

COUNTY OF SUFFOLK



OFFICE OF THE COUNTY EXECUTIVE

Steven Bellone
SUFFOLK COUNTY EXECUTIVE

**Medical Practitioner's
Guide to Assisting Victims
of Domestic Violence in
Suffolk County**

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Dear Medical Practitioner:

In Suffolk County, we are deeply committed to eradicating domestic violence in its entirety. The Legal Systems subcommittee of my Task Force to Prevent Family Violence and County Executive employees worked tirelessly to develop this guide to assist you when working with patients that may disclose any form of domestic violence. Domestic violence can occur in a number of forms including emotional abuse, physical abuse, sexual abuse and economic abuse. Victims can be female or male and can result in serious emotional and physical harm, including post-traumatic stress disorder and most seriously, death.

As medical practitioners, you are uniquely situated to address domestic violence as it is a health issue that impacts individuals, families and communities. This guide provides you with the tools to screen patients that may present with signs or symptoms of domestic violence as well as information for referral to domestic violence victim support services in Suffolk County.

I want to thank you for making it a priority in your practice to assist victims of domestic violence and be part of the solution for creating an environment in Suffolk County that has zero tolerance for violence in all of its forms.

Sincerely,

Suffolk County Executive Steve Bellone

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Special thanks to Alexis Jetter for permission to use excerpts from her 2013 article, Domestic Violence: A Hidden Cause of Chronic Illness.

What is Domestic Violence?

Crimes involving family members as offenders and victims are considered incidents involving family violence. Domestic violence (intimate partner) and family violence (non-intimate partner), including physical, sexual, and financial abuse, neglect and maltreatment of children, and elder abuse occurs throughout communities regardless of age, economic status, race, religion, sexual orientation, nationality or educational background. Research consistently shows that women with disabilities regardless of age, race, ethnicity, sexual orientation, or class are assaulted, raped, and abused at a rate two times greater than women without disabilities.

Domestic violence is not an anger management issue, but rather a very well thought out, calculated, controlled pattern of behavior by one party who will go to great lengths to maintain power and control over the victim. It may involve years of emotional and psychological trauma as well as physical injuries which may become increasingly more severe and occur frequently over time. Domestic violence is also not caused by drug or alcohol abuse; while an individual might be less inhibited while under the influence and the behaviors are more pronounced, there are abusive behaviors and tendencies present while not partaking in drugs or alcohol.

Some of the tactics used by the abusive partner can include humiliation, intimidation, manipulation, emotional and verbal abuse, physical assault, sexual assault, stalking, economic abuse, psychological threats or actions, and isolation from family and friends. It is an epidemic affecting individuals in every community, regardless of age, economic status, race, religion, sexual orientation, nationality or educational background. Exposure to such violence has a devastating impact on all involved, including children living with and experiencing it as witnesses and not direct victims.

When working with patients that disclose any form of domestic violence, it is helpful to explain that while it might appear that something was just an isolated incident and won't happen again, it is more than likely that the behavior will increase in both frequency and intensity over time. Early interventions are key in helping victims find safety, however this must be done very carefully to ensure that the victim is not placed in further risk of harm.

It is very important to know that the most dangerous time for a domestic violence victim is when leaving an abusive relationship. The perpetrator feels a loss of power and control and will oftentimes stop at nothing to regain that power and control. Tactics escalate during this dangerous time and perpetrators may attempt to manipulate and frighten the victim into remaining or returning to the relationship by threatening to withhold financial support for children, threatening to harm or kill the victim, their children, family members, friends or pets. Some perpetrators follow through on these threats, therefore the best course of action is to link the victim to a domestic violence service provider who can assist with safety planning, accessing a shelter, orders of protection, counseling and other critical support services.

Prevalence of Domestic Violence

Nationally - Domestic violence is the leading cause of injury to women between the ages of 15 and 44 in the United States, more than car accidents, muggings, and rapes combined and remains to be one of the most chronically underreported crimes. National statistics indicate that 1 in 3 women and 1 in 4 men have experienced some form of physical violence by an intimate partner within their lifetime. On average, nearly 20 people per minute are victims of physical violence by an intimate partner in the United States. During 1 year, this equates to more than 10 million women and men.

- 85% of domestic violence victims are women. Females between the ages of 20 to 24 are at the greatest risk of non-fatal intimate partner violence.
- Each day, 3 women die because of domestic violence.
- Less than one-fifth of victims reporting an injury from intimate partner violence sought medical treatment following the injury.

New York State – In 2013, there were over 31,000 intimate partner assaults reported in New York State by police agencies outside of New York City; females were the victim in 80% of these assaults, which was also the case in 2012. In addition, in New York City alone, there were over 15,000 intimate partner assaults reported in 2013.

- While the total homicides decreased 6.5% statewide between 2012 and 2013, the number of intimate partner homicides increased 16%, from 75 to 87 during that same time period.
- In 2013, there were over 15,000 non-intimate partner (family violence) assaults reported in New York State by police agencies outside of New York City and over 8,000 non-intimate partner assaults reported by New York City police.

Suffolk County - In 2014, there were 2,726 reports of intimate partner assaults and other violent offenses, including sex offenses and 2,545 reports of non-intimate partner assault and other violent offenses, including sex offenses made to the Suffolk County Police Department.

- In addition to the 5,271 reports of intimate and non-intimate assaults and other violent offenses reported to the police in 2014, there were a total of 46 intimate partner sex offenses reported to police and 74 non-intimate partner sex offenses reported to police between 2010 and 2014.

Orders of Protection

In Suffolk County alone, in 2013, there were 13,328 temporary and 4,725 final orders of protection in the New York State Unified Court System Domestic Violence Registry, representing 12% of the statewide total (150,431) not including New York City.

What Medical Practitioners Can Do

“Domestic violence is occurring at an alarming rate, is under-reported and often not recognized by physicians and nurses,” according to Krimm and Heinzer in *Domestic Violence Screening in the Emergency Department of an Urban Hospital*. “Treating the domestic violence issue as a serious public health concern allows health care professionals access into the identification and intervention process. Episodes of violence among partners and family members result in intentional injuries, a costly result to the family, to the community, and to the citizens of this country. The cost is physical (increased medical care needs, disability, and potentially death), emotional (psychological health negatively affected), economic (health care costs escalate and incomes are taxed beyond their capabilities), and sociological (safety, trust, and relationships within groups are challenged, if not devastated). The criminal justice and legal systems have embarked on problem solving campaigns, yet violence continues. The public health concern must also be addressed. Intervention must be made in the domestic violence cycle. Victims must be identified, violence must be acknowledged as unacceptable, nonjudgmental support needs must be offered, and referrals for safety, education, and therapy must be instituted.”¹

AVDR - Simplifying a Physician’s Response to Domestic Violence

The AVDR model written by Gerbert, B., Et. al. appears in the Western Journal of Medicine, May of 2000 article, *Simplifying Physicians’ Response to Domestic Violence*. Medical Practitioners are called upon to play a large role in identifying, intervening in, and following up on cases of domestic violence. However, it is often a difficult task since the victims are often reluctant to provide any information to the practitioner for fear of possible legal and personal repercussions. This reluctance can make the medical practitioner’s task difficult to diagnose and treat as well as assist the victim of domestic violence. Medical Practitioners report that they do not regularly inquire about domestic violence during initial patient screening mostly due to time constraints and not being aware of the options available to the patient who discloses.

Taking that into consideration a simplified system of screening can be employed to reduce the amount of time involved and in coordinated use with the other resources included in this guide a medical provider can be of greater assistance to a victim than previously thought.

Utilizing a method known as **AVDR** the medical practitioner’s tasks are refined to the following four areas: **A**sking patients about abuse, **V**alidating the message that battering is wrong and confirming the patients worth, **D**ocumenting signs, symptoms, and disclosures, and **R**eferring victims to domestic violence specialists.

How AVDR works

(A) ASKING:

When medical practitioners routinely ask about domestic violence they are successfully fulfilling an important part of the intervention process by reinforcing the message that domestic violence is wrong and is not only a social issue but a health care one as well. Making such questions a part of their routine screening process helps to reduce the discomfort of both the practitioner and the patient. The question sequence should be confidential and non-judgmental in nature allowing the patient the freedom to speak and the practitioner the opportunity to listen and evaluate.

Domestic Violence Screening Questions

- 1- Do you feel safe with the people in your home?
____ NO, not safe YES, safe ____

- 2- Have you felt controlled or forced to do something you don't want to do by someone important to you?
____ YES NO ____

- 3- Within the past year, have you been hit, slapped, kicked, choked, pushed, or otherwise physically hurt by someone in your home?

If YES, what is that relationship of that person to you? ____ Number of times ____

- 4- Within the last year, has anyone forced you to have unwanted sexual activity?
If YES, what is the relationship of that person to you? _____ Number of times ____

- 5- Are you afraid of your partner or anyone who may be in your home?
____ Yes ____ No

Additional Patient Comments:

(V) VALIDATING:

During the screening process medical practitioners need to remind their patients that domestic violence in all its forms is wrong. While acknowledging this fact it is also important for them to confirm the worth of their patients. Reaffirming the basic value of the patient by reminding them that they do not deserve to be mistreated and by being non judgmental and caring a medical practitioner can aide a patient even if they do not directly address any domestic violence issue.

(D) DOCUMENTING:

Medical Practitioner must document the signs and symptoms of abuse as well as any disclosures about the abuse by the victim. The organization Physicians for a Violence Free Society recommends that the notations in the medical record be specific and detailed including documenting a patient's direct statements about any abuse rather than any medical or legal terminology.

(R) REFERRING:

Once it has been established that a patient is a victim of domestic violence, the patient should be referred to staff social workers and or other trained staff who can assist domestic violence victims and an advocacy agency that will assist them in obtaining comprehensive community based support services. The trained social workers, advocates and counselors can obtain complete case histories, document additional instances of domestic violence, refer them to a myriad of existing programs and make victims aware of safety planning and additional services. If you are aware that there are children in the household, as a mandated reporter, you may be required to contact child protective services.

Referrals for Domestic Violence Victim Support Services

Suffolk County Agencies that provide these services with Hotline contact numbers are: (Hablamos Español):

	Office/Hotline
• L.I. Against Domestic Violence	(631) 666-7181/(631) 666-8833
• Brighter Tomorrows	(631) 395-3116/(631) 395-1800
• Crime Victims Center (Centro De Victimas De Crimen)	(631) 689-2672/(631) 332-9234
• The Retreat	(631) 329-4398/(631) 329-2200
• Sepa Mujer	(631) 650-2307 (Not 24 Hours)
• VIBS Family Violence and Rape Crisis Center	(631) 360-3730/(631) 360-3606
• Suffolk County Police Domestic Violence and Elder Abuse	(631) 854-7520/ 911 after hours
• In Case of Emergency DIAL 911	

If the domestic violence victim is unrepresented:

For legal forms, information, legal research and legal referral resources contact:

- Nassau Suffolk Law Services: (631) 232-2400
- The Law Library Resource Program for the Public (LLRP): (631) 853-6064
- The Crime Victims Center provides free U VISA application assistance for eligible victims of violent crime: (631) 689-2672

If Patient has been Raped or Sexually Assaulted within the past 96 hours:

Sexual Assault Nurse Examiner (SANE) Centers provide the services of registered nurses who have advanced education in the sensitive treatment and clinical preparation during forensic examination of sexual assault victims. Contact VIBS Family Violence and Rape Crisis Center at (631) 360-3606 for further information on SANE Centers and their Emergency Room Companion Program. Also, contact the Crime Victims Center for Emergency Room SAFE Exam Rape Crisis Counselor Accompaniment for Suffolk County inmates (833) CVC-4ALL.

Stony Brook University Medical Center

101 Nicholls Road
Stony Brook, New York 11794

Good Samaritan Hospital Medical Center

1000 Montauk Highway
West Islip NY 11795

Peconic Bay Medical Center

1300 Roanoke Avenue
Riverhead, NY 11901

Employing AVDR During a Routine Screening

Employing the AVDR process during a routine screening can assure that whenever a medical practitioner or medical service provider recognizes the signs or symptoms of domestic violence or when a patient discloses incidents that they can assist the patient in obtaining the assistance needed while reminding that patient that they do not have to submit to any form of abuse as a victim of domestic violence. The medical practitioner or service provider by thoroughly documenting the information that is obtained or disclosed allows the practitioner the needed facts to make referrals to the patient for counseling, basic needs, or legal assistance.

The importance of the medical provider in assisting victims of domestic violence cannot be underestimated. By providing medical providers with a simplified screening overview they can help guide a victim in the proper direction for non medical assistance. Medical providers will also develop a better rapport and understanding by considering assisting agencies and systems as a type of referral instead of an outside source of information which will help them to understand and heal both the short and long term physical and mental effects of domestic violence on the victim.

NOTES:

Short and Long Term Consequences of Domestic Violence

There are a myriad of short and long-term consequences that many female victims must consider when choosing whether to leave a violent relationship. For example, many women remain in abusive relationships to avoid retaliation toward them or their children. According to Payne and Wermeling in, *Domestic violence and the female victim*, studies show that the highest risk for serious injury or death from violence in intimate relationships is the point of separation, or at the time when the decision to separate is made. Payne and Wermeling also report that as many as 50 percent of all female victims of violent crimes report being fearful that male abusers will seek some form of reprisal if victims participate in prosecution. In many abusive situations, female victims attempt to mitigate the situation by talking it out with the male abuser, fighting back, or by trying to solve the problem by meeting their male partner's demands. When the abuse continues, many women become passive, or withdraw emotionally in order to reduce immediate danger. In the end, many choose to live a life filled with abuse, or commit suicide or homicide.

Children Who Witness Domestic or Family Violence

Domestic violence not only affects those who are abused, but also has a substantial effect on family members, friends, co-workers, other witnesses, and the community as a whole. Children, who grow up witnessing domestic violence, are among those seriously affected by this crime. According to Murray in, *Why doesn't she leave?*, frequent exposure to violence in the home not only predisposes children to numerous social and physical problems, but also teaches them that violence is a normal way of life and therefore, increases their risk of becoming society's next generation of victims and abusers.

Domestic violence is traumatic to the children that witness it. Any significant trauma, such as domestic violence in the developmental years (0 – 5) can interfere with the brain and skill development of the child. According to Stover, in *Domestic violence research: what have we learned and where do we go from here?*, self-soothing, problem solving, communication, cognition, and interpersonal skills can all be negatively impacted, while a safe environment supports the learning of skills that helps them cope with the problems they will inevitably face in the world. Additionally, 30% to 60% of perpetrators of intimate partner violence also abuse children in the household.

Depending on the child's age and gender, reactions to their environment can manifest in various ways. According to Grovert, in *Domestic violence against women, a literature review*, children exposed to family violence are more likely to develop social, emotional, psychological and or behavioral problems than those who are not. Recent research indicates that children who witness domestic violence show more anxiety, low self-esteem, depression, anger and temperament problems than children who do not witness violence in the home. The trauma they experience can show up in emotional, behavioral, social and physical disturbances that effect their development and can continue into adulthood.

Boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults. It has also been shown that exposure to parent to-parent violence significantly predicts future intimate partner violence perpetration regardless of gender. This is particularly true of individuals who were diagnosed with conduct disorders as adolescents (Murray, 2008). These results show a model of domestic violence exposure resulting in conduct disorder, which is associated with higher rates of domestic violence perpetration.

Long Term Chronic Illness

The following excerpts are from, *Domestic Violence: A Hidden Cause of Chronic Illness*, by Alexis Jetter (2013). “Domestic violence has an insidiously long half-life. Women who left their abusers five, 10, even 20 years ago and believed they had closed that chapter of their lives now face far higher than normal rates of chronic health problems, including arthritis and hormonal disorders, asthma, diabetes, hypertension, chronic pain, severe headaches and irritable bowel syndrome. As a result, these women spend nearly 20 percent more money on medical care than other women. Annual U.S. medical costs attributable to domestic violence, including years-old assaults that still cause health problems, range from \$25 billion to \$59 billion, according to a 2008 study funded by the U.S. Centers for Disease Control and Prevention.

Some of the damage is from old physical injuries, some from the chronic stress of living in terror for too long. These findings were a surprise even to researchers who are exploring the DV–chronic illness connection. ‘When I started this work more than a decade ago, we knew that women who experienced violence were at higher risk of developing chronic diseases like asthma but our understanding of the biological link was limited,’ says Michele Black, an epidemiologist at the CDC who was the lead author of a landmark 2011 report on DV-related illness. ‘Now we’re beginning to understand why that might be. A woman in a violent relationship is often on high alert: She may be frightened about being killed or worried about her kids; if she tries to get away, she may be stalked. All that stress is really toxic. There’s no organ that’s immune. Your whole body is at risk.’

The damage, which lingers long after the violence is over, can impair a woman’s brain function, endocrine system, immune response—even her DNA. A recent study at the School of Nursing at the University of California at San Francisco found that women who have endured long periods of abuse, particularly if they had young children at the time, tend to have shorter telomeres (strands of DNA that protectively cap the ends of chromosomes) than other women. Telomeres shorten in response to chronic stress, which can lead to premature cell death.

The result: Even women who left their abusers years before often have the physiological profile of women a decade older. “We tend to think that once the violence is done, everyone’s fine and the woman goes off into the sunset,” says Marilyn Ford-Gilboe, a professor at Western University in Ontario who studies women who leave their abusers. ‘But she turns 45 and she’s got all kinds of crazy health problems, and she thinks, Where did this come from? This woman has health problems that are more likely in a woman who is much older.’

Many female DV survivors who show up in emergency rooms have suffered blunt trauma to the head, face and neck, and an estimated 54 to 68 percent have been strangled; one third of the women treated for DV in an emergency room have lost consciousness at least once as a result of abuse. Yet these life-altering injuries often go undiagnosed, because the women aren’t examined thoroughly enough, aren’t asked

what happened to them, don't bring up the injuries with their doctor or do tell medical personnel but aren't believed. Although strangulation can cause long-term memory loss, stroke and respiratory problems, in fully half the cases it leaves no visible bruises on the neck. Other telltale signs of strangulation, such as a hoarse voice, are often dismissed.”

Domestic violence also has a serious long term physical impact on victims. The following excerpts are from, *Domestic Violence: A Hidden Cause of Chronic Illness*, by Alexis Jetter (2013).

THE BIOLOGICAL IMPACT OF CHRONIC STRESS

“No one fully understands why women who have escaped from domestic violence get sick years later. But Bruce McEwen, a neuroscientist at Rockefeller University in New York City who is an expert on the biology of stress, says it makes complete sense that women who suffer domestic violence in their twenties are grappling, decades later, with diseases such as asthma, diabetes, hypertension and arthritis. Each of those conditions can be triggered by stress-related inflammation and a fight-or-flight response that's in overdrive. ‘These women have been in a state of continual alert and vigilance, which is a very appropriate response if they're living in danger,’ McEwen says. ‘But if the woman's situation becomes safer and she is still in a state of hyperarousal, as often happens, then you can have lasting problems. When the system that helps us survive is pushed to the limits and distorted, then it contributes to disease.’ McEwen calls that strain ‘allostatic load,’ a runaway neurochemical and hormonal train that can be stoked for years—long after a woman makes her escape—by traumatic memories embedded in the brain. Such memories, stored in the amygdala, generate cytokines, chemical messengers that elevate inflammation in nearly every system in the body. In response, the body releases cortisol, the stress hormone.

Normally the body's system of checks and balances keeps that response under control. But if traumatic memories in the brain keep sounding the alarm for years afterward and generate too much inflammation for too long, the body can become desensitized to the regulating effects of cortisol, McEwen says. The resulting inflammation can plug coronary arteries, jack up blood pressure, damage the body's metabolic processes, inflame respiratory passageways and induce gastrointestinal distress. Meanwhile, in a one two punch, cortisol floods the body, trying to stop the inflammation but instead disrupting sleep, promoting insulin resistance and accelerating atherosclerosis. Genetic predisposition may then determine why one woman becomes diabetic while another develops asthma or hypertension. ‘These women may have gotten hypertension anyway,’ explains Jacquelyn Campbell of Johns Hopkins. ‘But instead of getting it at 60, they got it at 40, and it's more difficult to control.’ Just to make the situation more complex: ‘Women who are in abusive relationships often have also been the victims of child abuse, rape or dating violence,’ she adds. ‘Many have seen their father hit their mother. They have these early pathways laid down, so when they're beaten, it triggers all of that.’”

A victim of Domestic Violence May Obtain an Order of Protection in Suffolk County from Criminal Court and Family Court:

There are two types of orders of protection, a Family Court Order of Protection and a Criminal Court Order of Protection:

1. Criminal Court order of protection?

- A criminal court order of protection provides protection for alleged victims of crime and/or witnesses to crime where a criminal charge has been filed by police against a defendant.

2. Family Court order of protection

- An alleged victim does not need a police report or a criminal charge to obtain an order of protection in Family Court. This is a civil order that provides protection for the alleged victim from someone who commits a family offense against the alleged victim AND who is someone to whom the alleged victim is/was married, someone to whom the alleged victim is related by blood or marriage, someone with whom the alleged victim has a child in common, or someone with whom the alleged victim has/had an intimate relationship.

An alleged victim of a family offense can go to Family Court in Central Islip or Riverhead to apply for an order of protection. The family offenses are listed on pages 15 and 16. There is no cost to file for an order of protection.

- In Family Court, the person who requests the order of protection is called “the petitioner.” The person against whom the order is requested is called “the respondent.”

What information is needed for Family Court?

- The names, addresses contact information and dates of birth of the parties.
- A description of the facts.
- The approximate dates the acts were committed.

What additional information may be helpful?

- Police reports or domestic violence incident reports and witnesses, if any.
- Does the respondent possess a weapon? If yes, what type?

It would be helpful to know or have the respondent's:

- Photograph
- Full Name and Date of Birth
- Address
- Home Phone Number
- Cell Phone and Work Number
- Vehicle Make, Type, Year, Plate, Color
- Employer Name and Address
- Race, Ethnicity
- Height, Weight, Hair , Eye Color
- Tattoos/Other Distinguishing Features

How long is a permanent order of protection?

- In Family Court, a final order of protection may last one to five years, depending on the facts of your specific case.

What does “refrain from” mean in an order of protection?

- “Refrain from” means that the respondent must not do certain acts or behaviors

What does “stay away” mean in an order of protection?

- A “stay away” condition may direct the respondent to stay away from the petitioner and/or the petitioner’s home, school and/or place of employment. It may order the respondent to stay away from the child/children of one or both parties.

When does the order take effect?

- As soon as the respondent has been served with the order.

When does an order of protection get served on the respondent?

- A deputy from the Sheriff’s office will serve the order as soon as possible, day or night. The deputy will attempt to serve the order at the respondent’s home or place of business, or any valid address provided by the petitioner. The sheriff will continue to make attempts to serve the order of protection, but if the respondent avoids being served the order cannot be enforced.

If the judge issues a “stay away” and the respondent and petitioner live in the same place, how soon must the respondent leave?

- As soon as the respondent has been served with the order. They may be permitted to retrieve personal belongings, with the aid of the Sheriff or Police, and may be escorted from the home.

What if there is no “stay away” provision?

- The respondent may continue to be with the petitioner. If the parties have been living together they may continue to do so.

What if the respondent disobeys the order of protection?

- If the respondent violates the order, the police must be contacted by calling 911. If it is determined by the police that the order was violated there will be an arrest. If there is an arrest for a violation of the Family Court order of protection, the respondent will be charged with Criminal Contempt, a crime. In addition, the victim may be issued an order of protection by the criminal court judge. The District Attorney’s office can provide copies of the criminal court order of protection.
- If the respondent violates a Family Court order of protection, the victim may also file a violation petition in Family Court. The violation petition and a summons must be served upon the respondent, or the court may issue a warrant for the respondent’s arrest. The Family Court will hold a hearing to determine whether the respondent disobeyed the order of protection and to determine what action should be taken against the respondent. The Probation Department may be asked to investigate and make a recommendation to the court. The judge may order a period of incarceration for up to 6 months, or a change in the conditions in the order of protection (such as an extension of the order for longer than the initial time period). The respondent may be ordered to pay the petitioner’s attorney fees for the violation case.

Will an order of protection guarantee a person's safety?

An order of protection **cannot guarantee safety** and it is important that the victim of domestic violence consistently contact police if the order is violated and have a safety plan. If the respondent violates (does not obey) the order, here are some things that can happen to help keep victims safer:

- If there is a determination that the respondent has violated the family court order the respondent can go to jail
- The respondent can be charged with a more serious crime such as criminal contempt, and could be prosecuted by the DA.
- The respondent can have weapons taken away.
- A more restrictive and/or longer lasting order may be issued.

Suffolk County Agencies that provide these services with Hotline contact numbers are:

(Hablamos Español):

- L.I. Against Domestic Violence (631) 666-7181/(631) 666-8833
- Brighter Tomorrows (631) 395-3116/(631) 395-1800
- Crime Victims Center at PFML (Centro De Victimas De Crimen) (631) 689-2672/(631) 332-9234
- The Retreat (631) 329-4398/(631) 329-2200
- Sepa Mujer (631) 650-2307 (Not 24 Hours)
- VIBS Family Violence and Rape Crisis Center (631) 360-3730/(631) 360-3606
- Suffolk County Police Domestic Violence and Elder Abuse (631) 854-7520
- **In Case of Emergency DIAL 911**

If the domestic violence victim is unrepresented:

For legal forms, information, legal research and legal referral resources they should contact:

Nassau Suffolk Law Services: (631) 232-2400
The Law Library Resource Program for the Public (LLRP): (631) 853-6064

The **Crime Victims Center** provides free U VISA application assistance for eligible victims of violent crime: (631) 689-2672

If you are unrepresented:

For legal forms, information, legal research and legal referral resources contact:

Nassau Suffolk Law Services: (631) 232-2400
The Law Library Resource Program for the Public (LLRP): (631) 853-6064

Domestic Violence Victims Need to be Encouraged to Have a Safety Plan in place which would include packing a bag (which can be easily accessed and transported) with the following:

- Essentials for themselves and their children, including clothing and any medications
- Copies of any court orders granting custody, visitation, protection or support
- Birth certificates, school records and immunizations, medical records, address books, social security cards, driver's license, marriage license or divorce papers, insurance information

- Social services and/or Medicaid documentation if applicable
- Passports or green cards
- Important phone numbers to contact in an emergency
- House and car keys, and vehicle registration and insurance
- Money, bankbooks, checkbooks, credit cards, financial records

If any one or a combination of the following family offenses were committed, a victim of domestic violence may be eligible for an order of protection (temporary/permanent). The following summaries of the family offenses will assist you in providing valuable information to a patient that you believe may be a victim of domestic violence.

The FAMILY OFFENSES are:

Disorderly Conduct- intentionally causing public inconvenience, annoyance or alarm.

Aggravated Harassment 2nd Degree - Section 240.30 – 1. With intent to harass another person, the actor either (a) communicates, anonymously or otherwise, by telephone, by computer or any other electronic means, or by mail, or by transmitting or delivering any other form of communication, a threat to cause physical harm to, or unlawful harm to the property of, such person, or a member of such person's same family or household, and the actor knows or reasonably should know that such communication will cause such person to reasonably fear harm to such person's physical safety or property, or to the physical safety or property of a member of such person's same family or household; or (b) causes a communication to be initiated anonymously or otherwise, by telephone, by computer or any other electronic means, or by mail, or by transmitting or delivering any other form of communication, a threat to cause physical harm to, or unlawful harm to the property of, such person, a member of such person's same family or household, and the actor knows or reasonably should know that such communication will cause such person to reasonably fear harm to such person's physical safety or property, or to the physical safety or property of a member of such person's same family or household; or 2. With intent to harass or threaten another person, he or she makes a telephone call, whether or not a conversation ensues, with no purpose of legitimate communication; or 3. With the intent to harass, annoy, threaten or alarm another person, he or she strikes, shoves, kicks, or otherwise subjects another person to physical contact, or attempts or threatens to do the same because of a belief or perception regarding such person's race, color, national origin, ancestry, gender, religion, religious practice, age, disability or sexual orientation, regardless of whether the belief or perception is correct; or 4. With the intent to harass, annoy, threaten or alarm another person, he or she strikes, shoves, kicks or otherwise subjects another person to physical contact thereby causing physical injury to such person or to a family or household member of such person; or 5. He or she commits the crime of harassment in the first degree and has previously been convicted of the crime of harassment in the first degree as defined by section 240.25 of this article within the preceding ten years.

Harassment 1st Degree- intentionally and repeatedly harassing another person by following in or about a public place or by engaging in a course of conduct by repeatedly committing acts that place such person in reasonable fear of physical injury.

Harassment 2nd Degree- intentionally striking, shoving, kicking or subjecting another person to physical contact or threatening to do same or follows someone around in a public place.

Assault 2nd Degree- intentionally causing serious physical injury to another person or a third person or intentionally causing physical injury with a deadly weapon or dangerous instrument.

Assault 3rd Degree- intentionally or recklessly causing physical injury to another person.

Criminal Mischief- recklessly and/or intentionally damaging the property of another exceeding the amount of two hundred and fifty dollars or prevents a person from communicating a request for emergency assistance.

Sexual Abuse 2nd Degree- subjecting another person to sexual contact when such other person is incapable to consent by some factor other than being less than 17 years old.

Sexual Abuse 3rd Degree- subjecting another person to sexual contact when such other person is incapable to consent by reason of being less than 17 years old and such other person is more than 14 years old and the defendant was less than 5 years older than such other person.

Menacing 2nd Degree- intentionally placing or attempting to place another person in reasonable fear of physical injury or death by displaying a deadly weapon or dangerous instrument. Repeatedly following a person or engaging in a course of conduct or repeatedly committing acts over a period of time intentionally placing or attempting to place another person in reasonable fear of physical injury or death.

Menacing 3rd Degree- intentionally placing or attempting to place another person in fear of death, imminent serious physical injury or physical injury.

Reckless Endangerment- Recklessly engaging in conduct which creates a substantial risk of serious physical injury or a grave risk of death to another person.

Stalking- occurs when anyone repeatedly causes you to fear for your safety. It requires a pattern of repeated acts, for no legitimate purpose, and they do not have to be criminal offenses. It is likely to cause such person to reasonably fear that his or her employment, business or career is threatened, where such conduct consists of appearing, telephoning or initiating communication or contact at such person's place of employment or business and the respondent was previously clearly informed to cease that conduct.

Attempted Assault- attempting to cause physical injury to another person.

Sexual Misconduct- engaging in sexual intercourse or oral sexual contact with another person without such person's consent.

Forcible Touching- intentionally and for no legitimate purpose, forcibly touching the sexual or other intimate parts of another person.

Strangulation 1st Degree – when someone commits the crime of criminal obstruction of breathing or blood circulation and causes serious physical injury.

Strangulation 2nd Degree - when someone commits the crime of criminal obstruction of breathing or blood circulation and causes stupor, loss of consciousness for any period of time, or any other physical injury or impairment.

Criminal Obstruction of Breathing or Blood Circulation - when, with intent to impede the normal breathing or circulation of the blood of another person, he or she: applies pressure on the throat or neck of such person; or blocks the nose or mouth of such person.

Identity Theft 1st Degree- when someone uses another person's personal identification information, such as credit card number or social security number, to obtain something of value and that something is worth more than two thousand dollars, or uses another person's personal information to cause financial loss to that person of more than two thousand dollars.

Identity Theft 2nd Degree- when someone uses another person's personal identification information, such as credit card number or social security number, to obtain something of value and that something is worth more than five hundred dollars, or uses another person's personal information to cause financial loss to that person of more than five hundred dollars.

Identity Theft 3rd Degree- when someone uses another person's personal identification information, such as a credit card number or social security number, to obtain something of value.

Grand Larceny 3rd Degree- when a person steals property and when the property exceeds three thousand dollars or is obtained by extortion or instilling fear in the victim.

Grand Larceny 4th Degree- when a person steals property and the property exceeds one thousand dollars or is an official document, secret scientific material, a credit card, a firearm, a vehicle, an item of religious significance, an item obtained through extortion or is any item taken from another person

Coercion 2nd Degree- When someone compels another person to engage in activity that they do not wish to engage in out of fear that the first person will cause physical injury, damage property, or make them commit a criminal act.

¹ Krimm, J., Heinzer, M. Domestic Violence Screening in the Emergency Department of an Urban Hospital. Journal of the National Medical Association. Vol. 94, No. 6, June 2002.