY  
THE FAMILY SERVICE OF NORTHWEST OHIO  
1 STRANHAN SQUARE  
TOLEDO, OH 43609  
(419) 244-5511

MADISON COUNTY  
MADISON COUNTY HOSPITAL  
MENTAL HEALTH DEPARTMENT  
710 NORTH MAIN STREET  
LONDON, OH 43140  
(614) 852-1372, EXT. 500

MEDINA COUNTY  
FAMILY VIOLENCE PROGRAM  
C/O W/VSC  
1215 WEST THIRD STREET  
CLEVELAND, OH 44113  
(216) 443-7345

MIAMI COUNTY  
THE BATTERERS' GROUP  
P.O. BOX 3434  
DAYTON, OH 45401  
(513) 225-3197

OTTAWA COUNTY  
THE FAMILY SERVICE OF NORTHWEST OHIO  
1 STRANHAN SQUARE  
TOLEDO, OH 43604  
(419) 244-5511

PAULDING COUNTY  
BATTERERS' TREATMENT PROGRAM  
P.O. BOX 13  
DEFIANCE, OH 43512  
(419) 782-1314

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**PIKE COUNTY**  
CRISIS STABILIZATION FOR DOMESTIC VIOLENCE VICTIMS  
4449 S.R. 159  
CHILLECOTHE, OH 45601  
(614) 775-1260

**PORTAGE COUNTY**  
NEW ALTERNATIVES  
275 MARTINEL DRIVE  
KENT, OH 44240  
(216) 673-1347

**ROSS COUNTY**  
CRISIS STABILIZATION FOR DOMESTIC VIOLENCE VICTIMS  
4449 S.R. 159  
CHILLECOTHE, OH 45601  
(614) 775-1260

**STARK COUNTY**  
CHOICES FOR MEN  
2412 THIRTEENTH STREET NW  
CANTON, OH  
(216) 454-3812

**FAMILY VIOLENCE TREATMENT PROGRAM**  
640 NORTH MAIN STREET  
AKRON, OH 44310  
(216) 762-7481

**SUMMIT COUNTY**  
FAMILY VIOLENCE TREATMENT PROGRAM  
640 NORTH MAIN STREET  
AKRON, OH 44310  
(216) 762-7481

**WASHINGTON COUNTY**  
PROJECT FAMILIES MENS' GROUP  
C/O RECOVERY CENTER  
427 SECOND STREET  
MARIETTA, OH 45750  
(614) 374-0654

**HORIZONS COUNSELING CENTER**  
822 FRONT STREET  
MARIETTA, OH  
(614) 374-6989

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WAYNE COUNTY  
FAMILY VIOLENCE TREATMENT PROGRAM  
640 NORTH MAIN STREET  
AKRON, OH 44310  
(216) 762-7481

WILLIAMS COUNTY  
BATTERERS' TREATMENT PROGRAM  
P.O. BOX 13  
DEFIANCE, OH 43512  
(419) 782-1314

WOOD COUNTY  
WOOD COUNTY DOMESTIC VIOLENCE TREATMENT PROGRAM FOR OFFENDERS  
MENTAL HEALTH CENTER  
1010 NORTH PROSPECT  
BOWLING GREEN, OH 43402  
(419) 352-5249

THE FAMILY SERVICE OF NORTHWEST OHIO  
1 STRANHAN SQUARE  
TOLEDO, OH 43604  
(419) 244-5511

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## STATEWIDE COALITIONS AND PROGRAMS ON DOMESTIC VIOLENCE

### ACTION OHIO, INC.

P.O. BOX 15673

COLUMBUS, OH 43215

(614) 221-1255

Fax: (614) 221-6357

### OHIO DOMESTIC VIOLENCE NETWORK

4041 North High Street, Suite 101

Columbus, OH 43214

(614) 784-0023

(800) 934-9840

TTD: (614) 784-0628

Fax: (614) 784-0033

## THE OHIO CRIME VICTIMS COMPENSATION PROGRAM

Victims of domestic violence suffer many traumas: emotional, physical and even economic. The Crime Victims Compensation Program was developed in order to keep the financial burdens to a minimum. Simply put, the Crime Victims Compensation Program helps innocent victims of crime by reimbursing them for some of their out-of-pocket expenses.

Victims can obtain applications from Attorney General Lee Fisher's office or from the Court of Claims. In order to qualify, adult victims must have reported the crime to the police within 72 hours of the crime, and must file an application within two years of the crime. Child victims have until their 20th birthday to apply.

Victims of domestic violence can apply for reimbursement for medical bills, work loss, counseling and a variety of other expenses incurred directly as a result of the crime. The Attorney General's Office investigates the claim and the Court of Claims rules on the award.

For more information, or for an application, victims can call the Attorney General's Crime Victims Services toll-free number, (800) 582-2877.

### CRIME VICTIMS COMPENSATION PROGRAM

ATTORNEY GENERAL LEE FISHER'S OFFICE

30 EAST BROAD STREET, 26TH FLOOR

COLUMBUS, OH 43215

(800) 582-2877

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## NATIONAL COALITIONS AND PROGRAMS ON DOMESTIC VIOLENCE

National organizations on domestic violence also have information available for use in physician offices. The National Woman Abuse Prevention Center (202-857-0216) publishes fact sheets on domestic violence, a quarterly newsletter, and a series of brochures. Some of the material is translated into Spanish and Polish. The American College of Obstetricians and Gynecologists (202-863-2518) publishes "The Abused Woman," a publication for patients. The Family Violence Prevention Fund (415-821-4555) provides direct services to victims and develops public policy and training programs. The National Coalition Against Domestic Violence has two offices – one in Denver, (303) 839-1852, which handles publications, technical assistance, and public education – and one in Washington DC, (202) 638-6388, which handles membership and public policy work.



## Order Form For Copies of the Domestic Violence Handbook and Supplies

If you would like to order additional copies of the handbook or other supplies, please complete the form below and return it to the OMSA.

PLEASE TYPE OR PRINT CLEARLY

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Number of Copies

\_\_\_\_\_ Are You an MD/DO

\_\_\_\_\_ Handbook

\_\_\_\_\_ Are You and OSMA Member?

\_\_\_\_\_ Poster

\_\_\_\_\_ Community Involvement Brochure

\_\_\_\_\_ Table Sign

## Register to Receive Child Abuse/Elder Abuse Guidelines

The OSMA will produce handbooks on Child Sexual and Physical Abuse and Elder Abuse in 1993. Please complete this form if you would like to receive copies of these handbooks.

**YES! I Want to Receive the OSMA's Handbooks  
on Child Abuse and Elder Abuse in 1993**

Name \_\_\_\_\_

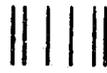
Street Address \_\_\_\_\_

City, State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Specialty \_\_\_\_\_

Are you an MD/DO? \_\_\_\_\_

Are you an OSMA member? \_\_\_\_\_



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This publication was edited by:  
Carol Wright Mullinax, Associate Executive Director, Ohio State Medical Association, and Connie Roth Lechleitner, Associate Director, Ohio State Medical Association, Department of Communications.

# Ohio State Medical Association

1500 Lake Shore Drive

Columbus, Ohio 43204-3824

614/486-2401

## ENDNOTES

1. Effective October 10, 1991, the Ohio legislature has abolished legal recognition of common-law marriage. This change applies only to relationships entered into after 10-10-91. Ohio law will continue to recognize relationships entered into prior to that date, and Ohio will recognize common-law marriages that were entered into in other states that allow such marriages, no matter when the "marriage" took place.

There should be few occasions when the officer has to decide if a couple has a valid common-law marriage in order to determine if the domestic violence laws apply to that couple. The officer need only determine if the couple is cohabitating, or has cohabitated within the year preceding the alleged DV incident.

2. On March 21, 1991 the Franklin County Court of Appeals, in the case of State of Ohio v. Hadinger, No. 90AP-1256, held that the statutory definition of "a person living as a spouse" does not exclude same-sex (gay and lesbian) couples who are cohabitating from the protection of the domestic violence laws. This is the first time that a court has clarified this definition as it relates to same-sex couples. This decision is not binding authority in all courts in Ohio. However, police should not ignore the possibility of filing domestic violence charges in situations involving same-sex couples. When such a case is presented and otherwise appropriate, the prosecutor's offices should take appropriate prosecutorial action.

3. Effective April 11, 1991 the Ohio legislature added the "natural parent" category to the family/household definition. The intent of the legislature was to expand the protection of the domestic violence laws to a victim who has a child in common with the offender, even where the victim and offender have never lived together. Unfortunately, the amendment was sloppily drafted, and it is possible to read it as if there still exists the requirement that the parents of the child live or have lived together. An amendment to clear up this error is expected to be introduced in 1992. In the meantime, there is no clear statutory mandate to apply DV laws to this type of situation. Violence or threats of violence, menacing, and aggravated trespass between non-cohabitants should be treated as assault.

4. Normally, the victim will be the complainant in a domestic violence incident. However, there may be cases in which the officer should make the complaint. For example, the victim may be injured or otherwise physically unable to go to the Clerk of Courts or even to sign a complaint at the scene. Also, there are cases in which the victim is unwilling to sign a complaint, but the officer can independently establish probable cause. In these situations, the officer should sign the complaint and make the arrest despite the victim's reluctance, in accordance with the pro-arrest policy of this protocol.

The advantages of an officer-initiated complaint are (1) the victim and offender are made to understand that domestic violence is a crime against the state and will not be tolerated by the state; (2) the offender is less likely to retaliate against the victim for filing charges, since it will be the police officer initiating criminal prosecution; (3) police resources will be conserved because there is less likelihood of repeat calls to the same residence; and (4) the court will be

able to intervene earlier than it otherwise might, perhaps saving the victim from more serious injury or even death as a result of further violence.

# Domestic Violence or Dispute Report

Police Department \_\_\_\_\_

Report # \_\_\_\_\_

Incident/Offense/Degree		ORC	
Date/Time of Occurrence		Date/Time Reported	
Complainant (Last Name, First, Middle)		Place of Occurrence	
Complainant's Address		Hospital Where Victim Taken	
Sex		Admitted?	
Race		Rescue Unit #	
D.O.B.		Doctor Treating Victim	
S.S.N.		Phone #	
Home Phone		Description of Injuries	
Complainant's Employer/School		Bus./Other Phone	
Victim (Last Name, First, Middle)		Complainant ? ( )	
Victim's Address		Victim's Clothing Description	
Sex		N/A ( )	
Race		Clothing Disposition	
D.O.B.		N/A ( )	
S.S.N.		Method of Attack	
Home Phone		N/A ( )	
Victim's Employer/School		Bus./Other Phone	
Children on Premises ? ( )		Weapon Used / Current Location of Weapon	
Condition/Disposition:		Premises Description - Evidencing Struggle/Assault	
Suspect (Last Name, First, Middle)		Nickname (Alias)	
Suspect's Address		Ctrl. No.	
Sex		Place of Employment/School-Grade	
Race		Age	
D.O.B.		Height	
S.S.N.		Weight	
Hair Style		Hair	
Facial Hair		Eyes	
Completion		Distinguishing Marks - Characteristics	
Voice		Known Associates (Description)	
Clothing Description			
Statements/Admissions of Suspect			
Prior DV or Assault Convictions? ( )			
DV Temp. Restraining Order / Civil Protection Order in Effect? ( )			
Violated? ( )			
STATUS: ( ) Warrant Referral Issued ( ) Social Service Referral ( ) Other; Explain:			
( ) Victim Given Written Information ( ) Women Helping Women Notified on Rights/Remedies			
Remarks and Explanation - Investigation and Disposition			

## RELATIONSHIP TO OFFENDER

### 1. Victim(s)

### 2. Complainant (if other than the victim)

a.	Wife	
b.	Husband	
c.	Parent(s)	
	Child(ren)	
	Other Immediate Family	
f.	Other Extended Family	
g.	Other:	

a.	Wife	
b.	Husband	
c.	Parent(s)	
d.	Child(ren)	
e.	Other Immediate Family	
f.	Other Extended Family	
g.	Other:	
h.	Police Officer	

**INFORMATION FOR VICTIMS**

If you have been the victim of Domestic Violence (a family or household member has assaulted you or has attempted or threatened to assault you), you have the right to:

1. File criminal Domestic Violence charges against the offender

**AND**

Ask the Municipal Court for a temporary protection order to help keep the offender away while the criminal case is pending.

2. File a motion with the Domestic Relations Court asking for a temporary restraining order to keep the offender away and granting temporary custody of the children. To do this, you must go to Room 329 of the Hamilton County Courthouse and file a request. You may also contact Women Helping Women at 381-5610 for advice and assistance in going to Court.

I have read/had read to me this information and fully understand it.

(Sign) \_\_\_\_\_ (Date) \_\_\_\_\_

**COMPLAINANT'S STATEMENT**

I, \_\_\_\_\_ would like to make the following statement.  
*(Name of Complainant)*

On \_\_\_\_\_ AM - PM at \_\_\_\_\_  
*(Date) (Time) (Location)*

\_\_\_\_\_ did assault \_\_\_\_\_  
*(Name of Assailant) (Name of Victim)*

the \_\_\_\_\_ of the assailant by \_\_\_\_\_  
*(Relationship to Assailant) (Nature of Assault)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(Signature of Complainant)*

Officer's Narrative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_