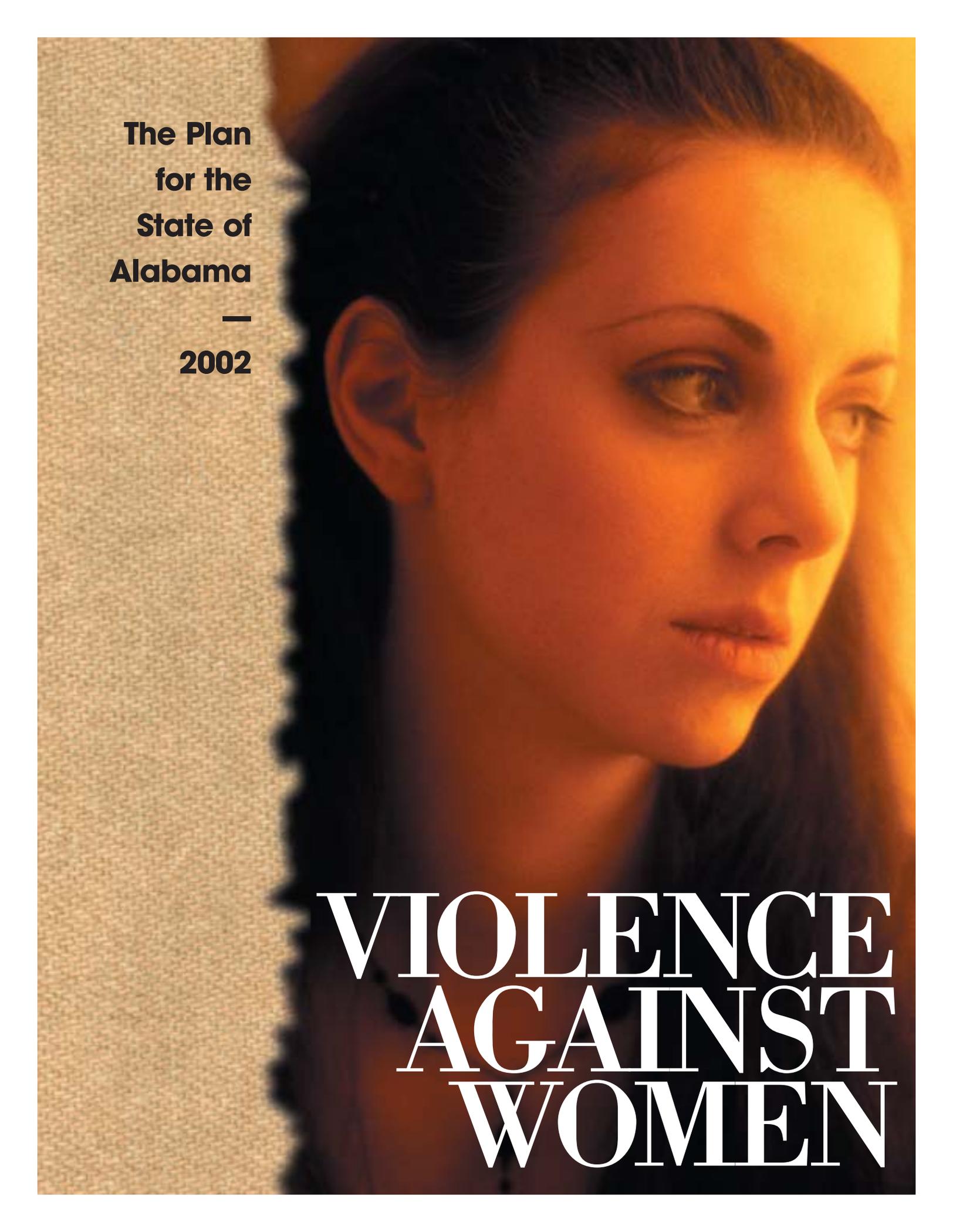


**The Plan
for the
State of
Alabama**

—
2002



**VIOLENCE
AGAINST
WOMEN**

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VIOLENCE AGAINST WOMEN

Table of Contents

Council Members	3
Introduction	4
Overview.....	5
Chapter One	
Data Collection Recommendations.....	7
Chapter Two	
Law Enforcement Response Recommendations.....	8
Chapter Three	
Prosecution Response Recommendations.....	19
Chapter Four	
Judicial Response Recommendations	27
Chapter Five	
Health Care Response Recommendations	41
Chapter Six	
Youth Prevention & Intervention Recommendations	50
Chapter Seven	
Victim Service Recommendations	58
Chapter Eight	
Coordinated Community Response Recommendations.....	62
Chapter Nine	
Legislation Recommendations	63





Council on Violence Against Women Members

- **John Hall**Attorney at Law, Council Chairperson
- **Daryl Bailey**Assistant District Attorney, Montgomery
- **Kelley Barnes**Director Children’s First
- **Honorable Pamela Baschab**Alabama Court of Criminal Appeals
- **Chandra Brown**Board President Alabama Coalition Against Rape
- **Dr. Barry Burkhart, PhD**Department of Psychology Auburn University
- **Commie Carter**Mental Health & Mental Retardation Board
- **Honorable Charles Fleming**District Court Judge
- **Honorable John Davis**Circuit Court Judge, Ret.
- **Judge James Fry**Director ADECA LETS Division
- **Representative Todd Greeson**District 24
- **Stacey Haire**Attorney Legal Services of North-Central Alabama
- **Michael Haley**Commission Alabama Department of Corrections
- **Jane Hall**Attorney at Law
- **Representative Laura Hall**District 19
- **Jessica Hardy**Alabama Department of Public Health Office of Women’s Health
- **Savannah Harris**Alabama Department of Public Health Injury Prevention Division
- **Randy Helms**Administrative Office of Courts
- **Mary Jones**Greater Birmingham Ministries
- **Stacie Jones**Chair of Alabama Coalition Against Domestic Violence Education Committee
- **Cary Kuhlmann**Director MASA
- **Martha Lavender**JSV College of Nursing
- **Gracy Martin**Alabama Department of Human Resources
- **Nancy McCreary**Alabama Board of Pardons and Paroles
- **Dr. Tom Miller, M.D.**Department of Public Health
- **Representative Neal Morrison**District 12
- **Susanna Smith Naisbett**Board President Alabama Coalition Against Domestic Violence
- **Chief Compton Owens**Huntsville Police Department
- **Sandy Perillard**Crime Victims Compensation
- **Honorable Bill Pryor**Attorney General
- **Martin Ramsay**Director Crime Victims Compensation
- **Honorable Daniel Reeves**Circuit Court Judge
- **Alexine Saunders**Alabama Crime Prevention Clearinghouse
- **Kathy Sawyer**Director Mental Health and Retardation Board
- **L.T. Steve Searcy**Montgomery Police Department Domestic Violence Unit
- **Connie Cooner Wells**Chair ACADV Law Enforcement Work Group
- **Jim Whittle**ADECA LETS
- **Wes Goodenough**Alabama Association of Violence Intervention Programs
- **Walter Wood**Director Department of Youth Services
- **Nancy Wright**Alabama Department of Public Health Injury Prevention Division

Council on Violence Against Women Staff

- **Director Carol Gundlach, Lillian Zaworski & Jennifer Woods**ACADV
- **Director Julie Lindsey & Tracey Richards**ACAR



Introduction

Over the past several years systems such as judicial, law enforcement, prosecution, health care, education, social services and mental health have become increasingly involved in addressing violence against women. In order to effectively combat violence against women there must be an understanding of the special characteristics of these crimes. Without an understanding of the dynamics of domestic and sexual violence, a victim's life can inadvertently be placed in further danger, and perpetrators are unlikely to be held accountable for their behaviors.

Violence against women is different from other crimes. Most crimes against women involve people who know each other and who are in an intimate emotional relationship. These relationships involve elements of past trust and love. The victim's life is often entangled with the life of the perpetrator. Victims are betrayed by the very people who claim to love them.

Violence against women involves patterns of coercive domination and control supported by various forms of abuse. The perpetrator uses or threatens to use violence to coerce the victim to comply with his desires. Victims of this violence suffer varying degrees of injuries including bruises, fractures, burns, head trauma, broken bones, genital injuries and other injuries from weapons. Perpetrators often use tactics such as threats, isolation, false promises, intimidation and economic abuse to obtain

compliance from the victim. When a victim threatens to report the abuse, the perpetrator often uses these tactics to keep her silenced.

Because of fear of retaliation, victims of these crimes are often reluctant to come forward and report the abuse. Victims often do not believe that the system can assist them. This belief is sometimes based on previous experiences with inadequate systemic responses. By asking a victim to come forward and take action against the perpetrator, the victim is forced to confront the very person who holds tremendous power over her, and who can cause her serious injury or even death in retaliation for reporting. Without trusting that systems can provide assistance in a safe and victim sensitive manner, victims often decline to come forward or seek intervention.

Through a better understanding of the special characteristics of crimes against women, we can more effectively respond to these unique cases. As new approaches are developed in handling violence against women issues, the victim's life can be made safer, the perpetrator can be held accountable and progress can be made towards ending the violence.

* Information adapted from the Model Criminal Justice System: Response to Domestic Violence. State of New Jersey 2000



Council on Violence Against Women Overview

Violence against women is a major criminal justice and health problem in Alabama, as it is in the rest of the nation. In 2000, 20 percent of violent felonies committed in Alabama were domestic violence crimes. These included thirty-eight homicides, 202 rapes, 4,195 aggravated assaults and over 25,000 simple assaults. Nearly 1,400 women reported sexual assaults to the police, a number believed by advocates to represent only a tiny fraction of rape victims.*

Alabama's domestic violence rate is one of the highest in the nation. Between 1981 and 1998, Alabama's intimate homicide rate for white females murdered by intimate partners was 1.57 per 100,000. For black females, the rate was 4.70. The national rate for female intimate partner homicides was 1.43 per 100,000 during the same period.**

While the rate of domestic violence in Alabama remains among the highest in the nation, the state and the nation have seen a steady decline in domestic violence homicides since the implementation of criminal justice responses and expanded victim services. Domestic violence homicides in Alabama declined from a high of fifty-six in 1996, the first year for which separate statistics were collected, to a low of 38 in 2000. At the same time the rate of arrest for domestic violence assaults increased from a low of 26,000 in 1996 to a high of 29,500 in 2000.* The increased assault arrest rate accompanied by the decreased

homicide rate may indicate that effective responses to misdemeanor assaults, accompanied by victim services and perpetrator accountability programs, can deter domestic homicide.

Alabama's response to violence against women has been mixed. Strong advocacy by domestic violence and sexual assault programs has resulted in relatively progressive state legislation. Domestic violence is a separate criminal offense in Alabama and, more importantly, state law provides for enhanced penalties and mandatory minimum sentences for repeated offenses or offenses in violation of protection order. Largely in response to federal requirements, the Alabama Crime Victim's Compensation Commission now covers the cost of sexual assault forensic examinations and a small but growing number of Sexual Assault Nurse Examination (SANE) programs provide those examinations in non-emergency room settings. Domestic violence victims are eligible for specialized crime victim's compensation awards with a rapid turn-around and a waiver of the normal requirements that victims actively prosecute their offenders. Alabama's welfare program has adopted the Family Violence Option, providing special exemptions and benefits to victims, and has instituted a state-wide system of victim advocates housed in county welfare offices.

In many areas, however, Alabama's response

to violence against women continues to lag behind much of the rest of the nation.

Historically a poor state which under-funds all human services, Alabama appropriates only \$800,000 a year in state support for domestic violence shelters and provides no state support at all for sexual assault services. Victims of domestic violence in Alabama who have only dated their abuser are unable to obtain civil protection orders and sexual assault victims can only obtain orders against their rapists as part of the criminal justice process. Alabama law also requires that, in order to obtain a conviction for first degree rape, the act must include force or a threat of death or serious harm. State law also requires that, in order to obtain a first-degree rape conviction, a victim raped while intoxicated must have become intoxicated against her will. As a result, victims who are raped while drunk or using drugs or victims who fail to demonstrate a sufficient level of force on the part of their rapists often see their cases dismissed or tried as misdemeanors.

Alabama's high poverty rate, historic racism, and failure to adequately support human needs and infrastructure also contributed to the continued violence against the women of the state. Isolated in rural, under-policed counties, with limited private and no public transportation, domestic violence victims may find it impossible to obtain police assistance or to physically escape from the abuse. Faced by the lowest welfare payments in the nation, battered women may elect to stay with their abuser rather than force their children into the

poverty and probable homelessness they face when they flee. And, if she flees, it may be difficult or impossible for a battered woman to find shelter space for herself and her children. Alabama's sixty-seven counties are served by only twenty domestic violence shelters and many victims may have to travel over an hour to access shelter services. The picture for sexual assault victims is even worse with many Alabama counties served by no sexual assault program at all and many other counties served by programs stretched thin while trying to serve as many as eight or ten counties.

The Council on Violence Against Women is one strategy to assist in addressing these challenges. The Council membership is reflective of state and local entities responding to or impacted by violence against women. The purpose of the Council is to create a forum to review the various individual systemic responses being developed and provide an opportunity for coordination and information sharing. This will result in reduction of duplicated endeavors, ineffective approaches and maximize the limited resources available.

* Alabama Criminal Justice Information Center, *Crime in Alabama, 2000*

** Center for Disease Control, Morbidity and Mortality Weekly Report, October 12, 2001 / 50(SS03);1-16 *Surveillance for Homicide Among Intimate Partners – United States, 1981–1998*



Chapter One

Data Collection Recommendations for Responding to Violence Against Women

General Recommendations for Data Collection Regarding Violence Against Women

- Recommendation 1:** Universal definitions and data collection should be established.
- Recommendation 2:** Cooperation and communication are encouraged among data source agencies, researchers, and service providers.
- Recommendation 3:** Data systems should be developed that can be utilized by other agencies.
- Recommendation 4:** Access to statewide aggregate data for all networking agencies should be coordinated.
- Recommendation 5:** Recurring data sharing forums should be created among state agencies and service providers.



Chapter Two

Law Enforcement Response to Violence Against Women

Domestic Violence Recommendations

Recommendations developed by:
The ACADV Law Enforcement Work Group

Work Group Members

- **Investigator Connie Cooner-Wells**Chair
- **Lt. Steve Searcy**Montgomery Police Department
- **Sgt. Steve Clark**Decatur Police Department
- **Chief Thomas Jones**Enterprise Police Department
- **Director Jeff Manual**Department of Public Safety Demopolis
- **Lt. Chris Browning**Fairhope Police Department
- **Chief John Mathews**Camden Police Department
- **Sgt. Rodney Baker**Huntsville Police Department
- **Investigator Kelvin Minton**Huntsville Police Department
- **Officer Jamie Clark**Oxford Police Department
- **LTC, Ret. David Reagan**Guardian Police Training Center
- **Director Beverly Youse**House of Ruth
- **Director Jerry Sommer**Lighthouse
- **Director Susanna Smith-Naisbett**Harriet’s House
- **Sheriff John Mark Tirey**Walker County Sheriff’s Department

Sexual Assault Recommendations

Recommendations developed by:
The Alabama Coalition Against Rape Board of Directors

Domestic Violence Recommendations

Section A

General Recommendations for Responding to Domestic Violence Calls

Recommendation 1A: Policies and protocols should be developed for responding to domestic violence calls.

A major tool in safe guarding law enforcement agencies from liability suits and in enhancing victim safety is to establish policies and protocols regarding responding to domestic violence calls and have all officers trained on these policies.

Recommendation 2A: Training should be provided on domestic violence for all law enforcement personnel.

All officers and department staff should be trained on the dynamics of domestic violence, appropriate procedures and protocols and the agency policies. The seriousness and extent of ramifications of domestic violence in our communities necessitates the same level of expert training as provided in other areas.

Recommendation 3A: Domestic violence history files of chronically violent defendants and addresses should be developed.

Offenders of domestic violence use a pattern of abuse to gain and maintain power over victims. Therefore, offenders may have past arrest records and charges. The longer the history of violence the more lethal an offender may be. Alerting officers to the offender's history before the officers arrive on the scene enhances their safety.

Recommendation 4A: Law enforcement agencies should actively explore ways to collaborate and cooperate with the various advocacy groups and community service organizations responsible for helping victims of domestic violence.

The First Responders Program is one example of an effective, collaborative relationship between domestic violence advocates and law enforcement. The program offers on-scene intervention for victims of domestic violence and valuable follow-up services for victims and children exposed to abuse.

Recommendation 5A: Use of a domestic violence supplemental form with the Uniform Arrest Report will provide law enforcement agencies with an effective method for documenting domestic violence cases.

Statistics regarding domestic violence are an important tool in creating effective responses. Use of the supplemental form will provide for improved data collection and enhanced prosecution of cases.

Recommendation 6A: Law enforcement agencies should remain informed of changes in federal laws related to domestic violence offenders and firearms. Law enforcement agencies should also be aware of their local ATF representatives in the area and work in partnership to the degree possible.

The Federal Laws regarding weapons and domestic violence protection orders are as follows: When a qualifying protection order is issued it prohibits possession of a firearm and is triggered every time a qualifying order of protection is issued. There is an exception to the federal firearm prohibition for members of law enforcement and the military. However this official use exception applies to their duty weapon and not personally owned firearms 18 U.S.C.§ 925. Persons convicted of a misdemeanor crime of domestic violence are also prohibited from owning or possessing a firearm U.S.C.§ 922(g)(9). NO EXCEPTION exists for this law.

Recommendation 7A: Law enforcement agencies should have policies regarding response to law enforcement officers who are perpetrators of domestic violence or for officers who are victims of domestic violence.

Due to the prevalence of domestic violence, it is probable that law enforcement agencies will have officers who are victims, offenders or have experienced domestic violence in their families. Officers who are victims or perpetrators pose special challenges to agencies regarding ensuring safety and accountability.

Section B

Recommendations for Emergency Dispatchers & Communicators Responding to Domestic Violence Calls

Recommendation 1B: It is vital that dispatchers obtain as much information as possible regarding domestic violence situations.

Dispatchers provide the best defense mechanism for officers arriving on the scene of a domestic violence call and can be a lifeline for victims waiting on police response. This information not only will assist law enforcement but will also play an important role in prosecution. It is inappropriate for dispatchers to inquire about the victim's actions to cause the incident, the victim's intentions to prosecute or press charges.

Recommendation 2B: Dispatchers should promote victim safety during the call.

The scene of a domestic violence situation is volatile and unpredictable. It may be in the victim’s best interest to wait for the arrival of law enforcement at a neighbor’s house or other safe location, remain on the line with the dispatcher, or use a code word with the dispatcher to indicate a heightened level of danger.

Recommendation 3B: Policies should be developed regarding appropriate protocols for dispatchers handling domestic violence calls.

Policies and protocols should be developed and reviewed periodically. These policies and protocols in regards to 911 dispatchers should outline appropriate and non-appropriate responses to those reporting domestic violence incidences as well as the procedures for dispatching officers, obtaining information and relaying that information to the officers.

Recommendation 4B: Domestic violence calls should be designated as high priority calls.

Domestic violence calls often involve weapons, alcohol or other substance use, children, and intense violence, which too often result in homicide. Domestic violence calls should be screened by the 911 dispatcher for all possible elements, which may jeopardize the safety of the responding law enforcement officers.

Recommendation 5B: Dispatchers should not cancel responses to domestic violence calls based solely on the caller’s request.

Due to the dynamics of domestic violence, victims often hesitate to have outside involvement that may further “agitate” the offender. Also, the victim may be ordered by the offender to cancel the 911 call. Therefore the victim may request that the dispatcher not send a response to the home or call off the response before law enforcement arrive. It is important that a response is given to the call and that the victim and others in the home are determined to be safe.

Section C

Recommendations for Investigating Domestic Violence Calls

Recommendation 1C: All relevant evidence should be collected, described and documented in each domestic violence case.

Evidence-based prosecution is a very effective method in responding to domestic violence cases. This method involves collection of all relevant evidence including photographs of injuries of victims and children, photographs or sketches of the scene, bloody clothing, instruments used to cause harm, and written or audio statements including quotes, excited utterances and spontaneous statements and a

description of the person's demeanor. Evidence-based prosecution reduces the dependency of the case on merely the victim's statement and increases the likelihood of successful prosecution. Whenever feasible, follow-up investigation is recommended to photograph the progression of injuries, assess for safety and/or obtain clarification or additional information.

Recommendation 2C: Law Enforcement Officers should provide assistance and information to victims at the scene of domestic violence calls in accordance with Alabama's Crime Victims Rights Act.

It is important to assist the victim in obtaining medical attention if needed, transportation to shelters or other safe locations if suspect is not immediately located and arrested, and/or standby while the victim collects a few items in order to leave. It is also important to provide the victim with information regarding domestic violence, local resources, and victim's rights regarding information about court procedures.

Recommendation 3C: Law enforcement officers should utilize interview techniques designed for use with victims of intimate violence.

Domestic violence victims much like sexual assault victims are dealing with trauma and therefore should be approached by law enforcement officers in a manner that promotes safety, understanding and support.

Recommendation 4C: All parties, including children, should be interviewed separately.

Offenders will use a wide vary of coercive and controlling tactics in an attempt to manipulate the investigation to their benefit. Offenders use such tactics as intimidating the victim and children through looks, gestures and obscure references to control their statements and behaviors. Offenders will also attempt to use these same techniques to control the interview with the law enforcement officer.

Recommendation 5C: Violations of Protection from Abuse Orders should be strictly enforced and charged as such in addition to any other crimes which may have been committed.

Violations of Protection from Abuse Orders or orders prohibiting abuse are criminal offenses. The purpose of a protection order is to provide a form of early intervention to prevent future assaults. The Administrative Office of Courts maintains a statewide database of protection orders, which may be accessible through the criminal justice information system database. Violation of these order are misdemeanor offenses. The Family Violence Protection Order Enforcement Act provides for enforcement of all court orders whose purpose is to prevent future abuse.

Recommendation 6C: Law enforcement officers should identify the predominate aggressor and self defense issues and arrest according to this determination.

Individuals who defend themselves or are not determined to be the predominate aggressor should not be arrested. Dual arrest further victimizes the victim, decreases the chances of the victim seeking future

assistance, increases the possibility of future homicide by perpetrator, lessens ability to prosecute, and increases liability for officers and departments. § 13A-6-130 et seq. of the Code of Alabama 1975 outlines the factors, which should be reviewed when determining, predominate aggressor.

Sexual Assault Recommendations

Recommendations developed by:
The Alabama Coalition Against Rape Board of Directors

Section A

Recommendations for Emergency Dispatchers and Communicators Responding to Sexual Assault Calls

Recommendation 1A: Dispatchers should be trained to listen carefully to victims' calls and respond in a supportive validating manner.

Dispatchers should be aware that victims respond to rape in several ways. When a victim calls, she may explain exactly what happened, briefly state that she was raped and become silent, or only ask for specific information. If the sexual assault was drug facilitated, the victim may still be confused, her account may seem incomplete, or she may state that she "thinks" she was raped. The dispatchers are encouraged to listen carefully and respond in a supportive manner that validates the victim's feelings and statements.

Recommendation 2A: Dispatchers should ensure safety of the victim before obtaining necessary information, as long as this does not result in a delay of the officer's arrival on the scene.

Because the victim is in crisis, she may still be in a dangerous place and may not be thinking rationally. First, ask if she is in a safe place and assure her that you will get help to her. Then obtain the following information:

- Victims name
- Location of the call.
- Whether the victim is otherwise physically injured.
- Location, date, and time of the assault.
- Name and/or description of the perpetrator(s), including identifying traits or marks.
- Direction and means of perpetrator's flight.
- Whether any weapons were used

Recommendation 3A: Dispatchers should dispatch assistance immediately using a code to protect the victim's privacy and attempt to keep the victim on the line until the police arrive.

Recommendation 4A: Dispatchers should caution the victim not to destroy important evidence and encourage the victim to seek medical attention.

Caution the victim not to wash, brush her teeth, urinate, douche, change clothes, gargle, clean up or touch anything from which evidence might be collected. Explain that any of these actions could destroy important evidence. Such explanation will help the victim understand and comply with the instructions. If possible, keep the victim on the line until the police arrive, as an open line may provide her a valuable feeling of security. Encourage her to seek medical attention. Explain that she might need treatment for internal injuries. Encourage her to go to the hospital for medical examination and evidence collection.

Recommendation 5A: Police officers should inform victims of the availability of Crime Victims funds and payment for evidence collection and provide contact information to a sexual assault program.

Where appropriate, provide information about Rape Victims Assistance and Crime Victims Compensation funds. In order to access either, the victim must report the crime to the police within 72 hours. Rape Victims Assistance Funds can pay up to \$1000 of immediate and short-term medical expenses, ambulance services, and mental health services. For this program, a victim may meet the reporting requirement by filing a blind report. In order to access Crime Victim Compensation Funds, a victim must file a full report and cooperate with investigative and prosecutorial efforts. Knowing that the state can pay for treatment may influence the victim to seek medical attention and file a report.

Section B

Recommendations for Officers Responding to Sexual Assault Calls

Recommendation 1B: Police officers responding to sexual assault calls should take precautions to protect victim's privacy and assess the victim's well-being and express concerns and assurance.

The patrol officer responding to a sexual assault call should take precautions to protect the victim's privacy. Use a code for communications. Upon arrival, the officer should identify himself or herself and the law enforcement department by name and badge. The patrol officer should first assess the victim's well being. Express concern and assurance, then collect or verify necessary information.

Recommendation 2B: Whenever possible, only one officer should interview and support the victim throughout the investigation and court process. Specialized sexual assault investigators should also be designated whenever possible.

It is especially important in sexual assault cases that only one investigator or officer interviews and supports the victim throughout the investigation and court process. In most cases, victims feel very uncomfortable explaining the details of the assault. If asked to repeat the details too many times to too

many people, a victim may feel overwhelmed or become uncooperative. Furthermore, a victim may fear the perpetrator will retaliate if she reports the crime. Taking time to gain trust can reduce this understandable reluctance to report the details.

All investigators should be trained to interview the sexual assault victims, but law enforcement departments should designate specialized Sexual Assault Investigators whenever possible. If a trained female investigator is available, ask the victim if she would prefer a female officer; however, working with a caring male officer may begin her healing process.

When the assault occurred, the victim completely lost control of her safety and her body. Returning control in the aftermath of the assault increases her ability to regain self-confidence and progress in healing. Conversely, if she feels that the process of investigation and prosecution is completely out of her control, she may react in panic and become uncooperative. Allowing the victim to make decisions about the interview, like location, time, or who to have present, returns control to her. Allow her to make these decisions whenever possible.

Recommendation 3B: **The officer should explain the necessity of a sexual assault examination, encourage the victim to seek medical care, and assist the victim in contacting a sexual assault advocate when a sexual assault examination is conducted.**

Explain the need for a medical examination, stressing concern for her health and the evidentiary value of the Sexual Assault Evidence Kit. Explain that medical personnel will test for injuries and pregnancy, and will provide treatment if necessary. The examination will also serve to collect evidence from her and her clothing. Provide information about Rape Victims Assistance and Crime Victims Compensation as appropriate. Explain that she does not have to decide immediately to press charges, but the earlier the evidence is collected, the better. Suggest that she have the evidence collected now, but wait to make the decision later, as the evidence may be stored for six (6) months.

Inform the victim that she may wish to bring, or have someone bring, a change of clothes to the hospital, as hers will be taken as evidence. Sexual Assault Advocates may be able to arrange for a change of clothing if necessary. Assure her that a sexual assault advocate, friend or family member may accompany her. Assist her in contacting a support person before leaving for the hospital. Contact the hospital to notify personnel prior to arrival.

Recommendation 4B: **Careful attention should be paid to victims behaviors, which may indicate a drug facilitated rape and drug testing should be requested when “rape drugs” are suspected.**

In recent years there has been a dramatic rise in the use of drugs to facilitate rape. Careful attention to the victim’s behavior or account of the incident may alert the investigator to the possible use of drugs. A victim of drug-facilitated rape may appear “hungover”, report being unsure of what occurred or describe feeling paralyzed or disassociated from her body. Whenever drug facilitation is suspected, urine samples should be collected as soon as possible. Request collection of samples for drug testing, as it is not generally part of the sexual assault evidence exam and it may be beneficial to explain to the victim that collection of specimens will aid in development of the case and in assisting with treatment plans.

Recommendation 5B: Police should seek the assistance of a sexual assault nurse examiners (SANE) program where available for forensic medical exams.

Having a sexual assault advocate present during the medical examination or utilizing the services of a Sexual Assault Nurse Practitioner may be very helpful to the investigator.

Recommendation 6B: In cases where the assailant struck her, photographs are a crucial element in building a credible case.

If the victim indicates that the assailant struck her, ask whether there are any bruises scratches or other signs of trauma, and if photographs may be taken. Due to the personal nature of photographs, female photographers are usually preferred. SANEs are generally trained in evidentiary photography. If a SANE is available in your area, this is a good alternative. In many cases, photographs should also be taken 2 -21 days after the assault to show injuries that did not appear immediately. Explain that law enforcement officials, advocates, or medical personnel may take follow up photographs.

Recommendation 7B: The name and address of the victims should be protected in publicly available documents.

If the victim expresses concern about her privacy and safety, explain departmental procedures regarding disclosure of reports. Assure her that every effort will be made to protect her privacy and safety. Temporarily withhold the victim's identifying information to protect her privacy and safety. Do not include the victim's name or identifying information on police reports available to the media. Provide only general descriptions of the location and crime, i.e. near the corner of Twelfth and Jones Streets (not 1203 Jones Street), sexual assault (do not include details).

Recommendation 8B: An in-depth interview should be conducted in privacy with an advocate present, if possible. Goals of the interview should be to determine if and how the crime occurred, provide essential crime elements, the direction for the investigation and maintain victim's cooperation and well being.

Rape is one of the most serious violations of a person's body, surpassed only by homicide. It deprives the victim of both physical and emotional privacy and autonomy. The victim's response to the investigator primarily reflects her reaction to the rape, which is an emotional as well as a physical assault. The investigator must remember that the victim is being asked to discuss with a "stranger" the details of what is probably the most traumatic and personal experience of her life.

Victims respond in various ways to law enforcement interviews. A victim may appear very composed or calmly discuss the assault. This does not indicate she is lying. She may be trying to regain control by controlling her feelings or she may be physically exhausted. Silence does not usually mean that she is hiding facts, but rather that she is having trouble talking about the assault. Other common reactions may include crying, shaking, restlessness, tenseness, or even smiling, laughing or hysteria. The victim may avoid eye contact, fidget or appear embarrassed. Again, this does not mean that she is lying; the very private nature of the assault may be difficult to discuss, particularly if she believes it is inappropriate to talk about sexual matters with others.

Recommendation 9B: Interviews with the victim should involve open ended questions and allow the victim to answer in her own words without interruption and also write a statement of exactly what happened.

Ask specific questions only after she has completed her story. If the questions are personal or intimate, explain the reason for asking. Talk to her at eye level and use the terms she is familiar with, usually not medical terms.

Obtain answers to the following questions:

- When did the assault occur?
- Where did the assault occur?
- How long was the perpetrator with you?
- Did you know the assailant?
- Can you describe the assailant?
 1. How old?
 2. How tall?
 3. Weight?
 4. Color of hair and eyes?
 5. Any facial hair or identifying marks?
 6. Clothing?
 7. What did his vehicle look like?
 8. Other personal facts about him such as what did he say/talk about before, during and after the assault?
- Were any weapons used? If so, describe.
- Were any threats made?
- Were you physically hurt in any other way?
- What did you do after the assault?
- What sexual acts did he perform on you or force you to perform on him and in what order?
- Did he have an erection and did he ejaculate? (Never ask the victim “Did you climax?”)
- What did the perpetrator exactly say throughout the assault?

Ask the victim to write out a statement of exactly what happened, at her leisure. Pick her statement up at the next interview. This will usually help her to recall more details and thus prevent the need for several follow-up interviews. Furthermore, it may help refresh her memory when she goes to court and relieve her from keeping all the details in her head. Also, suggest that the victim keep a written log of surfacing memories.

Recommendation 10B: Law enforcement officers should provide information to victims in accordance with Alabama’s Crime Victims Rights Act.

Alabama law mandates that law enforcement personnel provide a variety of information and services to victims of sexual assault. Review requirements established by the Fair Treatment of Victims and Witness Act and the Crime Victims Rights Act. In many departments, Victims Assistants or Crime Counselors work with victims to ensure that Crime Victims’ Rights Act requirements are fulfilled. The victim should be provided the following information.

Educate the victim about Crime Victims’ Compensation funds. Crime Victims’ compensation funds may be awarded for medical care, therapy, lost wages or other expenses. In order to access funds, the victim must have reported the assault within 72 hours. Provide the victim with a card or brochure containing additional

information.

Provide the following information to the victim as soon as possible, but within 72 hours.

- Address and telephone number of the DA's office.
- Name and telephone number of an investigating law enforcement agency official who the victim may contact if she has not been notified of an arrest within six (6) months.
- Information about the accuser's opportunity for pretrial release.
- Name and telephone number of an investigating law enforcement agency official whom the victim may contact to find out whether the accused has been released from custody.

Inform the victim about available protection from harm and threats arising out of cooperation with law enforcement or prosecution efforts. Ensure that the victim receives such protection if necessary.

Recommendation 11B: Law enforcement officers should have thorough evidence collection procedures including information on sexual assault evidence kit procedures.

Evidence Collection General Rules

1. Protect the crime scene and seal the area.
2. Photograph and sketch the scene and all evidence first, including photographs of any evidence of a struggle.
3. Process for fingerprints and other fragile evidence at crime scene and on victim.
4. Use caution not to damage, mark, or contaminate the evidence.
5. All evidence should be collected with gloved and/or methanol or alcohol soluble tape. Blotting with regular tape renders hairs and fibers useless for analysis. Furthermore, hair comparison is possible only when the lab receives known samples from the victim.
6. Place evidence in an appropriate container, seal and initial.
7. Document chain of evidence throughout investigation.
8. Prepare SBI evidence forms and property forms.
9. Deliver to SBI laboratory.

Recommendation 12B: Officers should consider victim's safety when obtaining warrants by not using the victims contact information on the warrant.

The officer should obtain the warrant, not the victim. Never use the victims contact information on the warrant, in order to protect the victim from harassment or retaliation.

Recommendation 13B: Law enforcement officers should assist the district attorney in completion of investigation reports and providing information to the victim.

Recommendation 14B: Law enforcement officers should receive continuing education regarding sexual assault at least once a year.



Chapter Three

Prosecution Response to Violence Against Women

Domestic Violence Recommendations

**Recommendations developed by:
The ACADV Prosecution Work Group**

Work Group Members

- **Daryl Bailey**.....Chair, Assistant District Attorney, 15th Circuit
- **Jill Beck**.....Assistant District Attorney, 6th Circuit
- **Patty Demos**.....Assistant District Attorney, 23rd Circuit
- **Jeannie Ingram**.....Director, Family Violence Center
- **Robert Johnston**.....Assistant District Attorney, 9th Circuit
- **Scott Lloyd**.....Assistant District Attorney, 9th Circuit
- **Steve Marshall**.....District Attorney, 27th Circuit
- **J. Chris McCool**.....District Attorney, 24th Circuit
- **Judy Newcomb**.....Managing District Attorney, 28th Circuit
- **Chris Wise**.....Safehouse

Sexual Assault Recommendations

**Recommendations developed by:
The Alabama Coalition Against Rape Board of Directors**

Domestic Violence Recommendations

Section A

General Recommendations for Responding to Domestic Violence Cases

Recommendation 1A: Vertical prosecution should be used in domestic violence cases in order to provide coordinated, victim-sensitive services throughout the prosecution process.

One technique for achieving coordinated, victim-sensitive services is vertical prosecution. Vertical prosecution is the description for a management policy in which the same assistant prosecutor and victim-witness staff, as a team, is assigned to each incident or series of incidents involving the same defendant. This approach increases communication between the victim and the prosecution office thereby enhancing safety and recognizing victim concerns regarding case decisions.

Recommendation 2A: Prosecution offices should encourage specialized training for domestic violence prosecutors.

Domestic violence cases can be one of the most frustrating for prosecutors who do not understand the dynamics of domestic violence and the reasons for the victim's reluctance regarding prosecution. Training will enhance the ability of the prosecutor to respond to victim behavior and enhance the prosecutor's ability to safely and effectively pursue prosecution. Specialization results in a higher conviction rate of domestic violence offenses. Ideally, prosecutor should establish domestic violence teams in large offices or create specialists in smaller offices in order to enhance expertise.

Recommendation 3A: Prosecution of misdemeanor and felony domestic violence cases should be actively pursued in order to prevent future violence.

It is essential to the successful prosecution of domestic violence cases that trials occur as rapidly as possible without compromising the ability of the prosecutor to effectively prosecute the cases. The victim is often more willing to cooperate immediately after the incident, rather than later, when the perpetrator may have had the opportunity to reassert control. Additionally, delays in proceeding to trial increases the opportunity for, and the likelihood of, additional, often more serious, offenses.

Recommendation 4A: Prosecution offices should develop policies, which emphasize their authority in case decisions.

Victim's ability to pursue prosecution may be compromised by fear of retaliation and threats made by the perpetrator. Initiating prosecution and development of strategies must involve the input of the victim but should not rely solely on the victim's participation in this process. The development of "no drop" policies is one response to this issue. "No drop" policies promote pursuing prosecution of all appropriate cases without placing the burden of the decision for prosecuting upon the victim. These policies effectively state

that domestic violence is a crime, not a private family matter. However, these policies can create additional dangers for victims if safety issues and concerns of victims are not considered.

Recommendation 5A: Prosecution offices should develop a domestic violence identification system for case files involving domestic violence.

Designating cases as domestic violence will assist in coordination and prosecution of the case. Domestic violence case designation systems can also alert the prosecutor to the particular needs of the case and the need for heightened security and confidentiality measures.

Recommendation 6A: Prosecution offices should participate and take a lead in coordination efforts with other agencies working on domestic violence cases to maximize expertise and resources.

Prosecutors can play a key role in education of law enforcement regarding appropriate screening and charging determinations and evidence-based prosecution methods. This education will enhance the quality of the cases and increase prosecution rates of misdemeanor and felony domestic violence offenses.

Recommendation 7A: Prosecution offices should aggressively pursue prosecution of violations of Protection Orders.

The purpose of Protection Orders is to prevent future episodes of abuse. This may only be achieved through effective enforcement of such orders. Perpetrators who violate Protection Orders show a clear intent to continue to harm the victim and show little regard for the ability of the system to hold them accountable.

Recommendation 8A: Prosecution offices should collaborate with local ACADV member program court advocates to assist in enhancing the safety of victims.

ACADV member programs provide vital services to victims and can assist the prosecution office in developing safety plans and providing crisis services to enhance overall safety of clients and their children.

Section B

Witness/Victim Issues Recommendations for Domestic Violence Cases

Recommendation 1B: Victims should be routinely informed of the status of the case and provided ample opportunity to have input in case decisions.

One of the major contributors to case attrition in domestic violence cases is the lack of communication between the prosecutor's office and the victim. Early, consistent contact with victims and immediate

referral to support services is critical to the safety of the victim and to protecting the case. The prosecutor's office should keep the victim informed of all proceedings, ideally creating a dialogue to fully advise the victim on the alternatives available at each stage of the proceeding. Prosecutors or staff should maintain contact with all domestic violence victims until the case is finally resolved.

Recommendation 2B: Prosecution strategies should focus on enhancing victim safety and holding offenders accountable.

Before a victim is required to testify the following factors should be considered: the necessity of the testimony to prove the case, safety of the witness, and the possible emotional impact on witnesses.

Recommendation 3B: Prosecutors should aggressively protect the confidentiality of victim information.

Information regarding a victim's location (address, phone number, etc.) must be kept confidential. All court documents, which are accessible, should be devoid of reference to the victim's location. Confidential records are crucial to the victims safety.

Section C

Trial Preparation Recommendations for Domestic Violence Cases

Recommendation 1C: Prosecution offices should develop and strongly encourage the use of evidence based prosecution techniques in domestic violence cases.

Due to the power and control dynamics of domestic violence situations, victims may be reluctant to participate in the prosecution. Using evidence-based prosecution encourages investigators to collect all forms of evidence to reduce dependency on victim/witness statements and increase the prosecution rates of domestic violence cases.

Recommendation 2C: Prosecution protocols and guidelines should discourage the routine use of dispositions such as deferred prosecution, dismissals and downgrades to ordinance violations or underlying offenses.

These types of dispositions do not hold the offenders accountable and are generally implemented without any monitoring of compliance of conditions. Furthermore, they fail to identify first offenders. As a result, the opportunity for deterrence through arrest and increasingly severe sanctions for repeat offenders is lost.

Recommendation 3C: When a plea bargain is determined to be an appropriate disposition for a domestic violence case, then the prosecutor should recommend that the court refer the defendant to a certified domestic violence perpetrator intervention program.

The goals of victim safety, defendant accountability and prevention of future violence should be the basis for determining the appropriateness of a decision to recommend a plea bargain.

Recommendation 4C: Conditions should be placed on pre-trial releases to promote safety of the victim and prevent future acts of violence.

Perpetrators will attempt to maintain control over the victim during the prosecution process. The success of maintaining this control is directly related to the degree the offender has access to the victim. Domestic violence is too often lethal and the victim is at the highest risk for serious injury and death when separated from the perpetrator. Prosecutors should strongly consider revoking bond for violations of conditions of release in addition to the violation of the Protection From Abuse Order.

Recommendation 5C: If prosecutors subpoena victims in domestic violence cases, violation of such subpoenas should not be routinely pursued against victims.

Perpetrators will use various tactics to control the ability of victims to participate in the court proceedings. Punitive measures taken against victims can be used by the perpetrator to increase control over the victim.

Sexual Assault Recommendations

**Recommendations developed by:
The Alabama Coalition Against Rape Board of Directors**

General Recommendations for Responding to Sexual Assault Cases

Recommendation 1: Sexual assault cases should be aggressively prosecuted with as few delays and continuances as possible.

While delays and continuances are often outside the control of the prosecutor's office, when possible a speedy resolution is helpful to the healing process.

Recommendation 2: When possible, designated prosecutors should specialize in sexual assault cases and other efforts should be made to avoid transferring cases from one prosecutor to another.

In most cases, victims feel extremely uncomfortable explaining the details of their assault. An unnecessary transfer of a sexual assault case may result in unneeded trauma for the victim.

Recommendation 3: Designated prosecutors should be trained on the legal, procedural and evidentiary issues involved in sexual assault cases.

As sexual assault cases are significantly different than many other types of cases dealt with by prosecutors, specific training on issues such as Rape Trauma Syndrome and drug-facilitated sexual assaults can aid in prosecutions, as well as help prosecutors empathize with the victims of these assaults.

Recommendation 4: Forensic evidence should be collected as soon as possible by a sexual assault examiner or physician using a sexual assault examination kit.

Evidence collected from the victim's body is often crucial to successful prosecution.

Recommendation 5: Victims should be referred to community resources, such as sexual assault agencies.

A good rapport with community resources is a significant aid to successful prosecutions. Further, these other community agencies can often provide needed counseling and other resources to victims to aid in the healing process.

Recommendation 6: Victims should always be referred to as "victims" or "survivors".

Recommendation 7: Every effort should be made to protect the privacy of the victim.

Information given to reporters should be limited and no identifying or specific information about sexual assault victims be released. Schedule the public court appearance as the last matter of business when there are less likely to be spectators present.

Recommendation 8: Victims should be informed, verbally and in writing, of their rights under the Crime Victim's Rights Act.

District Attorneys should provide a variety of information and services to victims of sexual assault. Review requirements established by the Fair Treatment of Victims and Witness Act and the Crime Victims' Rights Act.

Recommendation 9: Victims should be interviewed early in the process.

It is crucial to ascertain the concerns and wishes of the victim, and to consider these throughout the prosecution.

Recommendation 10: **Victims should be prepared for the possible emotional trauma associated with the court proceedings.**

Explain the court process in laymen's terms to prepare the victim. Be sure to discuss case weaknesses and cross-examination. Explain the rape shield law. Also, explain the right of the victim to be present throughout the entire trial, subject to the right of the court to sequester witnesses.

Recommendation 11: **Frequent contact should be maintained with the victim throughout the court proceedings.**

Advise the victim of progress of the case through the system. Should a case need to be dropped, the victim should be informed immediately.

Recommendation 12: **Victims should be provided protection from threats by the accused.**

Victims should be informed that they may be able to obtain a temporary restraining order or have conditions placed upon the perpetrator's release and that these options are enforceable through revocation of bond and contempt of court.

Recommendation 13: **Provide the employer intercession services, when appropriate.**

Seek the employer's cooperation with the criminal justice system to minimize the employee's loss of pay and other benefits resulting from such cooperation whenever possible.

Recommendation 14: **Inform the victim of available civil remedies and that she has the right to request that the defendant be tested for STDs.**

Upon the victim's request, file an appropriate motion. Be sure to tell the victim what will happen and when she can expect the results.

Recommendation 15: **Victims should be informed that they are not required to talk to the defense and provide support through an advocate or victim service officer.**

Advise the victim of the dangers of giving multiple statements. Victims often confuse the defendant's attorney or private investigator with the prosecutor's staff. Tell the victim to call your office before she talks with someone if she is ever in doubt.

Recommendation 16: **Provide protection of the victim by minimizing courthouse contact with the accused, keeping contact information confidential, and requesting conditions on bond.**

Provide a private and secure waiting area for the victim to minimize contact with the accused. Make sure the victim is appropriately accompanied to court. Talk with her about inviting family, friends or a sexual assault advocate.

Recommendation 17: Photographs should be used when available and appropriate.

Law enforcement officials, medical personnel, and/or advocate may take photographs. Ask victim to identify where, when and who took photographs.

Recommendation 18: Prosecutors should minimize the number of court proceedings for which the victim must appear and consolidate cases when possible.

Multiple trials can intensify trauma to victims. Where multiple trials are unavoidable, discuss the necessity with the victim.

Recommendation 19: Prosecutors should consult with the victim regarding pleas, cases dismissal and the degree to which the victim is expected to be involved in various court proceedings.

Always consult with the victim; let her know in advance about possible plea bargains and explain reasoning for it. If a case is dismissed, talk it over with the victim and explain why the case is not “winnable” before a jury. Always let the victim know in advance that the case is being considered for dismissal and why.

Recommendation 20: Prosecutors should encourage the use of victim impact statements at sentencing and seek restitution for lost wages, medical treatment, counseling and property damage.

A victim impact statement should be prepared in advance and presented to the judge at the sentence hearing. This will help the victim feel more involved and that the judge has a fairer idea of what has happened to the victim as a result of the crime.

Recommendation 21: Prosecutors should participate in training and community education regarding sexual assault.

The district attorney’s staff should: participate in the training of sexual assault advocates; give presentations about sexual assault crimes to public, to law enforcement agencies, and school students; and, participate in community programs about sexual assault.



Chapter Four

Judicial Response to Violence Against Women

Domestic Violence Recommendations

**Recommendations developed by:
The ACADV Judicial Work Group**

Work Group Members

- **Judge John Davis**Chair, Circuit Court Judge (ret)
- **Judge Charles Fleming**District Court, 33rd Circuit
- **Judge Aubrey Ford**District Court, 5th Circuit
- **Judge Daniel Reeves**.....Circuit Court, 18th Circuit
- **Judge Wanda Rahman**Municipal Court, Mobile
- **Honorable Vonda Green**Municipal Court Clerk, Florence
- **Honorable Earl Carter**Circuit Court Clerk, 10th Circuit
- **Ms. Callie Dietz**.....Director Family Court Division AOC
- **Mr. Rob Sachar**.....Family Court Coordinator, AOC
- **Ms. Beverly Youse**.....Director, House of Ruth
- **Ms. Susanna Smith-Naisbett**.....President ACADV

Sexual Assault Recommendations

**Recommendations developed by:
The Alabama Coalition Against Rape Board of Directors**

Domestic Violence Recommendations

Section A

Recommendations for All Courts Responding to Domestic Violence Cases

Recommendation 1A:

Judges can provide leadership in their courts and in their communities to ensure that domestic violence cases are effectively managed and that adequate resources are utilized to their fullest potential.

- a. Each criminal justice, legal probation and community agency working regularly in the court should have comprehensive written domestic violence policies and protocols, which are regularly updated.
- b. Policies and protocols, should identify at least one person, preferably a team, to coordinate training and implementation activities, and to participate in case management teams, interagency meetings, and community task forces or coalitions and to develop mechanisms to monitor and improve the implementation of their agency policies/protocols to identify and overcome unintended results of agency procedures.
- c. Whether or not a domestic violence court or docket is created, a common factor influencing success appears to be the concentration of community resources and direct services for both victims and perpetrators.
- d. Encourage cross training and education among all persons working regularly on domestic violence cases in court.

Recommendation 2A:

All court officials and judicial personnel should be trained in the dynamics of domestic violence, its societal effects, and how to address it properly.

1. Establish user-friendly intake, victim accommodation, and access to advocacy.
2. Develop protocols and supportive services and resources that ensure that a victim's participation in the legal process will not expose her to unnecessary dangers or costs.
3. Recognize and understand that legitimate survival and safety strategies employed by victims may come into conflict with the goals or needs of the legal system.
4. Seek to ensure the appointment of assigned counsel and guardians ad litem of those attorneys who can demonstrate, to the court's satisfaction, that they have received adequate experience and/or training in domestic violence.
5. Whenever practicable, victims should have the opportunity to make their wishes known regarding the terms of protection and restraining orders and conditions of pretrial release, contemplated plea agreements or stipulations, and recommendations

Recommendation 3A:

Judges must take care to ensure for themselves and court personnel, proper judicial demeanor, decorum, respect, and

sensitivity to all litigants and witnesses in domestic violence cases, remembering that most people know very little about judicial process.

Examples of court responses that indicate sensitivity to the power of judicial response to battered victims include:

1. Supportive judicial demeanor,
2. Taking the violence seriously,
3. Making the court hospitable through security audits and protected locations,
4. Prioritizing victims' safety,
5. Addressing the economic aspects of battering,
6. Focusing on the needs of children,
7. Enforcing orders and imposing sanctions on violent offenders,
8. Connecting victims with resources

Recommendation 4A: Case files, incident reports, crime reports, witness statements and other materials in domestic violence cases should be clearly designated as “domestic violence.” To the extent legally possible, the statements, addresses, and telephone numbers of victims/petitioners should be held confidential. See §15-23-69, Code of Alabama 1975. Victims may request that his or her address be kept confidential, considering the potential for future conflict between the parties, courts should adopt a policy of maintaining confidentiality of victim and witness information and release information only upon inquiring as to the reasons for requests for information. Any information provided to legal practitioners, courts, and court personnel should be accompanied by an advisory of confidentiality and a prohibition against re-disclosure of this information.

Recommendation 5A: Each court should have one or more person designated to provide assistance to victims of domestic violence (and of crimes generally) who come to the court for hearings or to access other court services.

A trip to the courthouse can be a daunting experience for many people. Having one or more people at strategic points in the court to assist them can help to ensure accessibility of court services by all population groups, especially those under served: immigrants, refugees, racial and ethnic minorities, the elderly, and the disabled. These “victim services” staff may be employed or may be trained volunteers who can meet with victims, provide information on the court system and the court process, try to determine the victim’s needs and see that they are referred to the appropriate official or staff to meet their needs.

Recommendation 6A: Judicial officials, prosecutors, law enforcement agencies and court supportive personnel should recognize the importance of protective and restraining orders in enhancing victim safety and work to ensure their maximum effectiveness and that perpetrators believe they will be enforced.

Protection orders have emerged during the past decade as an accessible and effective justice system response to domestic violence. Whether they are issued as protective or restraining orders, or as conditions of release, sentencing or probation, or simply as “no-contact orders,” these orders play a critical role as part of a comprehensive plan designed to protect victims from continuing violence and abuse in the home.

Recommendation 7A: Courts should employ protection or restraining orders, as appropriate, in all cases involving stalking or stalking-like behavior.

Stalking is a crime of intimidation. Stalkers harass and even terrorize through conduct that causes fear or substantial emotional distress in their victims. A recent study sponsored by the National Institute of Justice (NIJ)(U.S. Department of Justice) and Centers for Disease Control and Prevention estimates that 1 in 12 women and 1 in 45 men have been stalked during their lifetime. Stalking, generally is defined as the willful or intentional commission of a series of acts that would cause a reasonable person to fear death or serious bodily injury and that, in fact, does place the victim in fear of death or serious bodily injury.

Recommendation 8A: All protection and restraining orders, whether issued by criminal, civil or juvenile courts should include information necessary to ensuring enforcement anywhere in the United States, its territories and Indian territories.

The key to effective and immediate enforcement of foreign protection orders lies in the issuance of the order. For each order issued in every court in this nation, if the person protected by the court’s order flees to another jurisdiction, that order becomes a foreign protection order. Whether or not enforcement is required under the Federal Full Faith and Credit Statutes, or whether it can even be accomplished, depends on whether the issuing court includes certain information necessary for the enforcing jurisdiction to determine it’s validity. Unless protective orders are enforced, they can prove harmful to victims by creating a false sense of security.

Recommendation 9A: Encourage courthouse and courtroom security to effectively handle cases involving domestic violence including:

- a. Access to an advocate for the victim at every state of proceeding
- b. Adequate physical presence of security officers and escort services
- c. Separate waiting areas for protection order petitioners and respondents and for victims in criminal cases. Separate waiting areas for children, with childcare, if possible and necessary.
- d. Time delay for defendants/respondents to leave the courthouse
- e. Metal detectors, searching for weapons regularly

Recommendation 10A: Court officials and personnel and court service agencies should not negotiate with parties about the use of violence, obtaining or dismissing a restraining or protection order, or whether parties should cooperate with criminal prosecution.

ONE OF THE MOST IMPORTANT ROLES OF A DOMESTIC VIOLENCE COURT IS TO CONFRONT THE PERPETRATOR'S COGNITIVE DISTORTIONS. Distorted thinking includes minimizing or denying the violence and blaming the victim. Seize the opportunity provided by the trauma of the arrest to intervene in the perpetrator's life while the perpetrator is still receptive, and encourage voluntary mental health activities as well as perpetrator intervention programs, alcohol evaluation and treatment. Be mindful that accepting compromises and plea bargains can serve to reinforce distorted thinking by allowing the offender to avoid full responsibility for abusive behavior. It also can be harmful by causing the victim and the offender to believe that the offender can escape responsibility for present and future acts with some degree of impunity. Instead, stress that domestic violence is a chosen behavior.

Recommendation 11A: Domestic violence agencies and service programs should be used as the primary referral resource for addressing the safety-related concerns of victims of domestic violence.

Domestic violence services in Alabama are available on a 24-hour basis to provide crisis intervention, shelter, and other services. All court officials and personnel who may be contacted for assistance should be aware of available services and be knowledgeable of how to access those services, including contact names.

Recommendation 12A: Recognize the importance of language accessibility and facility design in ensuring a fair and safe court process.

Court language interpreters should be neutral and detached, to the extent possible, from either party. Potential problems exist where the interpreter is a family member, minor, or friend of either party. Determine if the petitioner/victim is comfortable with the person interpreting. Facility design issues include the need to minimize contact between parties and increase safety. Consideration should be given to providing separate and secure waiting areas, separate conference rooms for parent education, signs providing directions to the court and secure parking for victims/petitioners.

Recommendation 13A: Courts should utilize all available technology and administrative procedures to be cognizant of other court actions and proceedings involving the same party(ies), and to communicate its actions to other courts, law enforcement agencies, and court service agencies.

Section B

Recommendations for Criminal Courts Responding to Domestic Violence Cases

Recommendation 1B: Release following arrests made with and without warrants in cases involving domestic violence should include conditions designed to prevent pretrial violence, protect victims and hold perpetrators accountable.

Since arrests often trigger additional abuse, judicial officers should be sensitive to the effect of issuing a warrant resulting in the arrest of a defendant and include conditions of release to ensure the safety of the victim and public at large, along with bail requirements, which must be signed by the defendant prior to release. These conditions should be set by the judicial officer at the time of the warrant issuance and included on Form CR-48, 'Conditions of Release, Domestic Violence Case'. [T]he Bail Reform Act of 1990, at § 15-13-104, eliminated the requirement for an initial appearance before a judicial officer prior to release following arrest with a warrant where the defendant is able to make bond. Where conditions other than bail are imposed at the time a warrant is issued, defendants should be given an opportunity for a hearing on the conditions prior to release. Both the bond requirement and Conditions of Release are contained on Form CR-48, which should be attached to the Warrant of Arrest.

Recommendation 2B: **At the preliminary hearing or other first appearance proceedings, the judicial officer should ensure that protective or other injunctive orders are issued, maximizing protection of the victim including, but not limited to:**

- a. Setting bail appropriate to the totality of the underlying offense, including a history of violence or abuse.
- b. Releasing the alleged offender conditioned upon having no contact with the victim
- c. Imposing other special conditions of release which protect and maintain victims and family members
- d. Ensuring diligent effort to notify the victim
- e. Ensuring appropriate steps or action when a violation occurs

Recommendation 3B: **Arraignment, prior to and during trial, judges should:**

- a. Expedite and prioritize domestic violence cases
- b. Establish and utilize Victim Service Officers and local shelter-provided court advocates whenever possible, to help mitigate and counteract victim/defendant contact and intimidation
- c. Assure victim safety to and from court during the trial phase of domestic violence cases by increasing inside and outside courthouse security
- d. Ensure that the provisions of the Crime Victim's Rights statute are enforced by all judicial officers and staff

Recommendation 4B: **Judges should not accept civil settlements, deferred prosecutions, reduced charges or dismissals where justice is not served by these devices.**

Judges considering the use of diversion should be cautious that the routine application of diversion may fail to hold the perpetrator accountable, impede subsequent enhancement of domestic violence convictions, interfere with protection orders, and potentially discourage victims from filing charges in the future. Further, while the statutes prohibit mediation in domestic violence cases except in certain instances, courts utilizing this tool should also be cautious in its use for similar reasons. Care should be taken to ensure that these programs:

- Communicate the message that domestic violence is criminal behavior,
- Are used a corrective tool, instead of a calendar management strategy,
- Provide formal monitoring,
- Do not hide the fact that many defendants who appear to be first time offenders have previously committed domestic violence.

It is important to remember that a key to success in utilizing these strategies is not so much in the strategy or tool used, but in the message of accountability and urgency delivered to the defendant by the court during the process, and in the immediate feedback received by the court and the quick response of the court to violations of its orders.

Recommendation 5B: **At the time of sentencing or disposition the judge should have available and review the following information:**

- a. The facts of the case
- b. The offenders criminal history
- c. Victim impact and input, including the victim assessment of dangerousness
- d. History of abusive behavior
- e. Evidence of stalking
- f. Drug alcohol and mental health evaluations where appropriate
- g. History of prior contacts with the family
- h. Information about children and others living in the home who may be affected by the abuse
- i. Information about cruelty to animals
- j. Information about setting fires and other predictive behavior
- k. The presence of firearms or other weapons in the home

Recommendation 6B: **Develop strategies for effective sanctioning of domestic violence offenders. Every sentence in a domestic violence case should hold the offender accountable and:**

- a. In appropriate cases order offender involvement in activities such as certified domestic violence intervention programs which are specifically designed to reduce future violence
- b. Require an alcohol and drug evaluation by a Court Referral Officer where appropriate, mandate successful completion of treatment, and provide for mandatory chemical testing
- c. Provide for formal supervision and monitoring of compliance with a clear mechanism in place for regular reporting to the court regarding offenders' participation and compliance, and with immediate follow-up by the court to compel compliance where necessary and appropriate

Recommendation 7B: **To the extent possible, coordinate judicial orders with other courts to avoid conflict or duplication of requirements.**

The judge in a domestic violence case should be particularly aware of related divorce proceedings, other criminal matters, juvenile court cases, child abuse and neglect cases, and paternity proceedings. In issuing orders, especially those involving “no contact” or protection order provisions, be careful to avoid conflicting or incompatible orders.

Recommendation 8B: All repeat violations of domestic violence should result in substantial additional sanctions or penalties for the offender.

Judges can do their part in this scheme by always ordering some sort of additional penalty for those found guilty of the violation. Additional sanctions might include fines, a greater jail sentence, community service work, additional time on probation, and restitution to the victim. Courts should develop means of monitoring compliance and identifying violations of both civil and criminal orders. Judges may wish to set cases for periodic review whether or not a violation has been reported. Ultimately, accountability requires that each infraction be noted in the record and responded to appropriately by the judge.

Section C

Recommendation for Civil Courts Responding to Domestic Violence

Recommendation 1C: Civil restraining orders and protective orders provided by Alabama’s statutes must be available to all, and may be issued ex parte upon proper request when domestic violence has occurred or is threatened. Protective orders provided by Code Section 30-5-7 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; possession of family pets
- c. Telephone threat 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 possession of the offender
- g. Physical description of offender
- h. Expiration date of the order
- i. Method of modification
- j. Provision for service upon offender together with notice and an opportunity for a speedy hearing
- k. Satisfaction of federal VAWA requirements requiring “full faith and credit” enforcement of foreign protection orders

Recommendation 2C: Alabama temporary protective orders allow for the removal of the offender from the home and allow the victim and children to remain with appropriate protection, safety plans and support

A protective order gives a clear message to the offender that abusive behavior will not be tolerated regardless of who holds legal title, and that the state intends to protect victims from further abuse. Many victims reunite with the perpetrator of domestic violence because of economic pressures. Providing for adequate financial support for the children and the victim will facilitate self-sufficiency and help to end the “cycle of violence.” Judges should ensure that necessary financial support is provided, and that adequate safety plans are in place for both the victimized spouse and the children.

Recommendation 3C: When petitions for orders of protection contain allegations of criminal behavior, the Civil Court should ensure that information is available to the petitioner regarding the criminal process and how to access the criminal justice system. This information may be in the form of a brochure or other document developed by the court, local domestic violence task force or coordinating council.

Recommendation 4C: Judges should not routinely or summarily issue mutual protection or restraining orders.

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 must be two separate applications or petitions, hearings, findings of good cause, and separate orders issued.

Recommendation 5C: Civil restraining orders and protective orders should be monitored and enforced fully, consistently and immediately.

Civil restraining orders and protective orders only have meaning and provide protection if they are enforced. Because certain batterers will not be deterred by an order requiring them to cease and desist violent or threatening behavior, judges must be prepared to give validity to their orders and protection to victims by enforcing orders of protection. Methods of enforcement may include: scheduling mandatory compliance hearings which require the batterers to show compliance with the restraining or protective orders; requiring batterers attend violence intervention programs and substance abuse therapy or to perform community service; and incarcerating violators.

Recommendation 6C: When the issue of domestic violence is found to exist within the context of a marital/domestic relation’s case of any kind, or in juvenile court case:

- a. The violent conduct should be weighed and considered in making custody and visitation orders
- b. Judges should be aware that there may be an unequal balance of power of bargaining capability between the parties which calls for a more careful review of the custody and financial agreement before they are approved by the court
- c. Judges should not presume that joint custody is in the best interest of the children where domestic violence is found

Recommendation 7C: Judges should not mandate or encourage mediation in cases where domestic violence has occurred.

Section D

Recommendations for Family & Juvenile Courts Responding to Domestic Violence Cases

Recommendation 1D: Court officials and personnel should routinely screen for domestic violence in all child abuse, child fatality, sexual abuse, delinquency, dependency, and CHIN's cases.

Recommendation 2D: All cases being considered for mediation, informal adjustments or other informal procedure should be screened for domestic violence or abuse.

Recommendation 3D: Encourage development of standards and a curriculum for juvenile domestic violence intervention programs to promote rehabilitation of the minor and accountability of the offender.

Section E

Recommendations for Municipal Courts Responding to Domestic Violence

Recommendation 1E: Municipal courts should exercise their jurisdiction for maximum protection of victims and accountability for perpetrators in domestic violence cases.

Recommendation 2E: Establish standard court policy and procedures, including a bail schedule that reflects an understanding of safety issues regarding victims of domestic violence.

Recommendation 3E: Ensure safe access to the court by victims.

Recommendation 4E: Ensure that municipal conviction and restraining order information is forwarded to the central AOC and Criminal Justice Information System (CJIS) repositories for inclusion in

the statewide criminal history and protection order data bases and that the information is kept up to date.

Recommendation 5E:

Order restitution for victims' losses in municipal court cases involving domestic violence.

Section F

Recommendations for District & Municipal Court Magistrates Responding to Domestic Violence

Recommendation 1F:

Promptly enforce all violations of qualified court protection and restraining orders, regardless of which court issued the order.

Recommendation 2F:

Issue Conditions of Release in all arrests for domestic violence offenses and violations of court protection and restraining orders.

Recommendation 3F:

Treat each case as though the victim will not be in court to testify. Coordinate with law enforcement officers in a manner that facilitates the gathering and documentation of information following the probable cause hearing or initial appearance hearing, including photos, witness statements, notes about the appearance of the victim and defendant, prior history information, excited utterances, etc.

Section G

Recommendations Regarding Assessment & Monitoring of Domestic Violence Cases

Recommendation 1G:

All assessments of criminal history and criminal behavior should consider whether domestic violence exists and whether such violence or abuse significantly impacts the current case or potential for rehabilitation of the defendant.

Recommendation 2G:

Include safety issues regarding victims and family members in monitoring domestic violence offenders. This may be accomplished by monitoring domestic violence offenders. This may be accomplished by working collaboratively with victim service agencies or court advocates, but should be done in such a manner as to not increase safety concerns of or for the victim.

Recommendation 3G: If alcohol, drugs or an other life situation exists that may be a barrier to victim safety or offender rehabilitation bring them to the attention of the judge with a recommendation for abating or reducing the additional problems.

Recommendation 4G: All court orders, including orders or probation as well as instructions to the defendant by the probation officer should be in writing, should be delivered to the defendant, and should be explained by the court, probation officer or court designee.

Recommendation 5G: Any non-compliance with the court's probation order, including, but not limited to, allegations of continued verbal or physical harassment, unauthorized contact, or substance abuse should cause prosecutors, probation officers or court monitors to initiate probation revocation proceedings in court for violation of probation. New acts of violence or protection order violations should cause the prosecutor, probation officer or court monitor to seek probation revocation.

Sexual Assault Recommendations

Recommendations developed by:
The Alabama Coalition Against Rape Board of Directors

Recommendations for All Courts Responding to Sexual Assault Cases

Recommendation 1: Encourage police departments and prosecutors to establish specialized sex crime units.

Police and prosecutors should have specialized sex crimes units and vertical prosecution of sexual assault cases so that personnel are trained to handle sexual assault cases and one prosecutor is assigned to each case throughout the trial process. Vertical prosecution fosters a relationship between that prosecutor and victim, helps reduce the number of potentially traumatic interviews, and allows the victim one contact throughout the case. Specialized units and sensitive handling go a long way to encourage victims to report and proceed with the trial.

Recommendation 2: Encourage an accelerated trial schedule and try to avoid continuances and trial on the anniversary of the rape.

Contact with the criminal justice system acts as a reminder of the sexual assault during the recovery process and reliving the event can cause emotional turmoil for the victim. The protracted process and repeated continuances are a primary reason why victims fail to follow through. A speedy trial improves

the likelihood that the victim will stay with the process, and it enhances recovery. Many complainants have strong negative feelings about the anniversary date of the rape, which can affect their ability to present themselves credibly in court. Try to avoid scheduling the trial for the anniversary period if possible.

Recommendation 3: **Create a private waiting area for complainants in the Courthouse.**

When a complainant must remain in the same room with the defendant and his family while waiting to testify, the complainant often feels intimidated. If at all feasible, a private waiting area for complainants should be created in the Courthouse.

Recommendation 4: **Permit Rape Crisis Counselors in the Courtroom.**

Rape Crisis Counselors should be permitted in the Courtroom due to the importance of having support for complainants.

Recommendation 5: **Minimize use of the victim's name.**

The Rape in America study found that victims would be more likely to report if they could be guaranteed confidentiality. To the extent possible consistent with constitutional requirements, consider keeping complaining witness name confidential.

Recommendation 6: **Enforce the rape shield statute consistently and discourage and discipline attempts to circumvent or abrogate it.**

Even when the letter of the rape shield statutes is respected, prior sexual contact may get introduced by indirection. This makes victims fear the criminal justice system and refuse to prosecute. Attorneys for both sides should be instructed before trial that behavior of this type would not be tolerated. Some defense attorneys have little or no experience with rape trials and do not know what the laws and rules are.

Recommendation 7: **Discourage request for complainants to show on their own bodies how they were touched or to demonstrate the position in which they were raped.**

Demanding a demonstration is not only embarrassing and degrading, it violates the complainant's private space and sense of control over his or her own body. If such a demonstration is necessary, someone other than the complainant should provide it. Use of dolls or diagrams is preferable.

Recommendation 8: **Allow the witness to leave the stand during lengthy sidebars or colloquies in Chambers.**

At times during the embarrassing and detailed testimony of an assault, the judge and attorneys engage in a lengthy sidebar, or a colloquy in Chambers, leaving the complainant sitting only a few feet from staring jurors. This is painful for the complainant, who may imagine those in the Courtroom recreating the rape in their minds, and should be avoided.

Recommendation 9: Permit expert witness testimony to explain victims' reactions to rape.

Research with thousands of rape victims has documented patterns of behavior that are counterintuitive to the public's expectations about how a rape victim should behave. Dissociation and frozen fright render some victims completely passive; the small percentage of rape victims who do report an assault often delay for hours, days, weeks, months, even years after the rape; and some victims engage in paradoxical behavior, such as returning to the dangerous neighborhood of the crime or becoming promiscuous. Thus, permitting an expert witness to explain how rape trauma syndrome effects victims during and after the assault is essential to enable jurors to understand behavior that seems inexplicable.

Recommendation 10: Utilize the same standards in setting bail and sentencing offenders in stranger and non-stranger cases.

Bail is often lower and sentences lighter in rape cases where the victim and defendant knew each other (particularly if they were engaged in a sexual relationship, and even more so if they were married) than in stranger rape cases similarly charged. Stranger and non-stranger sexual assaults should be treated with equal severity. The message to the victim when they are not is that the Court does not see non-stranger assault as a "real rape."

Recommendation 11: Encourage victim impact statements.

Victim impact statements serve two functions: they provide the Court with information essential to appropriate sentencing, and they provide victims with an opportunity to be heard and a sense that the judicial process has served them fairly.

Recommendation 12: Invite victims to be present at sentencing.

Another way of making victims feel fairly served by the judicial process is to schedule sentencing to enable the victim to be present. Because the victim is not legally a party to the case, this factor is not always considered.

Recommendation 13: Acknowledge the victim and the impact of the assault at sentencing.

In light of concerns addressed by sexual assault victims and their advocates about being disregarded by the legal system, some reference to the victim's experience and/or wishes is important at the time of sentencing.

Recommendation 14: Set sentences commensurate with the gravity of the crime and the trauma to the victim.

Concerns regarding sentencing include: (1) lenient sentencing based on misplaced optimism about the effectiveness of therapy for the convicted assailant, (2) the belief that the victim is somehow responsible for the crime, and (3) a greater value being placed on the needs of the male assailant rather than the female victim. Rape is a profound injury in and of itself, and victims of non-stranger rape suffer even greater and longer lasting psychological trauma than victims of stranger rape. Rape sentencing should reflect these realities.



Chapter Five

Health Care Response to Violence Against Women

Domestic Violence Recommendations

Recommendations developed by:
Alabama State Health Care Leadership Team on Domestic Violence

State Leadership Team Members

- **Dr. Steve Andrews**Mobile Physician
- **Rosemary Blackmon**AL Hospital Association
- **Vicki Bowers**Providence Hospital
- **Lance Brown**Governor’s Office
- **Jack Chancey**AL Emergency Nurses’ Association
- **Dr. Laurie Dill**Montgomery AIDS Outreach
- **Dr. Linda Dunn**AL Nurses’ Association
- **Dr. Tom Ellison**Project Help
- **Dr. Faye Ferrell**AL Psychiatric Society
- **Julie Freeman**Alliance to Medical Association
- **Gloria Grant**Poarch Creek Indians
- **Kathy Hall**AL Medicaid
- **Jane Hall**Hall and Hall
- **Dolly Hambrick**AL Dept. of Public Health
- **Jessica Hardy**AL Dept. of Public Health
- **Cary Kuhlmann**Medical Association
- **Lou Lacey**Children’s Hospital
- **Dr. Martha Lavender**JSU School of Nursing
- **Wilma Lewis**Blue Cross and Blue Shield of AL
- **Dr. Tom Miller**AL Dept. of Public Health
- **Dr. Roy Pasker**Greil Hospital
- **Melvin Rodgers**UAB Hospital
- **Deborah Thomasson**AL Dept. of Public Health
- **Dr. Melissa Thompson**Baptist Family Medicine Residency Program
- **Dr. Barbara Woodring**UAB School of Nursing
- **Gwen Woods**Safeplace, Inc.
- **Nancy Wright**AL Dept. of Public Health
- **Beverly Youse**House of Ruth, Inc.

Sexual Assault Recommendations

Recommendations developed by:
The Alabama Coalition Against Rape Board of Directors

Section A

General Recommendations for Health Care Response to Domestic Violence Cases

Recommendation 1A: Health care providers are encouraged to become educated about domestic violence and its impact on a victim's health.

Many professional organizations such as the American Medical Association (AMA), and several specialty groups, the Association of Women's Health, Obstetrics, and Neonatal Nursing (AWHONN), the National Association of Social Workers (NASW) and the American Nurses' Association (ANA) have issued policy statements on domestic violence and the response of the medical community. These statements also address a need for education of health care providers regarding domestic violence. Education on domestic violence will enable health care providers to provide assistance for victims that may improve their overall health.

Recommendation 2A: It is vital for providers to be aware of the reporting requirements concerning domestic violence.

Please note: The reporting requirements for domestic violence DO NOT change the providers' status as a mandatory reporter of child and/or elder abuse. Please continue to follow established laws and protocols concerning these cases.

Many providers are unaware of exactly what should be reported in cases of domestic violence. These points will help define what health care providers are required to report when dealing with victims of domestic violence.

1. All traumatic injuries are reported to the State Department of Public Health for statistical purposes. This is an anonymous reporting system in which hospitals participate. Each hospital reports these injuries according to policies already established.
2. Based on current AL law it is NOT mandatory for domestic violence injuries to be reported to the police. Involving the police without the victim's consent could place the victim in greater danger. Written permission should be obtained from the victim before calling police.

Recommendation 3A: Providers should become familiar with the resources available in their area.

Alabama is fortunate to have a network of domestic violence programs in the state. These programs are available to consult with victims regarding services such as shelter, legal assistance, counseling, etc. These domestic violence programs are available 24 hours a day, seven days a week.

Recommendation 4A: A relationship with the personnel working with domestic violence victims in their community should be developed.

Within Alabama's network of shelter programs are trained personnel available to work with victims. Many programs also have personnel available to train providers and their staff about domestic violence. After developing a relationship with the shelter personnel, providers may feel more comfortable referring their patients to the crisis lines.

Recommendation 5A: Providers are encouraged to be aware of and to participate in domestic violence awareness activities such as Health Cares about Domestic Violence Day (HCADV) and Stop America’s Violence Everywhere (SAVE) activities.

Public awareness activities held in the community give health care providers an opportunity to interact with the public. Events such as HCADV Day (held every year on the 2nd Wednesday in October) allow physicians and other providers an opportunity to increase their knowledge of domestic violence and the medical response. Physician participation in these events will elevate their importance to other non physician staff. The Alliance to the Medical Association of the State of Alabama also presents activities yearly around SAVE Day. Many of their events focus on the prevention of violence in the community.

Section B

Recommendations for Health Care Organizations Responding to Domestic Violence Cases

Recommendation 1B: Health care organizations are encouraged to have a policy on screening patients for domestic violence with an ultimate goal of screening all female patients for domestic violence.

It is important for health care organizations to have a policy regarding the screening of patients for domestic violence. Victims will not routinely volunteer information about violence in their lives but will respond positively upon screening. The policy should outline who should be screened, who should perform the screening, and what actions should be taken if the screening is positive.

Recommendation 2B: Each organization should have a system for documentation of domestic violence in the medical record.

Proper documentation is essential to provide information about the abuse in any future healthcare encounters and possibly in future court cases. In many instances, a well-documented medical record can stand-alone in court and not require testimony from the healthcare provider. Documentation should include: patient’s description of abuse (in their words), a description of injuries, and photographs (if permission is given by the patient). A body map may be useful when describing injuries.

Recommendation 3B: An ongoing program addressing the domestic violence training and education needs of staff members should be developed within each organization.

Training for staff on the issues surrounding domestic violence should be done. Ideally, all employees should be educated, but for employees in direct patient care settings, it is crucial. Training should be held routinely to address staff turnover issues. Domestic violence education should cover the dynamics of domestic violence as well the medical response to domestic violence.

Recommendation 4B: Health care organizations should have a plan in place to provide privacy for screening patients as well as any intervention necessary.

Providing privacy when screening patients is important to help secure the victim's safety. Anyone accompanying the patient should be viewed as a potential abuser. If a victim is identified, steps should be taken to further safeguard the victim's privacy. If possible, the patient should be moved to a private room with a door. Information on all available resources should be offered to a victim. When making a referral (either to social services or law enforcement), a victim's permission must be given first.

Recommendation 5B: A resource packet to be kept in a centralized location (e.g. nurses' station) should be maintained.

Keeping information in a centralized resource packet will save time for providers and allow for a more organized response. The packet should include a body map, permission forms, referral numbers, etc. All staff should be educated on the packet's location and use. In addition to the resource packet, organizations should have materials available for patients to pick up at their convenience. Patient materials can be displayed in exam rooms as well as patient bathrooms. These materials should include the statewide domestic violence hotline number.

Section C

Domestic Violence Response Recommendations for Educational Institutions

Recommendation 1C: Institutions responsible for educating future health professionals should provide domestic violence information for their students.

Early education on domestic violence will help future health professionals incorporate screening and intervention into their practices. Education across disciplines will also help students focus on domestic violence as a health-related problem. Information on model curricula is available from ACADV.

Recommendation 2C: Domestic violence should be addressed in as many areas of the school curriculum as possible.

Including domestic violence in multiple areas of study shows students how domestic violence affects all areas of a victim's health. Common areas that should include domestic violence education are ethics, OB/GYN, adult medicine, pediatrics, women's health, family practice, internal medicine, etc. Work should also be done to ensure that facilities offering clinical rotations are also performing domestic violence screenings.

Recommendation 3C: As information becomes available, institutions are expected to incorporate these resources into their libraries or resource centers.

Many national organizations have excellent resources available at little or no cost. These materials provide ways for students to learn more on their own time.

Recommendation 4C: Institutions should develop a relationship with the domestic violence program in their area.

The local domestic violence program can provide resources and professionals to assist the institution in educating their students on domestic violence. Many programs are willing to provide guest speakers in class or provide additional special-interest presentations. Certain domestic violence programs in the state have an agreement with a residency program to provide healthcare to shelter residents.

Recommendation 5C: Institutions should be willing to design internship programs with domestic violence centers where possible.

Hands-on education is one of the best ways to learn about domestic violence. Local domestic violence programs and hospital social services programs can offer students practical experience in working with domestic violence victims.

Section D

Domestic Violence Response Recommendations for Insurance Industry

Recommendation 1D: Companies should offer an alternate means of contact if requested by a victim.

Many times, victims will receive care without their abuser knowing. In many cases, the victim desires to keep the healthcare encounter a secret from the abuser. Insurance companies should work to develop a system whereby victims can request that their information be kept from their abusers even in the event the abuser is the primary policyholder.

Recommendation 2D: Companies should have policies in place to protect the identity of the victim.

Companies should guarantee that batterers cannot get information about their victims even if they are the primary policy holder. Victims often get treatment in secret and revealing what treatment was received may place the victim in greater danger.

Recommendation 3D: All third-party payers should ensure that their providers are educated about medical responses to domestic violence.

Sexual Assault Recommendations

**Recommendations developed by:
The Alabama Coalition Against Rape Board of Directors**

General Recommendations for Responding to Sexual Assault Cases

Recommendation 1: **The sexual assault evidence collection should be conducted by either a Sexual Assault Nurse Examiner or a trained physician.**

Either a Sexual Assault Nurse Examiner (SANE) or a trained physician may collect evidence for the Sexual Assault Evidence (SAE) kit. SANEs are specially trained in evidence collection and working with victims of sexual assault. Thus, evidence collected by SANEs tends to be more thorough and useful. Therefore, sexual assault examinations should be conducted by SANEs whenever possible.

Recommendation 2: **Victims should be given high priority and privacy in order to prevent loss of evidence and provide an atmosphere of support and safety.**

1. The victim should be given high priority as an emergency case. Medical personnel should contact a sexual assault advocate immediately upon interaction with any sexual assault victim. As time elapses, evidence may deteriorate; for example, drugs used to facilitate rape may quickly metabolize. Furthermore, victims should not urinate, eat, drink, smoke, etc. before evidence is collected. Thus, extended waiting times may further traumatize the victim.
2. Give the victim as much privacy as possible and help her to feel safe. Develop a code for referring to sexual assault cases, such as the numeric billing code or “Code SA”. Share this code with sexual assault advocates and law enforcement officials present at the hospital.

Recommendation 3: **Victims should be examined by SANE personnel ideally in a facility with a designated place for sexual assault exams.**

1. Ideally, victims of sexual assault should be treated at a facility with a designated place for sexual assault exams. A designated facility should be separate from the emergency department, equipped with a colposcope, and have access to shower facilities after examinations.
2. Where multiple medical facilities serve common areas, facilities should collaborate to enhance responses to sexual assault. Communities that designate a single location for sexual assault examinations must establish procedures for transferring victims from non-designated facilities. Procedures should comply with federal COBRA requirements, including treatment for all urgent physical and psychological injuries at the initial facility.

Recommendation 4: When SAE kits are used timing, identification of the perpetrator, and a physical exam should be essential elements of the examination.

1. Determine whether to use the SAE Kit by the length of time elapsed since the assault. Generally, the SAE Kit may be used, if the assault occurred within 3 days (72 hours). Where the assault included vaginal penetration, evidence may be present for up to 3 days. SAE Kits should be completed regardless of whether the perpetrator's identity is known or unknown.
2. Regardless of time elapsed since the assault, physical exams should be performed in all cases of sexual assault. Even after 5 days, some evidence may be gathered through a physical by documentation of bruises, lacerations or other findings, photographs, and statements about the assault made by the survivor.

Recommendation 5: Health care providers should be aware of the reporting requirements regarding sexual assault cases.

1. Discuss law enforcement and victim advocate notification with the victim prior to the examination process. Be sure to advise her that she must report the sexual assault to the proper law enforcement agency with 72 hours of the incident in order to be eligible for coverage of medical (including examination), ambulance, and counseling costs under the Alabama Crime Victims Compensation Commission (ACVCC). Explain to her that this reporting does not mean that she must prefer charges. These are two different processes. Offer to contact law enforcement officials and the victim advocate, but allow the victim to decide.
2. Alabama law requires reporting of any known or suspected case of child abuse or neglect to the local Department of Social Services within 24 hours. Report any assault where the victim is under 18 years old and the assault was committed, facilitated, or allowed by a parent, guardian, custodian or caretaker. Reporting is also required where there is "reasonable cause to believe that a disabled adult is in need of protection." A disabled adult is any person 18 years of age or older who is physically or mentally handicapped for a number of reasons, including advanced age.

Recommendation 6: Medical facilities should conduct procedures with the goal of minimizing costs to the victims.

Medical facilities should evaluate charges for services provided to victims. Provide sample medications when possible. Inform the victim of the availability of assistance through ACVCC. Develop systems to directly bill insurance companies and ACVCC where appropriate.

Recommendation 7: Examination procedures should include care and documentation of injuries, collection of evidence utilizing the SAE Kit, pregnancy and Sexually Transmitted Disease (STD) risk evaluations, prophylactic treatments, crisis intervention, and follow-up referrals.

1. A physical examination should be performed as part of any sexual assault exam. Complete the Sexual Assault Data Form for all sexual assault victims. Photograph, document, and indicate the location of all injuries on the Anatomical Drawing charts provided in the SAE Kit. Use direct quotes as much as

possible. SAE Kits must not be left open and unattended once the seal is broken. Follow instructions included with the SAE Kit.

2. Collect urine sample and conduct pregnancy test to determine whether the victim is currently pregnant. If the victim is not currently pregnant, discuss and offer prophylactic treatment. Be sure the victim understands how the medication will work and its effects on her next menstrual cycle. Administer prophylactic treatment according to institutional protocol. If the facility policy prohibits prophylactic treatment, discuss the possibility of pregnancy and provide referrals for such treatment.
3. Discuss the risk of sexually transmitted diseases (STDs) and prophylactic treatment. Administer prophylactic treatment according to institutional protocol. Advise the victim that she should be tested by the local health department, or a private healthcare provider. Also encourage her to discuss risk of contracting Hepatitis B and HIV with her healthcare provider.
4. Discuss follow-up care and community resources with the victim and, with permission, any supportive individuals. In the absence of the victim advocate, provide a package containing the following: name and number of local sexual assault program and other community resources, and a brochure and card for the ACVCC. Also provide name and number of physician or health department, medications with dosage information and information about side effects, follow-up dates or information on follow-up care. Encourage her to utilize community resources.

Recommendation 8: **Health care professional should explain options and procedures to the victim.**

Whether the initial contact with the victim is by telephone or in person, medical personnel should immediately contact a sexual assault advocate. Before beginning medical procedures, clearly describe each procedure and its purpose. Remember that some of the procedures are uncomfortable and painful, especially considering the nature of the trauma she has just experienced. The time and courtesy extended will help the victim to relax, making the process easier for all.

Recommendation 9: **Procedures should be integrated to maximize efficiency, and interviews should be conducted simultaneously to reduce the number of times the victim must tell her story.**

1. Physical assessment and evidence collection procedures should be completely integrated to maximize efficiency and minimize trauma to the victim. For example, draw blood for medical and evidentiary purposes at the same time.
2. The number of times that the victim must tell her story may be reduced by conducting initial interviews simultaneously. Though various professionals responding to sexual assault will need different information, collaborative interviewing is encouraged whenever feasible. Discuss collaborative interviewing with the victim, and determine the interview team size based on her comfort with multiple parties.

Recommendation 10: **Confidentiality should be insured by keeping sexual assault data forms separate from medical records.**

Recommendation 11: Medical personnel should participate in the training and education programs about rape.

Medical personnel should participate in training of law enforcement officers, give presentations to school (including college and university) students, and participate in community programs about rape. An informed community is an essential ingredient in the improved treatment of victims and the prevention of rape.

Recommendation 12: Sexual Assault Response Teams (SARTs) should be established in as many communities as possible within the state.

The SART is a team of professionals composed of representatives of health care, law enforcement, district and state attorney's offices, victim service and compensation agencies, local forensic department, and media. Each member plays an important role in providing comprehensive and compassionate services to victims of sexual assault. The value of this cooperation in providing support, resources, and a unified approach for the professional, timely, dignified, and compassionate treatment of sexual assault victims cannot be overstressed.



Chapter Six

Prevention and Intervention Response to Youth Intimate Violence

Domestic Violence Recommendations

**Recommendations developed by:
The ACADV Education Work Group**

Work Group Members

- **Stacie Jones**Chair, Daybreak
- **Deborah Tucker**Victims Services of Cullman, Inc.
- **Sharon Haynes**Victims Services of Cullman, Inc.
- **Jackie Shrader**Lighthouse of Baldwin County
- **Linda Durrance**Opportunity House
- **Jennifer Weed**Penelope House
- **Wendy Washington**Turning Point
- **Reed Lochamy**Safehouse
- **Linda Cook**SABRA Sanctuary
- **Susanna Smith- Naisbett**Harriet’s House

Sexual Assault Recommendations

**Recommendations developed by:
The Alabama Coalition Against Rape Board of Directors**

Domestic Violence Recommendations

Recommendations for Responding to Youth and Domestic Violence

- Recommendation 1:** Age appropriate and developmentally appropriate training sessions regarding respectful and healthy relationships, appropriate behaviors and emotional responses, conflict resolution, dating violence, domestic violence and equality issues should be made available to organizations working with youth.
- Recommendation 2:** Research efforts regarding furthering the understanding of domestic violence exposure on children should be supported.
- Recommendation 3:** Collaboration should be encouraged among community agencies working with children and youth to understand the impact of domestic violence and develop diversified responses based upon identified impact.
- Recommendation 4:** Protocols and Policies should be developed by agencies working with youth and children on responding to domestic violence cases.
- Recommendation 5:** Professionals who have regular contact with families and children including teachers, school counselor, child care workers and child welfare workers should receive ongoing training on domestic violence and its impact on children.
- Recommendation 6:** All education, intervention and prevention strategies should promote safety of the victim parent in order to provide safety of children/youths.
- Recommendation 7:** Domestic violence screening should be conducted at sites that help young families, such as health clinics, day care centers, Head Start programs, schools, neighborhood family resource centers, home visitation programs and agencies serving immigrant and migrant population. This screening should be linked to supportive resources for parents and children.

Recommendation 8: Partnerships among domestic violence programs, schools, mental health centers, AAVIP, and the courts should be created to provide education and services for adolescents who are victims or perpetrators of domestic/dating violence.

Recommendation 9: A media campaign focusing on prevention of dating violence should be developed.

Recommendation 10: Domestic violence perpetrator intervention programs for juvenile offenders should be researched and developed.

Sexual Assault Recommendations

Recommendations developed by:
The Alabama Coalition Against Rape Board of Directors

Section A

Recommendations for Responding to Youth and Sexual Violence

Recommendation 1A: Schools should show their commitment to healthy learning and work environments by adopting and enforcing age appropriate sexual harassment and sexual violence policies.

- Schools should communicate the message that sexual assault/ statutory rape is a serious crime and it will not be tolerated under any circumstances.
- Schools should ensure that sexual assault/ statutory rape policies are consistent with existing laws.
- Schools should provide training for teachers, administrators, and other school personnel on policies and their implementation.

Recommendation 2A: Schools in partnership with local Boards of Education should develop age appropriate sexual assault prevention programs for high school students and parents.

- Schools are encouraged to provide age appropriate sexual assault prevention messages and information.
- Age appropriate programs should be developed to address peer influences that have a negative impact on prevention efforts.
- Topics which are important to prevention efforts include examination of their own attitudes about gender relations and sexual violence and date/acquaintance rapes.

- Programs should be aware that men and boys may have been victims of child sexual assault.
- Age appropriate prevention information should be widely disseminated throughout the school system, including distribution to school administrators, teachers, other personnel, students, and parents.
- Provide teens with age appropriate information and resources for counseling and support services related to sexual violence.

Recommendation 3A: All school personnel, organizations, individuals and communities should receive training on sexual violence prevention and intervention for working with adolescents.

- Encourage opportunities for training throughout the school system, and include principals, school boards, teachers, school social workers, guidance counselors, school nurses, school resource officers, administrative and office personnel, security personnel, coaches, bus drivers, and janitorial and cafeteria staff.
- Involve youth, parents, community leaders, community members, in the planning, development, and implementation of prevention strategies to establish credibility, inspire community ownership and commitment, and facilitate broad community participation.

Recommendation 4A: Develop a comprehensive school safety plan that incorporates strategies to prevent sexual violence and includes age appropriate personal safety planning for staff and students.

- Include students and parents, mental health providers, police and juvenile justice authorities, and local sexual assault and domestic violence advocacy groups in the development and implementation of the age appropriate safety plans.
- Develop age appropriate plans to address students who sexually assault, which responsibly balances the requirement to educate all students with the need to ensure that school is a safe place.
- Incorporate information provided by survivors of sexual assault into program development and implementation.

Recommendation 5A: Support and work in a coordinated effort with Sexual Assault Service Provider Agencies throughout the state of Alabama.

- Develop opportunities for coordination between youth violence prevention programs and programs addressing violence against women.

Section B

University And College Campus Programs Response to Sexual Assault

Recommendation 1B: College campuses should develop policies and protocols regarding responses to sexual assault crimes.

Colleges and universities have traditionally provided an environment in which young people can explore ideas and learn about the world. In doing, so institutions of higher education should commit to communicating to students the message that sexual assault is a serious crime and it will not be tolerated on campus. This commitment can be demonstrated through implementing campus protocols, publicly communicating messages about appropriate conduct, and actively participating in reform efforts, such as multidisciplinary task forces.

Recommendation 2B: College campuses should develop coordinated community responses to sexual assault on campus and among the student population.

Colleges and universities must implement a coordinated community response to sexual assault in order to enhance victim safety and hold assailants accountable. College Campuses are beginning to address sexual assault by developing campus-based response systems that include victim service, campus law enforcement, housing officials, student organizations, and disciplinary boards. To be effective, these responses must be linked to the community local criminal justice agencies, local rape crisis centers and other service providers.

Recommendation 3B: Assistance for victims should be available through existing campus services or in partnership with local sexual assault programs.

Survivors of sexual assault have a range of physical and emotional needs as a result of being victimized. Comprehensive advocacy programs should assist victims in healing and feeling safe, while restoring their sense of empowerment and autonomy. Many college campuses have successfully incorporated victim advocacy services into broader Women's centers of advocacy programs. Victim advocates should be available to provide survivors with full information about criminal justice and victims service options. Advocates should also provide information about both internal administrative proceedings and the local criminal justice system to enable victims to make informed decisions.

Recommendation 4B: College and universities should work with community based advocacy programs to establish mandatory prevention and education programs for all students.

Working in conjunction with campus and community based victim-advocacy organizations, institutions should establish mandatory prevention and education programs for all students. The program should include the following information: how to file an internal administrative complaint and local criminal charges; common myths about the causes of sexual assault; the availability of resources for victims; and how to encourage peer support for victims and sanctions for offenders. To encourage reporting, orientation programs should clarify that students who file report will not be penalized if they violated the institution's alcohol, substance abuse, or other policies during the incident.

Recommendation 5B: College campuses should also develop on-going prevention programs to establish mandatory prevention and education programs for all incoming students.

Such programs should convey the following messages: sexual assault will not be tolerated on campus; sexual assault is not the victim's fault, it is not caused by stress, anger, substance abuse, or poverty; and, women on campus have a right to physical and emotional safety.

Recommendation 6B: College and university disciplinary officers should have a written policy denouncing all acts of sexual assault.

This policy should clearly define sexual assault, be easy to read and readily available to all students through brochures, handbooks, and web pages. Where the victim is a student and the perpetrator is a student, faculty member, administrator, or other university related person, the victim should have the option of filing a complaint within the college or university. If a college or university does not have a sexual assault protocol in its code of conduct, it is essential that one be created. Although campus disciplinary sanctions are not equal to criminal sanctions, they do provide the victim with an additional option to criminal and/or civil proceeding. This allows for the possibility that the sanctioned perpetrator will have to leave campus. Along with the university disciplinary options, civil and criminal options should also be provided to the victim. The sexual assault protocol and code of conduct should also list sanctions for assailants of sexual assault. The strictest sanctions should be imposed for assailants of sexual assault with immediate expulsion being the highest-level sanction.

Recommendation 7B: The process for filing a report should be made easy and time efficient with the availability of an advocate to assist the victim in the reporting process.

Report filing should be made easy and time efficient, allowing for an action to be taken on the report no later than 30 days after it is filed. A statement of confidentiality in report filing as well as laws protecting students' records should be provided for students. The university disciplinary office should provide accessible information on reporting to its office through various institutions publications.

The victim should be provided an advocate throughout the reporting process and disciplinary procedures. The advocate's role is to provide support and information on options and disciplinary procedures. The victim's advocate should work closely with other disciplinary officers in making the disciplinary process as easy as possible for the victim. The advocate can also help facilitate the process of changing or securing residence, class schedule, or leave of absence for classes. The advocate can be an appointed campus administrator from the women's center, counseling, or other appropriate department. The local rape crisis center provides free advocacy for victims of sexual assault, which includes accompaniment through medical and law enforcement procedures.

Recommendation 8B: All members of campus disciplinary boards should receive specific training about sexual assault prior to hearing sexual assault cases.

All members of campus disciplinary boards, including faculty, staff, students and administrators, should receive specific training about sexual assault prior to hearing sexual assault cases. Knowledge about cases and effects of sexual assault should be integrated into application criteria for positions on campus disciplinary boards. Training for board members should include, but not limited to: review of the student code of conduct; review of legal definitions of sexual assault crimes; information refuting myths about

sexual assault; training of issues of consent and coercion; information judging credibility, including that a victim's use of alcohol does not mean that she is lying about an assault; and, information about appropriate sanctions, such as expulsion.

Recommendation 9B: **Campus disciplinary boards should generate written findings in all cases and should hold closed hearings.**

Campus disciplinary boards should generate findings in all cases, including appeals. Administrative procedures should protect victim's safety and confidentiality, and hold offenders accountable. Boards should adopt standards that preclude a victim impact statement to be heard prior to imposition of sanctions. Campuses that conduct hearings only after local criminal justice proceedings have been completed should consider the impact of this delay on the victim's safety and recovery.

Campus disciplinary hearings should be closed hearings, barring student press, lawyers, family members, friends or others from being present, unless a family member or friend is designated as an advocate for the victim or alleged assailant. The room in which the hearing is held should also allow for minimal contact between the victim and the alleged assailant. Do not position the victim and alleged perpetrator across from each other or directly next to each other. Separate them by advocates or board members. Also, obtain consent to videotape or record the proceedings from both the victim and alleged perpetrator before the hearing.

Recommendation 10B: **Campus housing authorities should accommodate victim request for relocation due to safety concerns and should work with local and campus police to enforce restraint or injunctive orders.**

Unique circumstances may exist for victims of sexual assault who are also campus residents. These circumstances can be extremely detrimental and dangerous if the perpetrator also lives or works on campus. The residential office should play a vital role in ensuring the safety of a student who has been sexually assaulted. At the request of the victim, the residential office should make accommodations to move the victim or perpetrator from a residence hall to another residence hall or off campus.

The residential office should work closely with local and campus police to enforce trespassing and restraining orders. If the victim is not a campus resident and expresses the need for relocation, the campus residential office should provide opportunities to move on campus or assist in finding new off-campus housing. Colleges and universities should treat students living in university affiliated off-campus housing such as fraternity and sorority houses, theme houses, and apartments in the same manner as on campus housing when dealing with sexual assault cases.

Recommendation 11B: **All campus staff should be trained on sexual assault issues.**

Campus residential staff such as resident assistants, hall directors, area coordinators and residential deans are often the first to come in contact with a victim of sexual assault. Therefore, it is important that all staff members receive training on how to respond to sexual assault victims. Training for campus residential staff should include, but not be limited to: review of the student code of conduct; review of legal definitions of sexual assault crimes; training on crisis intervention and response; information

refuting myths about sexual assault; training on crisis intervention and response; information about alcohol and drug-facilitated sexual assault; on-campus and off-campus resources and referrals; and, information about maintaining confidentiality and appropriate reporting requirements, if any. It should be made clear to all residential staff how reports will be made within the residential office. Victims' confidentiality should be respected at all times with no information that identifies the victim being reported without her consent.

Recommendation 12B: **The role of academic deans, academic advisors, and faculty members should be to help the victim who is a current student by making classroom, class schedule, and grad changes accommodations where appropriate and requested by the victim.**

Academic deans, academic advisors, and faculty members should receive training and information on how to respond if a student discloses a sexual assault. Training for academic staff should include, but not limited to: review of the student code of conduct; review of legal definitions of sexual assault crimes; training on crisis intervention and response; information refuting myths about sexual assault; training on issues of consent and coercion; information about alcohol and drug-facilitated sexual assault and off-campus resources and referrals; and, information about maintaining confidentiality and appropriate reporting requirements. Victim's confidentiality should be respected at all times with no information being reported without her consent.



Chapter Seven

Victim Service Programs Response to Violence Against Women

Domestic Violence Recommendations

Recommendations developed by:
The Alabama Coalition Against Domestic Violence

Recommendations for Domestic Violence Service Provision

- Recommendation 1:** It is recommended that there be domestic violence crisis services available to every victim in Alabama within a distance of no more than one hour from their home.
- Recommendation 2:** Out-of-shelter services should be provided in every county in Alabama.
- Recommendation 3:** Domestic violence programs should establish services, which reflect the diverse needs of victims from various cultures and communities.
- Recommendation 4:** Domestic violence programs should work with other local organizations to enhance their efforts in assisting victims and holding perpetrators accountable.

Sexual Assault Recommendations

Recommendations developed by:
The Alabama Coalition Against Rape Board of Directors

Recommendations for Sexual Assault Victim Services

Recommendation 1: Advocates should provide immediate response by assessing safety, providing information about the SANE programs, reporting options, crime victim's compensation and other needed resources.

When the victim's first contact after a sexual assault is to an advocate, the advocate should help the victim assess her safety and develop a plan of action. First, ask if she is in a safe place and offer to contact assistance if necessary. Where appropriate, provide information about the Sexual Assault Evidence Collection Kit, reporting options, agency services and Crime Victim's Compensation Funds.

Recommendation 2: Advocates should provide information in a manner that allows the victim to feel supported.

Obtain information in a manner that allows the victim to feel supported, believed, and accepted. An advocate should never interact with a victim in a negative manner.

Recommendation 3: Advocates should assist the victim in evaluating medical and legal options.

Evidence may be collected for the Sexual Assault Evidence Collection Kit up to 72 hours (3 Days) after the assault. Even if the assault occurred more than 3 days ago, injuries may still be treated and documented by medical personnel.

Recommendation 4: Advocates educate the victim on actions, which may result in loss of evidence.

Caution the victim not to wash, brush her teeth, urinate, douche, change clothes, gargle, clean up, or touch anything from which evidence might be collected. Explain that any of these actions could destroy important evidence. Also warn her that clothing will be taken as part of the evidence collection and encourage her to bring extra clothing if possible.

Recommendation 5: Advocates should only go to the scene of the crime if accompanied by law enforcement official, if there is no potential for additional violence and if the agency policy expressly allows for such a response.

Recommendation 6: Advocates should work in partnership with medical facilities to coordinate how access to the advocate by the victim is accomplished.

Upon arrival at a medical facility, the advocate should check in with medical personnel. Work with medical personnel to develop a code to facilitate a quick, discrete procedure, such as using the hospital code.

Recommendation 7: Advocates should accompany victims when possible and if requested through the various aspects of the medical and legal system.

With the victim's permission, advocates should be present during the medical examination and law enforcement interviews whenever possible. Provide support as needed and note any concerns. While it may sometimes be appropriate to speak on the victim's behalf, do not attempt to speak for the victim. Encourage her to take her time in describing the details.

Recommendation 8: Sexual assault agencies should offer 24-hour crisis services as well as follow up services to the degree possible.

Sexual assault agencies should provide 24-hour access to crisis counseling and information. Advocates should use active listening techniques, help assess needs and options, provide information as appropriate, and make referrals as necessary. Because the process of healing after a sexual assault may take months or even years, sexual assault agencies should also be prepared to address long-term counseling needs. Whenever possible, sexual assault agency personnel should include professionals qualified to provide long-term counseling. Otherwise, advocates should provide referrals to appropriate independent practitioners.

Recommendation 9: Advocacy agencies should have policies regarding confidentiality.

Sexual assault agencies should develop clear policies to protect victims' confidentiality. While personnel are encouraged to discuss general issues regarding sexual violence, personnel must not discuss the details of any local sexual assault outside the agency. Advocates should neither confirm nor deny that any victim is, or has ever been, a client.

The advocate should work cooperatively with law enforcement and medical professionals but refrain from providing information without the victim's expressed consent. Before communicating with others on a victim's behalf, the advocate should ask the client to specifically identify what information may be released.

Take precautions to protect the confidentiality of all written material, including: case notes, messages, and contact sheets. Computer use is acceptable, however no information regarding victims should ever be saved to disk or hard drive outside of the agency.

Recommendation 10: Sexual assault agencies should have policies regarding documentation and reporting requirements.

Advocates should document all interactions with victims in an objective, clearly written manner. Report what the victim says about her experience and her feeling, but do not presume to analyze events or feelings. Include other relevant details about the contact, such as where it took place and who was present.

Do not document specific information about the victim's intimate relationships, personal information, or any illegal activities that are not specifically related to the violence. It is appropriate to document previous experiences of sexual violence. However, details of previous violence should not be recorded.

Complete case documentation immediately after the contact whenever possible. Increased lapse of time increases the likelihood that important information may be omitted. Furthermore, completing documentation facilitates a feeling of closure for the advocate.

Though advocates work under strict principles of confidentiality, Alabama law requires reporting of any known or suspected case of child abuse or neglect to the local Department of Social Services within 24 hours, the advocate must report any assault where the victim is under 18 years old and the assault was committed, facilitated, or allowed by parent, guardian, custodian, or caretaker.

Likewise, reporting is required where there is "reasonable cause to believe that a disabled adult is in need of protection." A disabled adult is any person 18 years of age or older who is physically or mentally handicapped for a number of reasons, including advanced age.

In order to access Crime Victims Compensation Funds, the victim must report the crime to the police within 72 hours.

Recommendation 11: Sexual assault agencies should have policies regarding safety of victim workers.

Advocates, particularly volunteers, should protect their own privacy by not releasing their last names, addresses, or phone numbers to victims or to other professionals.

Advocates should go to the scene on an assault only if accompanied by law enforcement, if there is no potential for additional violence, and if agency policy expressly allows such response.

Advocates should meet with clients in public places, not homes or isolated areas. Also, agencies should develop clear policies regarding transportation of victims. Some agencies allow advocates to transport victims.

Recommendation 12: Sexual assault agencies should work in collaboration with other agencies and the community to develop comprehensive standardized responses to victims.

In addition to providing services to victims, advocates should provide support and assistance to medical personnel, law enforcement officials, magistrates, mental health practitioners, and others who have contact with victims.

Advocates should formulate in-service training in accordance with the particular needs of any organization or agency, while specifically endeavoring to provide training to medical professional, law enforcement officials, magistrates and judges.



Chapter Eight

Coordinated Community Response to Violence Against Women

Domestic Violence Recommendations

Recommendations developed by:
The Alabama Coalition Against Domestic Violence

Coordinated Community Response Recommendations for Addressing Domestic Violence

- Recommendation 1:** Every county in Alabama is encouraged to develop and maintain a local domestic violence council/task force.
- Recommendation 2:** Local organizations and agencies are encouraged to prioritize participation in local council/task forces.
- Recommendation 3:** Local domestic violence councils/task forces should provide technical assistance to agencies seeking to enhance their response to victims and perpetrators.
- Recommendation 4:** Local domestic violence councils/task forces should offer training and education opportunities to the community.
- Recommendation 5:** A statewide council/task force should be developed to address the issue of domestic violence.



Chapter Nine

Recommendations for Model Legislation on Violence Against Women

Domestic Violence Recommendations

Recommendations developed by: The Alabama Model Code Committee and The Alabama Coalition Against Domestic Violence

Recommendations for Domestic Violence Legislation

Recommendation 1: The Alabama Coalition Against Domestic Violence should seek input from relevant sources regarding effectiveness of current law and determine adjustments as necessary.

Recommendation 2. Legislation should be developed in the following areas:

- a. specialized visitation centers
- b. restraining orders and enhanced penalties related to stalking
- c. weapons seizure authority for law enforcement
- d. removal of filing fee for PFA petitions to comply with federal law
- e. full faith and credit statute in coordination with federal legislation

* Alabama Criminal Justice Information Center, Crime in Alabama, 2000

** Center for Disease Control, Morbidity and Mortality Weekly Report, October 12, 2001 / 50(SS03);1-16 Surveillance for Homicide Among Intimate Partners —United States, 1981—1998



**ALABAMA
DEPARTMENT OF
PUBLIC HEALTH**

**Injury
Prevention
Division**

201 Monroe Street
P.O. Box 303017
Montgomery, AL 36130-3017