



Domestic Violence Protocol Guide for Pennsylvania STOP Grantees

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Introduction and Guidelines for Use

The following tool is a guide to assist counties receiving funding under the STOP Formula Grant Program in developing the required Domestic Violence Response Protocol. Pennsylvania Commission on Crime and Delinquency (“PCCD”) realizes that the implementation of response will vary by county depending on the resources, processes and staffing available. To meet the needs of all Pennsylvania communities, this intentionally detailed guide and hyperlinked resources can be used to create a new protocol, or can supplement or replace portions of existing protocols. This document can be used by jurisdictions with or without current STOP funding.

Why does PCCD require a protocol for domestic violence response?

Pennsylvania uses its STOP Formula Grant Funding to promote a holistic, coordinated and multidisciplinary response to sexual assault. The collaboration required of stakeholders in the justice system and allied systems, including prosecution, law enforcement, victim services, human services, healthcare and other allies, demands that there be an agreement among these groups about the roles and responsibilities of each one as part of a county’s response to victims of sexual assault.

The creation of a response protocol is a valuable opportunity for diverse responders in a community to unite under a common goal of **keeping victims safe and holding offenders accountable for their abusive behaviors**. Response protocols are dynamic documents that should be refined as STOP Collaborative Teams gain experience through implementation and as best practices are identified.

How to use this tool for your jurisdiction

Protocols are tools to build upon and improve your jurisdiction’s response to domestic violence through collaboration and conversation among relevant stakeholders. This guide will serve as a template to help your jurisdiction in drafting its own sexual assault protocol. PCCD recognizes that Teams are at various levels of protocol development. **Therefore, it is not mandatory for your jurisdiction to adopt this exact template; however, all STOP Teams must refer to this document to ensure a wholistic response to sexual assault is reflected in their protocols.**

Dual teams (teams addressing both sexual assault and domestic violence) should choose which set of protocols they want to develop first. Although many of the responders addressing domestic and sexual violence are similar, the procedures, evidence, and court processes are very different. Even the needs of victims can vary significantly between a sexual assault case and a domestic violence case.

Throughout the document, there are sections in **[brackets and highlighted with a blue background]** intended to be addressed by individual STOP teams. These sections include examples and/or prompts, as well as *links to resources* (links are italicized and

underlined) to encourage conversation and assist in drafting. Applicable example language may be adopted verbatim. Once highlighted sections are edited or discussed by the Team, **remove the blue background**. Completed protocols should have no blue sections remaining.

The protocol guide uses size 12 Ariel font. Any acronyms should be spelled out in their entirety and explained upon first use. The terms “survivor” and “victim” are used together and interchangeably throughout the document, depending on context. To update the table of contents after you have made substantive changes to the document, highlight the table, right click, and choose “update field”.

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Section 1: Basic Components

A. Purpose of Domestic Violence Response Protocols

This protocol serves as a collaborative tool for multidisciplinary STOP Teams (referred to as “Team” throughout) to improve the experiences of victims and survivors they serve, while also holding offenders accountable. [Review Effective Collaboration for SART / STOP Teams – Using Mission and Goals to Cultivate Meaningful Change. All domestic violence protocols should have a purpose section that succinctly expresses the mission and goals of the STOP Team in creating a coordinated, community response to domestic violence crimes. Mission statements should be a memorable one to two sentences that describe, “who, what we do and how, for whom”. Team goals should be narrowly tailored, measurable, and achievable. General information about starting a coordinated community response is available through the National Center for Domestic and Sexual Violence (“NCDSV”). Review *Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols*.]

B. Partners Involved in the Response

A collaborative response to domestic violence requires that stakeholders from the justice system, social services, healthcare, protective services, and victim services work together in a trauma-informed, survivor-centered manner to increase victim safety and hold perpetrators accountable. This process involves identifying appropriate partner responders, making sure each partner understands the mission of the organizations represented on the team, identifying when the responders may become involved in the domestic violence response, and outlining the response steps that each partner will take.

1. STOP Collaborative Team Required Membership

It is recommended that those participating on this team have the appropriate subject matter expertise and decision-making authority necessary to fully participate on the STOP Team.

[Jurisdiction/ county] STOP Domestic Violence Team

The Director or designee of [the local domestic violence program]	[Insert name]
The Director or designee of [the local sexual assault program]	[Insert name]
The District Attorney or designee of [county name]	[Insert name]
The Chief Adult Probation Officer or designee of [jurisdiction]	[Insert name]

The Chief Juvenile Probation Officer or designee of [jurisdiction]	[Insert name]
The Pennsylvania State Police Station Commander or designee	[Insert name]
The Chief of Police or designee of the major police department(s) in [county name]	[Insert name]
Healthcare Representative from [employer]	[Insert name]
Sheriff or designee of [jurisdiction]	[Insert name]
[Add additional members, as needed]	

2. STOP Collaborative Team Suggested Membership

It is encouraged for STOP Teams to include additional stakeholders in their collaborative community response. [Directions: Reflect with your STOP Team about which types of organizations and stakeholders you would like to see become a part of the Team and why their participation would benefit victims and survivors of domestic violence in your community. For example, if there is a migrant farm worker population in your community, having the participation of an organization that has already earned the trust of that population would be beneficial in connecting their clients with the other STOP Team organizations. This section can also help identify where there are gaps in available services and where victims fall through the cracks.]

Dispatch Representative	Public Defender
County or municipal official	State Parole Agent
Community Social Services	Mental Health Services
Judicial / Court Staff	Child/Adult Protective Services
Victim/Witness Coordinator	Disabilities Organizations
Civil Legal Attorney	Survivor-leaders
Batterer Intervention Program Representative	Community agencies serving underserved populations
Culturally-specific organizations	Coroner OR Medical Examiner with specialty in domestic violence
Representatives from local faith communities	Representative from community schools, colleges, and/or universities
Representative from each hospital in the community (ideally, a sexual assault nurse examiner or emergency department provider)	[This list is not exhaustive. Add additional representatives per your jurisdiction's needs.]

C. Guiding Principles

The following set of philosophies and principles should guide your work as domestic violence responders. This information should reflect how to best serve victims and survivors.

1. Trauma-Informed Approach

Adults and minors who have experienced domestic violence are survivors of trauma. Experiencing trauma can have long-lasting mental and physical health implications. The trauma survivors have experienced may hamper their ability to fully engage in certain triggering activities, such as interacting with the court system. A trauma-informed approach is based on the recognition that many behaviors and responses expressed by survivors are directly related to traumatic experiences. Therefore, all members of the organization or system should have a basic understanding about trauma and its effect on families, groups, organizations, and communities as well as individuals.¹

[Stop Teams may explain concrete ways which your STOP Team incorporates a trauma-informed approach when responding to domestic violence. A trauma-informed approach requires adjusting practices to decrease the likelihood of survivor re-traumatization. One example is ensuring that law enforcement partners always allow an advocate into the interview space with a survivor who requests one. This short video about trauma may be helpful in drafting the remainder of this section. Pennsylvania Coalition Against Domestic Violence (“PCADV”) has created a two-part webinar about trauma-responses and the impacts of secondary trauma, with modules such as, “The Brain, the Body, and Trauma”. The Substance Abuse and Mental Health Services Administration (“SAMHSA”) has also published resources about trauma-informed practices.]

2. Survivor-Centered Approach

A survivor-centered approach seeks to empower victims and survivors by prioritizing their rights, needs, and wishes. The foundation of this approach is trusting the survivor, honoring their experiences, and respecting their decisions. This is accomplished by ensuring victims and survivors are connected to appropriate, accessible, and quality services.

¹ Substance Abuse and Mental Health Services Administration (2014). *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services Administration; see also, Nicole C. McKenna & Kristy Holtfreter (2021) *Trauma-Informed Courts: A Review and Integration of Justice Perspectives and Gender Responsiveness*, Journal of Aggression, Maltreatment & Trauma, 30:4, 450-470, DOI: [10.1080/10926771.2020.1747128](https://doi.org/10.1080/10926771.2020.1747128).

[Stop Teams may provide concrete examples of how they have implemented or plan to implement a survivor-centered approach. The Center for Justice Innovation has published several related resources that may be helpful in drafting this section.]

3. Victim Safety and Offender Accountability

[Stop Teams may explain the importance of victim safety and offender accountability in domestic violence cases. Teams may respond by exploring reasons for under reporting, various victim responses, and the importance of first contact with the victim. Explore reasons for lack of offender accountability, resources available for promoting offender accountability, and the importance of first contact with offender. Describe how your protocol ensures that these needs are met.]

4. Coordinated Community Response

A Coordinated Community Response (“CCR”) to domestic violence engages a network of community services and systems to provide comprehensive support for victims and survivors. The goal of a CCR is to help victims and survivors access multiple vital resources without adding further stress or complication to the process.² Collaboration can reduce repeated and unnecessary questioning of the victim, help ensure the physical and psychological well-being of the victim, and can increase effective collection, documentation, and preservation of evidence.

[Review PCAR’s virtual training series Effective Collaboration for SART/ STOP Teams. Teams may respond by differentiating how the response to domestic violence differs from other crimes; Teams can explain how domestic violence impacts the community; and how each stakeholder can play a vital role in protecting victims and their families while holding offenders accountable. Elaborate on any special situations in your jurisdiction where setting-specific CCRs exist or may be appropriate. This may mean a university campus-based CCR or as a specialized subgroup of an existing STOP Team.]

4a. Managing Team Conflicts

Members of the Team are intended represent a variety of organizations and backgrounds. While diversity is an asset for any STOP Domestic Violence Team, it can also create friction and pose conflicts. Despite the Team sharing interdependent goals, a particular proposal or policy may be perceived to work against the interest of one or more Team agencies. Situations may also arise where a member of the Team or colleague of a Team member agency is involved in a domestic violence case. Failing to plan for, address, and adequately resolve conflicts will diminish the Team’s overall effectiveness.

Tips for overcoming conflict

² Shorey, R. C., Tirone, V., & Stuart, G. L. (2014). Coordinated Community Response Components for Victims of Intimate Partner Violence: A Review of the Literature. *Aggression and violent behavior*, 19(4), 363–371. <https://doi.org/10.1016/j.avb.2014.06.001>

Be open: Address problems openly instead of letting them fester and go unresolved.

Stay Focused: Adhere to a decision-making philosophy that is grounded in ensuring the best interest of the survivor and community at-large.

Clarify interests: Team members should explore opposing viewpoints and attempt to find common ground, all the while maintaining the best interests of the survivor. Engaging conflicts in this manner can help build a sense of team identity and overcome historic tensions between disciplines.

Generate options: If the Team is unable to find common ground on an issue, consider developing evidence-based protocols based on exceptional cases.

Find the middle ground: Encourage those with opposing opinions to identify their best alternative recommendation while factoring in costs, time, outcomes, compliance issues, and the best interests of the survivor.

Be patient: Recognize that not all issues lend themselves to an immediate resolution.

(Adapted from the Office for Victims of Crime)

[Directions: Teams should review Effective Collaboration for STOP/SART Teams – *Influence and Intention: Positively Using Power in SART/STOP Teams*. Teams should discuss and consider formalizing their own personnel conflict protocol in order to preserve survivor confidentiality and ensure prompt service of protection orders.]

D. STOP Certification Guidelines and Victim Protections

The following information includes essential statutory protections for victims of domestic violence that STOP Grantees must adhere to, as well as related state programs designed to assist victims of crime. STOP funds should be used serve adult and youth (age 11-24) who are victims of domestic violence, dating violence, sexual assault, or stalking. STOP funds can also be used to assist victims of domestic violence, dating violence, sexual assault, or stalking who are also victims of severe forms of trafficking in persons; adult survivors of child sexual abuse; and victims of domestic violence, dating violence, sexual assault, or stalking who are also victims of female genital mutilation or cutting, or forced marriage. 34 U.S.C. §12291 (b)(14)

1. Prohibition against fees for serving protection orders, filing criminal charges

Victims and survivors of domestic violence, dating violence, sexual assault or stalking may not be charged certain costs associated with criminal prosecution or protection orders. 42 U.S.C. § 10450

2. Forensic Medical Exam Costs, Victim Compensation

Victims cannot be billed for their rape exams – either directly or through insurance. Victims cannot be required to participate in the criminal justice system or cooperate with law enforcement as a condition of receiving a forensic rape exam. States must coordinate with healthcare providers to notify victims of the availability of rape exams at no cost to the victim. 42 U.S.C. § 10607

Pennsylvania affords victims a set of protections under the Sexual Assault Testing and Evidence Collection Act of 2019 (“SATEC”) that satisfy this requirement and provide additional safeguards. As a payor of last resort, Pennsylvania’s Victims Compensation Assistance Program (“VCAP”) can reimburse insurance co-pays, out-of-network expenses, and other out-of-pocket costs of at least \$50. The crime must have occurred in Pennsylvania and be reported to proper authorities, or filed as a protection order. The victim must cooperate with law enforcement and VCAP and file their claim within five years of the crime. To learn more about VCAP, review resources created by PCCD and PCAR.

3. Judicial Notification

Judicial administrative policies and practices must include notification to domestic violence offenders of relevant federal, state, and local firearms prohibitions that might affect them. In Pennsylvania, Act 79 of 2018 dictates that -

- All **final** Protection from Abuse Orders (“PFA”) adjudicated in court by a judge require weapons relinquishment. *Final PFAs entered by agreement by consent do not require automatic weapons relinquishment.*
- Friends and family members DO NOT qualify as eligible safe-keepers for firearms relinquishment.
- In lieu of friends and family members, defendants may relinquish to an appropriate law enforcement agency (in the county in which they reside), a commercial armory, or a licensed attorney (defendant must have an existing client/attorney relationship and the attorney cannot be a family member).
- A defendant may request the return of firearms upon the dismissal or expiration of the PFA, but must meet certain conditions. The plaintiff must be notified of the request.
- Law enforcement accompaniment is available for plaintiffs during service of the PFA.
- Without having to prove new instances of abuse, a plaintiff may extend a PFA against an incarcerated individual who has or will be released from custody within 90 days. More information about Act 79 is available through PCADV.

4. Additional Prohibited Practices

- STOP grantees cannot require adult, youth or child victims of sexual assault to submit to a polygraph examination or other truth telling device as a condition for proceeding with an investigation into the crime;
- offer pre-trial diversion to offenders or require mediation or couples counseling in DV/SV cases;
- place batterers in “anger management programs” instead of Batterer Treatment Programs;
- penalize or impose sanctions on victims for failure to testify against their abuser/perpetrator;
- employ procedures that compromise the confidentiality of information or safety of people receiving STOP-funded services; or
- employ procedures or policies that exclude victims from receiving safe shelter, services based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children.

5. Evidence-based Prosecution

In order for a prosecutor’s office to be eligible to receive STOP grant funds, the head of the office shall certify, to the State, Indian Tribal government, or territorial government receiving the grant funding, that the office will, during the 3-year period beginning on the date on which the grant is awarded, engage in planning, developing and implementing—

- training developed by experts in the field regarding victim-centered approaches in domestic violence, sexual assault, dating violence, and stalking cases;
- policies that support a victim-centered approach, informed by such training; and
- a protocol outlining alternative practices and procedures for material witness petitions and bench warrants, consistent with best practices, that shall be exhausted before employing material witness petitions and bench warrants to obtain victim-witness testimony in the investigation, prosecution, and trial of a crime related to domestic violence, sexual assault, dating violence, and stalking of the victim in order to prevent further victimization and trauma to the victim. 34 U.S.C. § 10454

*Additional information on victim protections and STOP certification guidelines is available in **appendix 1**.

Offender Release Notification
PA SAVIN is <u>Pennsylvania’s automated victim notification system</u> . As a victim of crime, this service provides victims with free, confidential notification regarding an offender’s release, transfer or escape. The PA SAVIN service includes offenders under the supervision of county jails, state prisons, and state parole.

For offenders in county jail, victims can apply online to receive notifications when the offender is released, if the offender escapes, or if the offender is transferred to another location.

For offenders in state prison or on state parole, victims can receive notifications from the Victim Advocate regarding transfers, release, escape and other types of custody changes. Victims can also express concerns about the release of the offender. To register, contact the Office of the Victim Advocate at (800) 322-4472, (800) 563-6399, or (877) 349-1064 (TDD) during regular business hours.

E. Confidentiality

1. Why is confidentiality important?

Confidentiality of information is essential to survivor safety. It is important to provide survivors with a reasonable expectation of confidentiality and take best efforts to maintain confidentiality on their behalf. When survivors are assured their confidentiality will be respected, it is more likely that they will be empowered to disclose the details necessary to allow for effective safety planning and advocacy.

Each representative on the STOP Team operates within different parameters regarding the information they may share with the STOP Team. Some of these parameters are defined in law and others by policy. Each team must define the parameters for confidentiality among its members. Victim and survivor safety must be the keystone of team confidentiality discussions.

Confidentiality Resources
• <u>Parameters of Privilege and Confidentiality when Collaborating with Community Partners</u> (Pennsylvania Coalition Against Rape) • <u>Confidentiality Toolkit</u> (The Danu Center for Strategic Advocacy's Confidentiality Institute)

2. What does confidentiality look like in practice?

Under Pennsylvania Law, domestic violence programs and their advocates have a legally privileged relationship with the survivors they serve. This means that a counselor advocate cannot breach confidentiality and be required to reveal confidential communications between themselves and a survivor without the prior, written consent of the survivor.

Programs that fall within the scope of this legal privilege cannot reveal any information without the survivor's consent, otherwise the survivor's safety can be jeopardized. In

addition, programs that receive funding pursuant to VAWA, Family Violence Prevention Services Act (“FVSPA”) or the Victims of Crime Act (“VOCA”) *must adhere* to additional federal confidentiality requirements that further protect the information exchanged between a domestic violence program counselor or advocate and the survivor from disclosure. The Team must be cautious about what information they share and with whom in order to protect the domestic violence counselor advocate/victim privilege. To be clear, confidentiality policies are intended to protect the rights of victims and survivors, not the stakeholders they interact with.

Finally, Pennsylvania has additional laws that extend similar protections to sexual assault and human trafficking counselors/advocates that establish further protections for victims of crime.

*Confidentiality statutes are available in **appendix 1**.

<u>Address Confidentiality Program</u>
The Pennsylvania Office of the Victim Advocate’s Address Confidentiality Program provides victims of kidnapping, domestic violence, sexual assault, human trafficking, and stalking with an alternate mailing address to keep their actual home address out of public records where their perpetrator may find their location.

2A. Essential Elements of Confidentiality

- 1. Confidentiality:** Domestic violence counselor/advocates, as well as other members of the Team, have a duty of confidentiality to not share any communications or observations made while providing services to a victim of domestic violence. A victim of domestic violence has the choice as to whether a counselor/advocate can disclose confidential information to another individual/agency. Each partner should make their confidentiality policy clear to other members of the team.
- 2. Legal Privilege:** In addition to a duty of confidentiality, domestic violence counselor advocates’ communications with a victim constitutes information subject to an absolute legal privilege that prohibits in-court testimony regarding these communications. Only the victim can waive this legal privilege in writing prior to any testimony being provided regarding these communications. The legally privileged relationship that exists between counselor/advocates and victims is one of the six legally privileged relationships under Pennsylvania law that include the attorney-client, psychotherapist-patient, and clergy/congregant privileges.
- 3. Subpoenas:** Domestic violence programs will not respond to any subpoena requesting the communications and observations made while providing services to a survivor 42 PA C.S.A. § 5945.1 and will file a motion to quash unless the victim waives their legal privilege in a signed writing prior to providing testimony.
- 4. Parameters of Confidentiality Waivers/Releases:** The victim’s consent to release information must be in writing and come from the domestic violence program – the source of the victim’s privilege. The release must also include the following:
 - o the specific information to be released,
 - o to whom it will be released,

- o dates of effect (this time is not to exceed thirty days from the date the release is signed),
- o date of victim's signature
- o and the purpose to be served through release of the information.

*Blank forms should not be signed by victim or service provider.

5. Outside Agency Collaboration: STOP grantees and subgrantees may collaborate with or provide information to Federal, State, local, tribal, and territorial public officials and agencies to develop and implement policies and develop and promote State, local, or tribal legislation or model codes designed to reduce or eliminate domestic violence, dating violence, sexual assault, and stalking if:

- o the confidentiality and privacy requirements of the STOP Grant program are maintained; and
- o personally identifying information about adult, youth, and child victims of domestic violence, dating violence, sexual assault, and stalking is not requested or included in any such collaboration or information-sharing. 34 U.S.C. is §12291 (b)(3).

6. Team Confidentiality Statement: [Review Effective Collaboration for STOP/SART Teams – Information Sharing and Confidentiality in Collaborations. Draft a short statement about how your Team can/should manage sensitive information shared in meetings. Section 3 – Roles in the Coordinated Community Response includes role-specific confidentiality considerations.]

3. Selected Reporting Regulations in Pennsylvania

3A. The Child Protective Services Law

The Child Protective Services Law ("CPSL") requires a person who is a designated mandatory reporter under the law to make a report of suspected child abuse, if the person has reasonable cause to suspect that a child is a victim of abuse. 23 Pa. C.S. §§ 6311 – 6320. Employees and volunteers of a domestic violence program who have contact with children in the course of their employment are mandated reporters who are required to make such a report, and therefore do not breach a victim's confidentiality by doing so. This exception to their duty of confidentiality and legal privilege is only for purposes of making an initial report of child abuse/neglect. Making a report does not waive the victim's legal privilege regarding any other information provided outside the initial Childline report. Partners either need victim consent or a court order mandating disclosure to require a domestic violence counselor/advocate to reveal any protected information.

It is important that survivors and domestic violence counselor/advocates understand the requirements of this law and what happens if they violate it. In addition, it is important partners understand the requirements of this law and the parameters of domestic violence counselor/advocates ability to cooperate with partners and other agencies on certain investigations absent client consent. Pennsylvania Coalition Against Domestic Violence ("PCADV") provides training and technical assistance for domestic violence advocates and others on the issue of mandated child abuse reporting.

3B. Adult Protective Services Act

The Adult Protective Services Act (“APSA”) provides protection for abused, neglected, exploited, or abandoned adults, aged 18-59, who have physical or mental impairments that substantially limit one or more major life activities. The APSA applies to facilities that use public funds to provide care and support to adults. The Pennsylvania Department of Human Services (“DHS”) interprets “public funds” broadly to include any organization or group that uses any public funds from the federal, state, or county governments, or any other public funding sources. Many advocates are likely mandatory reporters under the APSA. To read more about the APSA and how to report, visit PCAR’s website.

3C. Older Adults Protective Services Act

The Older Adult Protective Services Act (“OAPSA”) provides mandatory reporting procedures for qualifying employees who work at a qualifying facility that suspect abuse. A voluntary reporting provision for those who have reasonable cause to believe an older adult (60 +) needs protective services is also included in the act. Domestic violence counselors and advocates have an absolute privilege pertaining to communications between the survivor and the advocate. PCAR offers an online resource about the OAPSA.

Section 2: Background Information and Special Considerations

A. Domestic Violence Basics

1. Definitions

Pennsylvania’s Protection from Abuse law defines “abuse” as,

the occurrence of one or more of the following acts between family or household members, sexual or intimate partners or persons who share biological parenthood:

- (1) Attempting to cause or intentionally, knowingly or recklessly causing bodily injury, serious bodily injury, rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, indecent assault or incest with or without a deadly weapon.
- (2) Placing another in reasonable fear of imminent serious bodily injury.
- (3) The infliction of false imprisonment pursuant to 18 Pa.C.S. § 2903 (relating to false imprisonment).
- (4) Physically or sexually abusing minor children, including such terms as defined in Chapter 63 (relating to child protective services).
- (5) Knowingly engaging in a course of conduct or repeatedly committing acts toward another person, including following the person, without proper authority, under circumstances which place the person in reasonable fear of bodily injury. The definition of this paragraph applies only to proceedings

commenced under this title and is inapplicable to any criminal prosecutions commenced under Title 18 (relating to crimes and offenses) (23 Pa. Cons. Stat. §6102).

In plain language, domestic abuse/violence is [your STOP Team should research and agree upon a definition of domestic violence. It should be as descriptive as possible and consider the various intersections of domestic violence. The definition should encompass more behaviors than physical violence and include all persons covered under Pennsylvania’s definition of “abuse”. Selected federal and Pennsylvania domestic violence statutes and definitions are available in **appendix 1.**]

2. Legal Protections

In Pennsylvania, certain protections exist for survivors and victims of domestic violence, including:

- **Pennsylvania Crime Victims Act:** [All victims of crime in Pennsylvania are guaranteed a certain set of protections under this act. Briefly describe relevant portions here.]
- **Protection from Abuse Orders:** [Draft short description, including how long the order lasts, and the available remedies under the law, such as weapons relinquishment under Act 79 (2018) and how the Lautenberg Amendment applies. PCADV has published several resources on Protection Orders that may be helpful in drafting this section. More information is available in **appendix 1 and 2.**]

For victims with protection orders from other states, Pennsylvania courts will recognize and enforce valid protection orders from a foreign court under the full faith and credit portion of the PFA law 23 Pa.C.S. § 6104(a).

In [your jurisdiction], victims can obtain a protective order by [list all options available in your jurisdiction, along with known cut-off times and/or any other helpful jurisdiction-specific information]. The [person(s)/ office(s) that serve protective orders in your jurisdiction] typically serves the order.

If there is a conflict, [alternative option] will serve the respondent a timely manner.

For protocol purposes, instances where the “respondent” / “defendant” or “petitioner” / “plaintiff” has ties to law enforcement, the court, or another related public office are considered conflicts. Members of the Team should discuss how conflicts will be handled and identify alternative means of service ahead of time.

* A Pennsylvania protection order chart is available as **appendix 2.**

Offenders are increasingly using social media to harass, stalk, control, and threaten victims. A 2014 survey conducted by the National Network to End Domestic Violence found that of the 346 domestic violence agencies surveyed, almost 97% reported victims being threatened through technology; 79% of those threats occurred on social media. Information about using social media as evidence in civil and criminal domestic violence cases is located on page 64 of PCADV's Courtroom Evidence: A Resource for the Prosecution of Domestic Violence Cases.

3. Domestic Violence Victimization

[Provide examples and information about domestic violence victimization, including the different tactics used to gain and maintain control. Teams may also address the overlap with other crimes, such as sexual assault. The Centers for Disease Control ("CDC") has published several resources on interpersonal violence. EXAMPLE: *Domestic violence offenders employ a variety of tactics to maintain control. One of these tactics is financial abuse, which occurs in 98% of abusive relationships according to the Center for Financial Security. Financial abuse includes giving an allowance, not letting the victim have their own money, hiding family assets, running up debt, interfering with employment, and ruining credit. Other tactics include...*]

The Duluth Power and Control Wheel

The Duluth Power and Control Wheel has been adapted to fit different contexts, including domestic violence. These tools can be used to help explain the dynamics at play in abusive situations to stakeholders and survivors.

4. Confronting Bias

[Provide information about bias and/or myths associated with domestic violence that are most prevalent in your jurisdiction. Conclude with information about how your STOP Team can address this bias. EXAMPLE: *There are several pervasive myths about domestic violence victimization that perpetuate harmful biases. This bias not only affects prosecution efforts, but can impact the community-at-large's perception of domestic violence. To begin, domestic violence, while most often associated with intimate partner violence, encapsulates a much broader range of interpersonal abuse that is not relegated solely to romantic partners. Perpetrators of domestic abuse can be family or household members, sexual or intimate partners or persons who share biological parenthood. Next, victims of domestic violence do not always identify as women. According to the CDC about 1 in 5 women and nearly 1 in 7 men have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and reported some form of interpersonal violence-related impact...*]

5. On the Ground Efforts

[Provide a general background on your jurisdiction's criminal justice response to domestic violence, including any relevant trends or statistics. Include relevant information on community demographics, and populations. If possible, include case statistics from the Team's jurisdiction(s). To start, the Administrative Office of Pennsylvania Courts ("AOPC") publishes *Protection From Abuse caseload statistics* on their website. EXAMPLE: *X County had 103 temporary PFA orders and 68 final PFA orders filed in 2020.*]

B. Strangulation

Strangulation is defined in Pennsylvania Law as when a person knowingly or intentionally impedes the breathing or blood circulation of another person by applying pressure to the throat or neck or blocking their nose and mouth. It includes suffocation and smothering. Despite often not having external signs of injury, strangulation is seriously dangerous. *The Journal of Emergency Medicine* reports that the odds for homicide increase 750% for victims who have been previously strangled, compared to victims who have never been strangled.³ Strangulation is a prevalent form of domestic violence as abusers are able to exert power and control over their victim by controlling their breathing.

Strangulation is a serious and potentially lethal offense that should be addressed through a multidisciplinary approach. All members of the STOP Team must be aware of the signs and symptoms of strangulation, as well as the associated serious health risks. In their individual capacities, STOP Team members can help detect and address strangulation in domestic violence cases.

1. Pennsylvania Law

[Refer to *18 PA. Cons. Stat. Ann. § 2718* and provide a breakdown of Pennsylvania's strangulation law and affirmative defenses (statutes are also located in **appendix 1**. Your Team needs to clearly determine *when* such defenses when be considered. More information on Pennsylvania's strangulation law can be found on *PCADV's website*.]

2. Signs and Symptoms

1. Identifying physical symptoms of strangulation: [Your STOP Team should research and discuss the physical symptoms of strangulation including those that show external signs of injury and those that do not. Helpful resources can be found on *PCAR's website*, as well as through *The Training Institute on Strangulation Prevention* EXAMPLE: *Red eyes or spots (petechiae), neck swelling...*]

³ Glass et al. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *The Journal of Emergency Medicine*, 35(3), 329-335.

2. Identifying victims' language around strangulation: [Your STOP Team should research and discuss how victims and survivors talk about strangulation, the common terms they use, and the physical and mental symptoms they report experiencing.]

3. The need for immediate medical response and evaluation, even when physical signs are not visible: Victims may look fine and say they are fine, but just underneath the skin there may be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated and is why an immediate medical response and evaluation is so important. The victim may develop serious bodily injuries from the strangulation, and these can even result in the victim's death hours or days after the initial incident.⁵

Maryland Lethality Assessment Program ("LAP")

This tool provides an easy and effective method for law enforcement and domestic violence programs to identify victims of intimate partner violence who are at high risk to be killed by their intimate partner, and immediately connect them to a domestic violence program. This tool is intellectual property and is protected by copyright. The Maryland Network Against Domestic Violence ("MNADV") will not authorize use of the tool unless trained by MNADV or PCADV). For information on LAP in PA see *PCADV's website*.

C. Special Considerations

For a Coordinated Community Response to domestic violence to be successful, the STOP Team must ensure they are addressing the diverse needs of all victims and survivors in their communities. The following set of populations is not exhaustive and is listed in no particular order. It is intended to highlight the ways in which your STOP Team can become more inclusive and responsive to the unique and intersecting challenges victims and survivors face. Collaborating with and facilitating referrals to community-specific, culturally-specific organizations is essential for a successful response to domestic violence.

1. Human Trafficking Considerations

[Your STOP Team should summarize the information most relevant to victims and survivors in your community, including information about resources for human trafficking victims available in or near your jurisdiction. Read about human trafficking on the Administrative Office of Pennsylvania Courts ("AOPC") website. *EXAMPLE: There is a strong link between domestic violence and human trafficking. In fact, the federal government has acknowledged that cases that initially present as domestic violence may mask human trafficking, as traffickers often share a romantic or familial relationship with their victims. Human trafficking and domestic violence victimization also share similar power and control dynamics. STOP Domestic Violence Teams are in an excellent position to identify and support trafficking victims either directly or through thoughtful community referrals.*]

Community Resources: [EXAMPLE: The New Day Drop-In Center provides services to female-identifying survivors in Philadelphia. For referrals, call (267) 838-5866.]

*For Teams who want a more detailed section on human trafficking, there is a supplemental basic human trafficking protocol guide included as **appendix 5**.

2. Older Adult Victim and Survivor Considerations

[Review resources pertaining to domestic abuse later in life, such as this [PCADV webinar](#). Your STOP Team should summarize the information most relevant to victims and survivors in your community. Your Team should also add any relevant laws and special programs available in your community that specialize in serving this population. EXAMPLE: Emotional and psychological forms of intimate partner violence are as prevalent among older women as younger women, but health-related trauma associated with non-physical abuse is often more severe for older women.⁴

Community Resources: [EXAMPLE: Older adults in Philadelphia and the surrounding suburbs can seek assistance from Senior Law Center and can call their statewide helpline (1-877-727-7529) for legal advice or referrals.]

3. Immigrant Victim and Survivor Considerations, Including Language Access

[Review resources pertaining to immigrant victims and survivors of domestic violence, such as those on [PCADV's website](#). Be sure to include relevant information about [Title VI of the Civil Rights Act of 1964](#) and language access in [Pennsylvania courts](#). Your STOP Team should summarize the information most relevant to victims and survivors in your community. Your Team should also include any special programs available in your community that specialize in serving this population, as well as language access considerations. Remember, persons with limited English proficiency (“LEP”) and/or those who are deaf or hard of hearing have a right to be provided with proper accommodations by the court. Named parties in cases, witnesses, victims, or persons in *loco parentis* must be provided with an interpreter for free. The court must also provide translated materials at no cost. Read more about this on the [Administrative Office of Pennsylvania Courts](#) website. Additional resources that can help your CCR better serve this population can be located through the [Nationalities Service Center](#).]

Community Resources:

4. LGBTQ+ Victim and Survivor Considerations

⁴ Mezey, N. J., Post, L. A., & Maxwell, C. D. (2002). Redefining intimate partner violence: Women's experiences with physical violence and non-physical abuse by age. *International Journal of Sociology and Social Policy*, 22(7/8), 122-15; Mouton, C. P. (2003). Intimate partner violence and health status among older women. *Violence Against Women*, 9(12), 1465-1477.

[Review resources pertaining to LGBTQ+ victims and survivors of domestic violence, such as those on PCADV's website. Your STOP Team should summarize the information most relevant to victims and survivors in your community. Your Team should also add any relevant laws and special programs available in your community that specialize in serving this population.]

EXAMPLE: *LGBTQ+ victims and survivors face added tactics of power and control by their abusers including: telling the victim they will not be believed because of biases, convincing victims services are not available to LGBTQ+ individuals, threatening to “out” the victim or expose HIV or transitioning status, telling the victim they deserve the abuse, telling the victim their loved ones won’t support their gender or sexual identity, and restricting or withholding medication or treatment* ⁵.

Community Resources: [The Bradbury-Sullivan LGBTQ+ Community Center provides direct services in Allentown. All referral inquiries should be sent to Referrals@BradburySullivanCenter.org.]

5. Male Victim and Survivor Considerations

[Review resources pertaining to male victims and survivors of domestic abuse, such as this technical assistance guide from the National Resource Center on Domestic Violence and information from the Domestic Violence Hotline's website. Your STOP Team should summarize the information most relevant to victims and survivors in your community, making sure to cite any references.]

Community Resources:

6. Considerations for Victims and Survivors with Disabilities, Including Physical, Developmental, and Intellectual Disabilities

[Review resources pertaining to the intersection of domestic abuse and disabilities, such as those on PCADV's website. Your STOP Team should summarize the information most relevant to victims and survivors in your community, making sure to cite any references. Your Team should also add any relevant laws and special programs available in your community that specialize in serving those with disabilities. Your Team should also include information related to court and resource access.]

Community Resources:

7. Considerations for Victims and Survivors of Color

[Review resources pertaining to victims and survivors of domestic abuse of color, such as those on PCADV's website and Meeting the Needs of African American Survivors within Battered Women's Programs. Your STOP Team should summarize the information most relevant to victims and survivors in your community.]

Community Resources:

⁵ Pennsylvania Coalition Against Domestic Violence. (2021). *Ending Abuse in the LGBTQ+ Community*. PCADV. <https://www.pcadv.org/initiatives/lgbtq/>

8. Considerations for Victims and Survivors Living in Rural Areas

[If there are rural areas in your jurisdiction, review resources pertaining to victims and survivors of domestic abuse living in rural areas, such as those on [PCADV's website](#) and [The National Coalition Against Domestic Violence](#). Your STOP Team should summarize the information most relevant to victims and survivors in your community, including information about situations where Pennsylvania State Police has jurisdiction.]

Community Resources:

9. Considerations for Victims and Survivors on College Campuses

[If there is a college or university campus in your jurisdiction, review resources pertaining to domestic violence on college campuses, such as this [PCADV webinar](#) on campus sexual assault and intimate partner violence. Your STOP Team should summarize the information most relevant to victims and survivors in your community, making sure to address any applicable laws, such as [Title IX](#).]

Community Resources:

[Additional special populations and/or access concerns in your jurisdiction:

Consider intersections with mental health and substance use, concerns related to [refugee populations](#), and those [experiencing homelessness](#).]

Anti-Oppression Framework
An <u>anti-oppression framework</u> seeks to recognize power imbalances and develop strategies to curtail them. <u>Domestic violence</u> is fueled by a desire for power and the choice to control one's intimate partner by taking advantage of, or creating inequality between, the two partners. In <u>a relationship with domestic violence</u> , power and control are unevenly distributed using tactics including isolation, verbal and emotional abuse, financial abuse, sexual violence, stalking, and physical violence. In society, a similar unequal distribution of power and control exists among entire <u>groups of people</u> .

Section 3: Roles in the Coordinated Community Response

Coordination between members of the coordinated community response can facilitate the relationship-building necessary to make victims and survivors feel safe, while also holding abusers accountable. Each member of the CCR should be able to articulate the roles of other members to victims and survivors. [Directions: Review [Effective Collaboration for SART/STOP Teams – Making the Most of Meetings](#) and [Retention and Engagement](#). PCCD understands that not all STOP Teams have the same stakeholder participation and that some of the roles identified fall outside of Pennsylvania STOP Collaborative Team required membership. We encourage each member of the Team to

complete their respective section and to work through remaining applicable sections together. Not all jurisdictions operate identically, irrelevant information may be changed or deleted.]

A. Dispatch

A1. Role in the Coordinated Community Response

Dispatch may be the initial point of contact for a victim experiencing domestic violence. [Briefly explain why information related to the role of dispatch is essential for your STOP protocol. It must address special considerations unique to your county. Please address how this serves and further contributes to an effective coordinated community response.]

A2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Provide a breakdown of at least two to four essential elements for a dispatcher communicating with a victim of domestic violence through a trauma-informed and victim-centered approach. Essential elements must include day-to-day best practice examples.]

A3. Dispatcher Responsibilities

1. **Dispatcher Training Standards:** [Please address how dispatchers are maintaining training standards for domestic violence calls for service.]
2. **Victim's Rights:** [What standards are in place to ensure dispatchers understand Victims' Rights? Review the *Pennsylvania Crime Victims Act* (18 P.S. §11.101).]
3. **Confidentiality:** [Review Effective Collaboration for SART/STOP Teams – *Information Sharing and Confidentiality in Collaborations*. Briefly describe the confidentiality restraints of dispatchers as they pertain to sharing sensitive information with the Team.]
4. **Dispatcher Contingencies for Delayed Responses:** [If your jurisdiction includes rural areas where immediate police/ambulance response is delayed, or when manpower is extremely limited, what contingencies are in place to address these shortcomings? How can dispatchers offer Safety Planning with victims of domestic violence during this crucial time?]
5. **Dispatcher's Checklist for Domestic Violence Calls for Service:** [Please ensure your protocol, at a minimum, addresses information required for a dispatcher to obtain. Most dispatch centers have a Dispatcher's Checklist – please copy verbatim into your protocol. A sample dispatcher checklist is *available online*. EXAMPLE: A) A dispatcher who receives a domestic violence call should dispatch officers to every reported incident. When warranted, the dispatcher should give a domestic violence call the same priority as other life-threatening calls. If possible, two officers should be dispatched to the scene. B) A dispatcher should never ask a victim whether

- they want to “prosecute”, “press charges”, or “sign a complaint.” Comments that place the enforcement of law on victims are not appropriate...]*
6. **Language-Access Requirements:** Law enforcement communication systems should have procedures for receiving emergency calls from non-English speaking persons or those who are deaf or hard of hearing.⁶ *[Please elaborate further on how dispatch addresses language-access concerns.]*
 7. **Additional Community-Specific Considerations:** *[Please elaborate on the challenges experienced dispatching emergency personnel to domestic violence incidents and how your STOP Team can collaboratively address and minimize these challenges?]*

B. Law Enforcement

B1. Role in the Coordinated Community Response

Members of law enforcement promote safety for victims and survivors of domestic violence through trauma-informed, victim-centered investigations and case follow-up. *[Briefly explain why information related to the role of law enforcement is essential for your STOP protocol. It must address special considerations unique to your community. Please address how this serves and further contributes to an effective coordinated community response. The International Association of Chiefs of Police (“IACP”) has resources on its [website](#) to assist your STOP Team in drafting this section. EXAMPLE: *The best way to ensure an effective response to domestic violence is for law enforcement to have a strong working relationship with a wide variety of agencies that provide the various services necessary for victims and survivors of domestic violence...*]*

B2. Essential Elements: Trauma-Informed and Victim-Centered Practice

Prioritizing a trauma-informed approach when interacting with victims and survivors of sexual assault is critical for members of law enforcement.

- *[Provide a breakdown of at least two to four essential elements of trauma-informed and victim-centered interactions with victims or survivors of domestic violence. Essential elements must include day-to-day best practice examples: [This short training video](#) may be helpful in drafting this section.]*
- *EXAMPLE: Language is important. When writing reports, officers do not use statements like “the victim refuses to cooperate” as this contributes to victim-blaming in that it implies that the victim is complicit in the crime and doesn’t want to change their situation. Revising it to “the victim has chosen to not participate” recognizes the complexity of the victim’s situation.*
- *Ensure the victim’s basic needs are addressed before we begin any interview questioning. This can include making sure they get something to eat, a coffee, water, aspirin, or even blanket or jacket to stay warm in a cold station.*

⁶ The American Disabilities Act (“ADA”) requires that law *enforcement communications systems* be equipped with a teletypewriter (“TTY”) to accommodate emergency calls from deaf persons or persons who are hard of hearing.

- All interviewing officers implement trauma-informed interview skills. This generally means reframing questions that start with “why”; directives such as “explain to me...”; and requests for a chronological account with prompts such as “and then what happened?” (the IACP has a [resource](#) dedicated to trauma-informed interviewing techniques.)
- When an arrest is made by law enforcement for a PFA Order violation or other crime of domestic violence, it is imperative that the arresting officer remain in contact with the survivor and provide them information concerning the case. Officers must remember that the arrest is often just the beginning of the process...]

B3. Law Enforcement Responsibilities

1. **Law Enforcement Training Standards:** [Please address how law enforcement is maintaining training standards for handling domestic violence cases. Due to high rates of turn-over in the field, training on domestic violence issues must take priority and be on-going. Trainings should inform officers who they can turn to for assistance and guidance during the investigation of a domestic violence incident.]
2. **Victim Rights:** [What standards are in place to ensure members of law enforcement understand Victims' Rights? Review the [Pennsylvania Crime Victims Act](#) (18 P.S. §11.101).]
3. **Confidentiality:** [Review Effective Collaboration for SART/STOP Teams – [Information Sharing and Confidentiality in Collaborations](#). Briefly describe the confidentiality restraints of law enforcement as they pertain to sharing sensitive information with the Team. Confidentiality during referrals is covered in part 9 below.]
4. **Lethality Assessment Protocol (“LAP”):** [Explain how your jurisdiction utilizes LAP. For more information, view [PCADV's website](#). *Information about lethality factors is available in **appendix 4***. Note: If your jurisdiction does not yet use LAP, use this area to describe how officers responding to domestic violence promote victim safety and engage in evidence-based practices.]
5. **Body-worn cameras:** [Please elaborate on the proper use of [body-worn cameras](#) when interacting with victims and survivors of domestic violence. Does your jurisdiction have a policy or protocol that addresses this? If so, provide it here. Aequitas has published [print](#) and [video](#) resources about the use of body-worn cameras in interpersonal violence cases. PCCD's statement on the use of body-worn cameras is [available online](#).]
6. **Predominate Aggressor:** [Please elaborate on [when and how a predominant aggressor](#) is identified.]
7. **Dual arrests:** [Please elaborate on best practices for responding to domestic violence incidents where both parties need to be arrested.]
8. **Witness Tampering:** [Please elaborate on how to respond to instances of abusers trying to prevent victims from testifying. EXAMPLE: *Law enforcement should not overlook evidence of interference with a witness, but rather charge the defendant to send the clear message that witness tampering will not be tolerated and that it is the state prosecuting the defendant, not the victim.*]

9. Collaboration and Referrals

- a. [Explain the current relationship between law enforcement and other members of the team?
 - i. How can this be improved upon?
 - ii. What are barriers?
- b. [Explain how referrals are made to other Team agencies and services.
 - i. Include information Memorandums of Understanding (“MOU”) with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.]
 - ii. Include information about how confidentiality is maintained when making referrals and collaborating with other Team agencies.]

10. Additional Community-Specific Considerations: [Please elaborate on the challenges experienced by members of law enforcement who respond to domestic violence and how your STOP Team can collaboratively address and minimize these challenges?]

What are lethality factors?

Research has found that the presense of certain factors can gauge the liklihood of intimate partner homicide.

1. Threatens with Weapon
2. Has Access to Firearms
3. Threatens Homicide
4. Attempts Strangulation
5. Violent Jealous/Controlling Daily Activity
6. Recent Separation
7. Stalking
8. Unemployment
9. Threatened Suicide
10. Child is Who is Not Abuser’s Biological Child

*Lethality factors are presented above. See **appendix 4** for Domestic Violence Lethality Factors excerpt from PCADV’s Domestic Violence Bench book.*

B4. Initiating Arrest for PFA Violation (indirect criminal contempt)

[...]

B5. Trauma-Informed Evidence-Based Investigation

[Please review the supplemental law enforcement protocol guides addressing evidence-based investigations and initiating arrest for PFA violations in **appendix 4**. Your final protocol must include some considerations for initiating arrest and evidence-based investigations in domestic violence cases – add this in the sections B4 and B5 above. Under section 2017 of the 2022 VAWA Reauthorization, prosecutor’s offices receiving STOP funding are required to engage in evidence-based practices when prosecuting domestic violence crimes.]

C. Healthcare Professionals

C1. Role in the Coordinated Community Response

Healthcare professionals, especially nurses and sexual assault forensic nurses (“SANE”), play an essential role in providing victims with access to vital medical services and may also be involved in collecting evidence.

[Briefly explain the role healthcare professionals play in your CCR. Explain why information related to the role of medical professionals is essential for your STOP protocol. Please address how this serves and further contributes to an effective CCR. EXAMPLE: *Healthcare professionals are in an excellent position to respond to cases of domestic violence, as they may have consistent relationships with their patients that can make it easier to identify and document a pattern of abuse...*]

Traumatic Brain Injury (“TBI”) in Domestic Violence

Offenders often cause damage to a survivor’s head, neck, and face either by direct contact or by shaking a survivor. Experiencing strangulation can also result in a brain injury. 31.5 million women have experienced at least one IPV-related TBI⁷ and nearly one-third of survivors have experienced more than six hits to their head or strangulation events.⁸ Every survivor should receive information about brain injury, including concussions. Many TBIs are not able to be identified using imaging tools and rely on screening/observation. Stakeholders are strongly encouraged to work with their local domestic violence programs to develop screening tools and procedures to ensure all survivors are given multiple opportunities to learn about, disclose, and receive care for a possible TBI.

C2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Provide a breakdown at least of two to four essential elements for a healthcare professional treating and/or interacting with a victim or survivor of domestic violence through a trauma-informed and victim-centered approach. Essential elements must include day-to-day best-practice examples. The Trauma-Informed Implementation Resource Center lists several healthcare-related resources that may be helpful in drafting this section, as well as this toolkit published by the Health & Medicine Policy Research Group. STOP Teams may also find it useful to invite local medical advocates to assist in drafting this section. Please contact your local program for more information. PCADV’s Medical Advocacy Program is available as a resource, as well.]

⁷ Valera, E. M., Campbell, J., Gill, J., & Iverson, K. M. (2019). Correlates of brain injuries in women subjected to intimate partner violence: Identifying the dangers and raising awareness. *Journal of Aggression, Maltreatment & Trauma*, 28(6), 695-713.

⁸ Rajaram, S. S., Reisher, P., Garlinghouse, M., Chiou, K. S., Higgins, K. D., New-Aaron, M., ... & Smith, L. M. (2021). Intimate partner violence and brain injury screening. *Violence against women*, 27(10), 1548-1565.

Intimate Partner Violence and Sexual Violence Victimization Assessment
Instruments for Use in Healthcare Settings

The CDC has created this compilation of existing tools for assessing intimate partner violence and sexual violence victimization in clinical /healthcare settings.

C3. Healthcare Professional Responsibilities

1. Healthcare Professionals Training Standards: [Please address the specialized domestic violence training programs and/or initiatives implemented by medical professionals in your community.]

2. Priority of Assignments: [Describe the standards in place for when a victim of domestic violence enters the hospital.]

a. *EXAMPLE: Timeliness: instances of abuse should always be treated as an emergency.*

b. *All staff trained in trauma-informed response.*

c. *Survivors are immediately placed in a private room.*

d. *Community-based advocates are called upon arrival so they can explain their services in-person to the survivor.*

e. *Consent to treatment and exam.*

f. *Contingency plan for when a SANE is not available. This may mean using telehealth or reverting to care by an untrained provider.]*

3. Confidentiality: [Review Effective Collaboration for SART/STOP Teams – Information Sharing and Confidentiality in Collaborations. Briefly describe the confidentiality restraints of healthcare professionals as they pertain to sharing sensitive information with the Team. HIPAA may be referenced here. Confidentiality during referrals is covered in part 8 below.]

4. Mandated Reporting: [Briefly describe your mandated reporting procedure. Address the need to report child abuse when it is disclosed.]

5. Safety

a. **Safety of victim if offender is present:** [Describe best practices for ensuring the safety of the victim when the offender is present.]

b. **Safety planning with Victim:** [Describe best practices for a medical professional safety planning with a victim.]

6. Informed Consent

a. [Explain how informed consent is handled in your healthcare facility. What forms and consent processes exist?]

b. [Explain informed consent as it relates to evidence collection. *EXAMPLE: It is important for victims to understand the full scope of their consent to each exam procedure...]*

7. Next Steps / Healthcare Professional Checklist: [Describe the next steps after the exam is completed.]

8. Collaboration and Referrals

a. [Explain the current relationship between healthcare professionals and other members of the team?]

i. [How can this be improved upon?]

ii. [What are barriers?]

b. [Explain how referrals are made to other Team agencies and services.]

- i. [Include information on Memorandums of Understanding (“MOU”) with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.]
- ii. [Include information about how confidentiality is maintained when making referrals and collaborating with other members of the CCR.]

9. Additional Community-Specific Considerations: [Please elaborate on the challenges experienced by healthcare professionals who encounter victims of domestic violence either during routine visits or after a specific incident and how your STOP Team can collaboratively address and minimize these challenges?]

D. Community-Based Advocate (local domestic violence program)

D1. Role in the Coordinated Community Response

Community-based advocates serve victims and survivors regardless of whether they report their abuse to the criminal justice system. This includes advocates who work for sexual assault and/or domestic violence programs and nonprofit organizations. The primary mission of victim service providers is to support and advocate for victims and survivors. [Briefly explain why information related to the role of community-based advocates is essential for your STOP protocol. It must address special considerations unique to your community. Please address how this serves and further contributes to an effective coordinated community response. EXAMPLE: *Community-based advocates play a vital role in connecting victims and survivors to community resources, as well as helping them navigate the various facets of the civil and criminal justice systems. Community-based advocates are well positioned to provide confidential and comprehensive support...*]

D2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Address at least two to four trauma-informed and victim-centered essential elements for supporting victims and survivors of domestic violence as they navigate judicial systems, access vital services, and plan for a safer future. Essential elements must include day-to-day best-practice examples.]

The HELPPS Toolkit for TBI screening

PCADV is in the process of updating their TBI Toolkit from 2011. A revised toolkit and updated resources are tentatively scheduled for release in mid-2022. PCADV's advocates use the HELPPS Tool to start conversations with survivors about brain injury.

D3. Community-Based Advocate Responsibilities

1. **Community-Based Advocate Training Standards:** [Explain the special training and qualifications community-based advocates hold.]

2. **Victim Rights:** [What standards are in place to ensure victim service providers understand Victims' Rights? Review the Pennsylvania Crime Victims Act (18 P.S. §11.101).]
3. **Victim Safety:** [What standards are in place to help ensure the safety of victims and survivors?]
4. **Access to Services:** [Provide a breakdown of how and when community-based advocates are notified and called in to provide supportive services.]
5. **Important Services Provided**
 - a. [EXAMPLE: *Always available – nights, weekends, holidays*
 - b. *Accompaniment:*
 - c. *Notification Services*
 - d. *Protection Orders Offered*
 - e. *Safety Planning*
 - f. Add any additional services, as needed.]
6. **Confidentiality:** [Review Effective Collaboration for SART/STOP Teams – Information Sharing and Confidentiality in Collaborations. Briefly describe the confidentiality restraints of community-based advocates as they pertain to sharing sensitive information with the Team. Confidentiality during referrals is covered in part 7 below.]
7. **Collaboration and Referrals**
 - a. [Explain the current relationship between community-based advocates and other members of the team?
 - i. How can this be improved upon?
 - ii. What are barriers?
 - b. [Explain how referrals are made to other Team agencies and services.
 - i. Include information on Memorandums of Understanding (“MOU”) with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.
 - ii. Include information about how confidentiality is maintained when making referrals and collaborating with other members of the Team.]
8. **Next Steps / Advocate Checklist:** [Draft or insert existing checklist that covers basic next steps for advocates.]
9. **Additional Community-Specific Considerations:** [Please elaborate on the challenges experienced by victim service providers who assist victims and survivors of domestic violence and how your STOP Team can collaboratively address and minimize these challenges?]

E. Systems-Based Advocate (court victim/witness program)

E1. Role in the Coordinated Community Response

Systems-based advocates generally serve victims and survivors whose cases are in the criminal justice system. The primary mission of systems-based advocates is to provide informational and practical support to victims and survivors. They are often the primary point of contact for victims and survivors involved in court proceedings and/or other governmental systems. [Briefly explain why information related to the role of systems-based advocates is essential for your STOP protocol. It must address special considerations unique to your community. Please address how this serves and further contributes to an effective coordinated community response.]

E2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Address at least two to four trauma-informed and victim-centered essential elements for supporting victims and survivors of domestic violence as they navigate judicial systems, access vital services, and plan for a safer future. Essential elements must include day-to-day best-practice examples.]

E3. Systems-Based Advocate Responsibilities

1. **Systems-Based Advocate Training Standards:** [Please address how systems-based advocates are maintaining training standards for interacting with victims and survivors of domestic violence.]
2. **Victim Rights:** [What standards are in place to ensure systems-based advocates understand Victims' Rights? Review the Pennsylvania Crime Victims Act (18 P.S. §11.101).]
3. **Victim Safety:** What standards are in place to help ensure victim the safety of victims and survivors?]
4. **Access to Services:** [Provide a breakdown of how and when systems-based advocates are notified and called in to provide supportive services.]
5. **Important Services Provided:**
 - a. [EXAMPLE: Provide informational and practical support to victims.
 - b. Increase victims' opportunities to participate in the justice process by working to ensure their voices are heard.
 - c. Assist victims with their safety concerns.
 - d. Assist with referrals for emergency financial assistance.
 - e. Notify victims of court hearings and changes in court schedules.
 - f. Inform victims about the detention status of defendants and inform them about any automated victim notification systems, if applicable.
 - g. Provide court support by attending interviews, hearings, or trials with victims.
 - h. Work to ensure victims' rights are maintained throughout the justice process.
 - i. Provide systems advocacy through thorough knowledge of criminal justice system and working relationships with stakeholders.
 - j. Add additional services, as needed.]
6. **Confidentiality**

a. Unlike community-based advocates, systems-based advocates are bound by prosecutor's discovery obligations, which restrict their ability to serve as a confidential resource for victims. Thus, systems-based advocates should not offer to accompany victims during forensic medical exams or respond to communications from the hospital.

b. [Review Effective Collaboration for SART/STOP Teams – Information Sharing and Confidentiality in Collaborations. Briefly describe the confidentiality restraints of systems-based advocates as they pertain to sharing sensitive information with the Team. Confidentiality during referrals is covered in part 7 below.]

7. Collaboration and Referrals

a. [Explain the current relationship between systems-based advocates and other members of the team?

i. How can this be improved upon?

ii. What are barriers?

b. [Explain how referrals are made to other Team agencies and services.

i. Include information on Memorandums of Understanding ("MOU") with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.]

ii. Include information about how confidentiality is maintained when making referrals and collaborating with other Team agencies.]

8. Next Steps / Advocate Checklist: [Draft or insert existing checklist that covers basic next steps for systems-based advocates working with survivors of domestic violence.]

9. Additional Community-Specific Considerations: [Please elaborate on the challenges experienced by systems-based victim service providers who assist victims and survivors of domestic violence and how your STOP Team can collaboratively address and minimize these challenges.]

F. Prosecution / District Attorneys

F1. Role in the Coordinated Community Response

Prosecutors / District Attorneys make the ultimate decision as to whether charges will be initiated in a criminal case. They may also explain charging and other decisions made about a case to a victim or survivor of domestic violence. [Briefly explain why information related to the role of prosecutors / district attorneys is essential for your STOP protocol. Focus on considerations unique to your community and that ensure abusers are held accountable. Please address how this serves and further contributes to an effective coordinated community response. EXAMPLE: *For an effective coordinated community response, there must be a strong working relationship between victim service agencies, law enforcement, and the district attorney's office. This collaboration enables prosecutors to identify high risk cases so they can allocate resources accordingly and exercise appropriate discretion. Thoughtful coordination with*

victim services can mitigate re-traumatizing a survivor and empower them to work together with law enforcement and prosecution. Victims and survivors are more likely to feel supported and fully informed about their case when they have a victim advocate by their side.]

F2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Address at least two to four trauma-informed and victim-centered essential elements for prosecuting crimes of domestic violence and interacting with survivors. Essential elements must prioritize victim and survivor safety, while also ensuring offender accountability. There are resources available through Aequitas to assist in crafting this section.]
- *EXAMPLE: Prosecutors should build rapport with the victim at the onset of the judicial process and become familiar with the facts surrounding the current offense, as well as any prior abuse.*
- *When interacting with the victim, prosecutors should always be respectful, patient, and willing to listen. They should be honest and candid with the victim about any risk factors they see and what to expect going forward. Prosecutors should carefully evaluate the likelihood and/or possibility of lethality and conduct a formal or informal lethality assessment under appropriate circumstances. (Information about lethality factors is available in **appendix 4**.)*

F3. Prosecutor/ District Attorney Responsibilities

1. **Prosecutor Training Standards:** [Please address how the district attorney's office is maintaining training standards for handling domestic violence cases. The Pennsylvania District Attorneys Institute periodically offers trainings on these topics. PCADV publishes webinars for legal professionals on their website. *EXAMPLE: Prosecutors in our jurisdiction stay up-to-date with relevant literature and receive regular training on the effects of trauma, dynamics of domestic violence, child abuse, how to engage with survivors in a trauma-informed manner, and how to identify potentially lethal cases.*]
2. **Victim Rights:** [What standards are in place to ensure prosecutors understand and convey victims their rights? Review the Pennsylvania Crime Victims Act (18 P.S. §11.101)]
3. **Victim Safety:** [What standards are in place in help ensure the safety of the victims and survivors.]
4. **Confidentiality:** [Review Effective Collaboration for SART/STOP Teams – Information Sharing and Confidentiality in Collaborations. Briefly describe the confidentiality restraints of prosecutors as they pertain to sharing sensitive information with the Team. Confidentiality during referrals is covered in part 9 below.]
5. **Statute of limitations:** [Explain how prosecutors should navigate cases that are near or past the statute of limitations in a trauma-informed manner.]
6. **Evidence-based prosecution**

- a. **Policy:** [Explain your office's policy about engaging in evidence-based practices in domestic violence cases. Under section 2017 of the 2022 VAWA Reauthorization, prosecutor's offices receiving STOP funding are required to engage in evidence-based practices when prosecuting domestic violence crimes. This **must** be addressed in your final protocol. See **appendix 1** for more details.]
- b. **Procedure if victim does not want to participate:** [Explain your jurisdiction's procedure for working with victims who do not want to participate in the case, this procedure must take the victim's trauma into consideration. EXAMPLE: *Prosecutors should be prepared to respectfully encourage charges without victim cooperation on a strictly case by case basis. Prosecutors should thoughtfully consider the safety of the victim and community, offender accountability, and independent corroborative evidence when deciding to charge a perpetrator. The decision to continue prosecution without victim cooperation should hinge on the strength of independent corroborative evidence in proving the elements of the crime beyond a reasonable doubt and whether prosecution is in the interest of safety and justice. (Information about evidence-based prosecution is available on page 50 of PCADV's Courtroom Evidence: A Resource for the Prosecution of Domestic Violence Cases).*]

7. Guidelines for plea agreements

- a. Consider continuity: [Briefly explain.]
- b. Victim notification: [Briefly explain.]

8. Trial considerations

a. Educating the victim on case continuances, sentencing, and post-conviction expectations.

b. [Add additional trial considerations as needed, keeping trauma-informed practices in mind.]

9. Collaboration and Referrals

a. [Explain the current relationship between the district attorney's office and other members of the team?

i. How can this be improved upon?

ii. What are barriers?

b. [Explain how referrals are made to other Team agencies and services.

i. Include information on Memorandums of Understanding ("MOU") with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.]

ii. Include information about how confidentiality is maintained when making referrals and collaborating with other Team agencies.]

10. Additional Community-Specific Considerations: [Please elaborate on the challenges experienced while prosecuting domestic violence cases, and how your STOP Team can collaboratively address and minimize these challenges? EXAMPLE: *On top of encouraging prosecutors to attend trauma trainings, our district also provides trainings on how to prove a domestic violence case to a*

jury, these trainings teach techniques for explaining trauma to a jury in the context of domestic violence.]

F4. Expert Witnesses

Sometimes, survivor behavior can be counterintuitive and confusing to those unfamiliar with the complexities of domestic violence. In Pennsylvania, qualified expert witnesses may testify about certain victim responses and behavior, dynamics of sexual or domestic violence, and the impact of sexual or domestic violence during and after an assault. For a witness to be qualified as an expert by the court, they must have specialized knowledge beyond that possessed by the average layperson, based on experience with, or specialized training or education in, criminal justice, behavioral sciences, or victim services issues, related to sexual violence or domestic violence 42 Pa. Cons. Stat. § 5920.

Applicable Criminal Proceedings

• Ch. 30 (relating to human trafficking), if the offense involved sexual servitude. • Ch. 31 (relating to sexual offenses). • Ch. 18 - Section 4302 (relating to incest). • Ch. 18 – Section 4304 (relating to endangering welfare of children), if the offense involved sexual contact with the victim. • Ch. 18 - Section 5902(b) or (b.1) (relating to prostitution and related offenses).	• Ch.18 - Section 6301 (a) (1) (i) (relating to corruption of minors), if the offense involved sexual contact with the victim. • Ch. 18 - Section 6301 (a) (1) (ii). • Ch. 18 - Section 6312 (relating to sexual abuse of children). • Ch. 18 - Section 6318 (relating to unlawful contact with minor). • Ch. 18 - Section 6320 (relating to sexual exploitation of children).
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*For a list of recommended expert witnesses, directly contact PCADV, PCAR or The Pennsylvania District Attorney's Association ("PDAA").

G. The Courts

G1. Role in the Coordinated Community Response

Those who work in the courts have an important role and opportunity to address domestic violence. Court staff, including clerks, law librarians, and representatives from the Domestic Relations Section ("DRS"), and the Office of Children & Families ("CYS") may interact with victims and survivors seeking protection from abuse orders. Magistrates and judges may preside over civil or criminal cases involving domestic violence. Briefly explain why information related to the role of the court is essential for your STOP protocol. It must address special considerations unique to your community.

Please address how this serves and further contributes to an effective coordinated community response.]

G2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Provide a breakdown of at least two to four trauma-informed and victim-centered essential elements for those who work in the court and interact with victims and survivors of domestic violence. Essential elements must include day-to-day best practice examples. The Office for Victims of Crime – Training and Technical Assistance Center (“OVCTAC”) has published several resources on how to implement trauma-informed practices into the courtroom. The Substance Abuse and Mental Health Services Administration (“SAMHSA”) has also published Essential Components of Trauma-Informed Judicial Practice.]

G3. Responsibilities of the Court

1. **Court Staff & Court Official Training Standards:** [Please address how the court, including *judges*, maintain training standards for interacting with and assisting victims and survivors of domestic violence.]
2. **Victim Rights:** [What standards are in place to ensure those who work for the court understand Victims’ Rights and can properly convey them to victims and survivors of domestic violence? Review the Pennsylvania Crime Victims Act (18 P.S. §11.101).]
3. **Victim Safety:** [What standards are in place to ensure the safety of all parties during court appearances? The Center for Justice Innovation has published Recommended Court Security Measures for Cases Involving Domestic Violence and Supporting Domestic Violence Survivors During the Court Process Checklist, which may be helpful in drafting this portion of the protocol. EXAMPLE: *In our courthouse, we have separate waiting rooms for PFA petitioners and respondents, separate seating areas in the courtrooms, security present, policies that allow for PFA petitioners to leave the court premises while the PFA respondent stays to watch a video about domestic violence, and court security will also escort a PFA petitioner to their vehicle upon request...*]
4. **Confidentiality:** [Review Effective Collaboration for SART/STOP Teams – Information Sharing and Confidentiality in Collaborations. Briefly describe the confidentiality restraints of court personnel as they pertain to sharing sensitive information with the Team. Confidentiality during referrals is covered in part 5 below.]
5. **Collaboration and Referrals**
 - a. [Explain the current relationship between the court and other members of the team?
 - i. How can this be improved upon?
 - ii. What are barriers?
 - b. Explain how referrals are made to other Team agencies and services.

- i. Include information on Memorandums of Understanding (“MOU”) with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.
- ii. Include information about how confidentiality is maintained when making referrals and collaborating with other Team agencies.]

6. Additional Community-Specific Considerations: [Please elaborate on the challenges experienced by those who work for the court and interact with victims and survivors of sexual violence and how your STOP Team can collaboratively address and minimize these challenges? *During the COVID-19 Pandemic, the court switched from hearing protection order cases at the same time - in a “cattle call style”, to time-staggered hearings that separate all parties for health reasons. Court advocates noticed this new practice of having time-staggered hearings was beneficial in keeping petitioners and respondents separated, thereby enhancing victims’ feelings of safety. Our STOP Team discussed this during a meeting and collaborated with court administration to make this change permanent in our county...*]

H. Probation / Parole

H1. Role in the Coordinated Community Response

[Briefly explain what the role of probation / parole is in addressing sexual violence and why information related to the role of probation / parole is essential for your STOP protocol. It must address special considerations unique to your community. Please address how this serves and further contributes to an effective coordinated community response. *EXAMPLE: Probation and parole officials have a central role in responding to and preventing sex offenses. Their role is not only to supervise offenders, but also includes performing activities designed to prevent sex offenses in the community.*]

H2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Provide a breakdown of at least two to four trauma-informed and victim-centered essential elements for probation / parole officers who supervise domestic violence offenders. Essential elements must include day-to-day best practice examples.]

H3. Probation / Parole Responsibilities

1. **Probation / Parole Training Standards:** [Please address how probation / parole officers are maintaining training standards for supervising domestic abuse offenders.]
2. **Victim Rights:** [What standards are in place to ensure probation / parole officers who supervise domestic abuse offenders understand and maintain victims’ rights? Review the Pennsylvania Crime Victims Act (18 P.S. §11.101).]

3. **Victim Safety:** [What standards are in place to ensure victim safety during supervision?]
4. **Confidentiality:** [Review Effective Collaboration for SART/STOP Teams – *Information Sharing and Confidentiality in Collaborations*. Briefly describe the confidentiality restraints of probation/parole as they pertain to sharing sensitive information with the Team. Confidentiality during referrals is covered in in part 5 below.]
5. **Collaboration and Referrals**
 - a. [Explain the current relationship between probation / parole officers and other members of the team?
 - i. How can this be improved upon?
 - ii. What are barriers?
 - b. Explain how referrals are made to other Team agencies and services.
 - i. Include information on Memorandums of Understanding (“MOU”) with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.
 - ii. Include information about how confidentiality is maintained when making referrals and collaborating with other Team agencies.]
6. **Additional Community-Specific Considerations:** [Please elaborate on the challenges experienced by probation / parole officers who supervise domestic abuse offenders and how your STOP Team can collaboratively address and minimize these challenges?]

I. Additional Representatives (as needed)

[Use this optional section to elaborate on the role additional disciplines represented in your STOP team have in the coordinated community response.]

I1. Role in the Coordinated Community Response

I2. Essential Elements: Trauma-Informed and Victim-Centered Practice

I3. Responsibilities

Appendices

1. STOP Grantee Protocol Statute Compilation
2. Pennsylvania Protective Order Chart
3. Domestic Violence Lethality Factors (chapter from PCADV's *Domestic Violence Benchbook for Judges*)

4. Supplemental Law Enforcement Trauma-Informed Evidence-Based Investigation and Arrest Protocol Guides
5. Supplemental Optional Basic Human Trafficking Protocol Guide