

**Center for the Women of New York**



# Intimate Partner Violence and Stalking Awareness

## Panel Discussion

Moderators:

Victoria Pilotti, CWNYP President

Cecilia Venosta-Wiygul, CWNYP Vice President



# Current Services

Caregivers Phone Support Group

Conversational English as Second Language Class

Legal Support Team

Referral Services

Webinars on Women's Issues

Women in Crisis Individual Counseling

Women in Crisis Support Group

**Center for the Women of New York**



# Upcoming Events

Book Club

Career Workshops

Computer Classes

Green Team

Financial Literacy Series

Women Artist Exhibit

Walking Group



# TOMORROW

Wednesday, January 20 @ 8:00 – 9:00 pm

Tax Trauma Terminated Workshop - good-bye to tax filing blues

FINANCIAL LITERACY SERIES - WORKSHOP 1

Third Wednesday of Each Month in 2021 @8-9PM

**Center for the Women of New York**





# Help CWNY continue to provide educational programs

## Donations

<http://cwny.org/donations/>

or volunteer with us!

## Memberships

<http://cwny.org/membership/>

<http://cwny.org/volunteer/>

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# Intimate Partner Violence and Stalking Awareness Panel Discussion

## Poll Question 1

Are you a service provider?

Yes or No

**Center for the Women of New York**





# Intimate Partner Violence and Stalking Awareness Panel Discussion

## Poll Question 2

Do you know the difference between intimate partner violence (IPV) and domestic violence (DV)?

Yes or No

**Center for the Women of New York**





## Answer:

According to Ron Wallace, Ph.D., Associate Professor of Criminal Justice at American Military University, domestic violence historically meant violence in an opposite-sex (heterosexual) marriage. Typically, the abuser was the husband and the wife was the victim. The concept of intimate partner violence acknowledges that abuse can exist in any type of personal intimate relationship, regardless of sexual orientation, marital status, or gender.

<https://amuedge.com/domestic-violence-and-intimate-partner-violence-whats-the-difference/>

**Center for the Women of New York**





# Intimate Partner Violence and Stalking Awareness Panel Discussion

## Poll Question 3

Can you define stalking?

Yes or No

**Center for the Women of New York**





# Stalking Answer:

Stalking is conservatively defined as a course of conduct directed at a specific person that involves repeated (two or more occasions) visual or physical proximity, nonconsensual communication, or verbal, written, or implied threats, or a combination thereof, that would cause a reasonable person fear.

*Stalking in America*, Patricia Tjaden & Nancy Thoennes, 1998

<https://nij.ojp.gov/topics/articles/overview-stalking>

Stalking behaviors include:

- Knowing the victim's schedule.
- Showing up at places the victim goes.
- Sending mail, e-mail, and pictures.
- Calling or texting repeatedly.
- Contacting the victim or posting about the victim on social networking sites such as Facebook and Twitter.
- Writing letters.
- Damaging the victim's property.
- Creating a Web site about the victim.
- Sending gifts.
- Stealing the victim's belongings.

<https://victimsofcrime.org/bulletins-for-teens-stalking/>



## Stalking Answer continued

According to the National Center for Victims of Crime, stalking is a crime and can be dangerous. The legal definition of stalking and possible punishment for it are different in every state. Contact a victim advocate or your local police to learn about stalking laws and your rights in your state.

<https://victimsofcrime.org/bulletins-for-teens-stalking/>



# Stalking Answer continued

## New York State Penal Law Section 120.45

- Stalker need not intend fear, rather, a reasonable person should expect this behavior to make someone fearful.
- Victim need not actually experience fear, rather, would a reasonable person have been made fearful, based on history and context?
- There are four counts of stalking under NYS Penal Law, of varying degrees of severity depending on the stalker's behavior.

[https://opdv.ny.gov/professionals/criminal\\_justice/stalking/stalking-infoguide.html](https://opdv.ny.gov/professionals/criminal_justice/stalking/stalking-infoguide.html)



## Q & A

Your questions will be addressed after all panelists have presented.

Use the Chat Box at the bottom of your Zoom screen to ask questions.

If you dialed in, email your questions to [events@cwny.org](mailto:events@cwny.org)

**Center for the Women of New York**





## ***PANELISTS***

Alpana Patel, LCSW, MA

Program Coordinator/Clinician at Mount Sinai Sexual Assault and  
Violence Intervention (SAVI) Program

Keith Scott

Director of Education

The Safe Center

Sergeant Joseph Alohan

NYPD

Domestic Violence Unit



## Alpana Patel, LCSW, MA

is Program Coordinator and Clinician for the Mount Sinai Sexual Assault and Violence Intervention (SAVI) Program based at Elmhurst Hospital where she provides services for survivors of sexual assault, child sexual abuse, human trafficking, and intimate partner violence. Alpana has an MSW from Columbia University and an MA in Sustainable International Development from Brandeis University. She has also completed post graduate training in Integrative Trauma Studies at the National Institute of Psychotherapy. She has substantial experience working on issues of gender-based violence in the United States and abroad, has been working in the anti-violence field for more than 15 years, and is fluent in the South Asian languages of Hindi, Urdu, and Gujarati.



# Intimate Partner Violence and Stalking Panel Discussion Center for Women New York

1/19/2021

Mount Sinai SAVI Program

[www.mssm.edu/savi](http://www.mssm.edu/savi)



**Mount  
Sinai**



# The Mount Sinai SAVI Program

## Services

- ❖ Free, trauma-Informed Therapy
- ❖ Emergency Department Advocacy
- ❖ Outreach, Training & Education
- ❖ **Free & Confidential**
  - ❖ Specialized services for marginalized communities
  - ❖ Speak many languages
- ❖ Based in Manhattan & Queens
  - ❖ Resource for **You & Your Community**



**212-423-2140**



What is *intimate partner violence*?

A **pattern of abusive behaviors**  
used to exert **power** and **control**  
over a **current** or **former romantic**  
or **sexual** partner.



# Domestic Violence or Intimate Partner Violence?

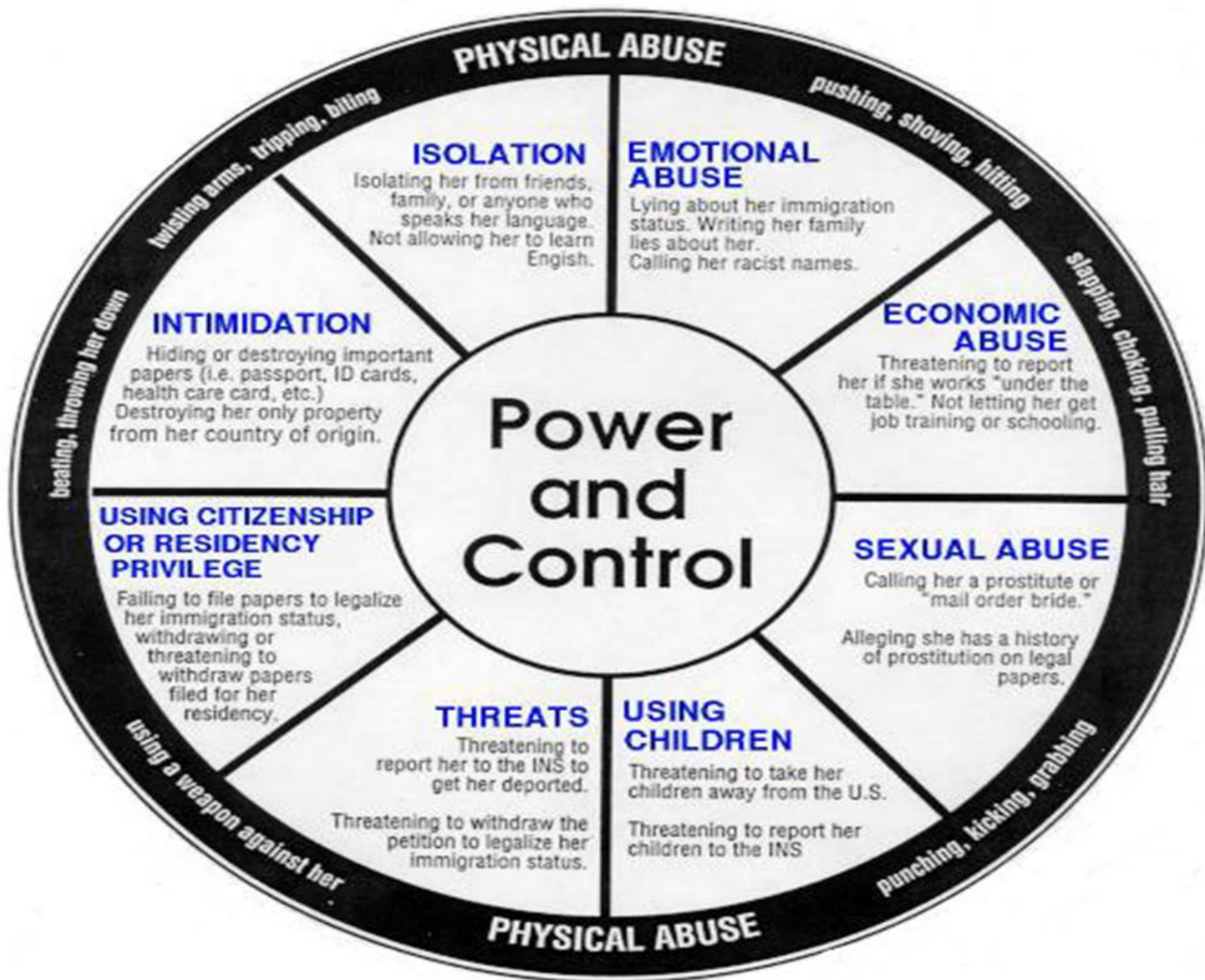
## Domestic Violence

- ❖ Persons related by blood or marriage
- ❖ Persons legally married to one another
- ❖ Persons formerly married to one another
- ❖ Persons who have a child in common
- ❖ Persons living in the same household

## Intimate Partner Violence

- ❖ Parties in current or former “intimate relationship” (not casual social or business relations)







## Physical

- Punching
- Attacking
- Denying food/sleep
- Forcing substances
- Withholding clinical care
- Weaponizing animal

## Sexual

- Objectifying
- Forcing sex
- Manipulating safe sex practices
- Controlling reproductive health

## Non-physical

- Threats to loved ones
- Threats to pets
- Forcing unsafe living conditions
- Dangerous driving

## Financial

- Fostering financial dependency
- Exploitation
- Fraud
- Employment threats

## Psychological

- Intimidation
- Manipulation (gaslighting)
- Isolation
- Exploiting vulnerable points
- Beloved pet
- Online harassment
- Stalking



## IPV STATISTICS

- ❖ In the United States more than 10 million adults experience IPV- that is once every 3 seconds
- ❖ 1 in 4 women and 1 in 10 men report experiencing some form of IPV to the extent that they have interfaced with some form victim services such as medical, legal, mental health, etc.
- ❖ An abuser's access to a firearm increases the risk of intimate partner femicide by 400%.
- ❖ 1 in 2 female murder victims and 1 in 13 male murder victims are killed by intimate partners.
- ❖ From 2016 through 2018 the number of intimate partner violence victimizations in the United States increased 42%

(Source: NCADV)



# STALKING

**Intentional, repeated, obsessive** actions that place the target of these actions in reasonable **fear for their safety** and cause them to suffer **serious emotional distress**.

- ❖ Stalking victimization involves a pattern of harassing or threatening tactics used by a perpetrator that causes the victim to fear for their safety or the safety of others.
- ❖ 19.1 million women and 6.4 million men in the United States have been stalked
- ❖ 66.2% of female stalking victims reported stalking by a current or former intimate partner
- ❖ 1 in 10 women and 1 in 50 men have experienced stalking by an intimate partner during their lifetime

(Source: NCADV)



## RESOURCES

- ❖ SAVI PROGRAM: 212-423-2140
  - ❖ NYC FAMILY JUSTICE CENTERS: call 311 or visit  
<https://www1.nyc.gov/site/ocdv/programs/family-justice-centers.page>
  - ❖ Safe Horizon: <https://www.safehorizon.org/get-help/domestic-violence/>
  - ❖ 24 Hour Hotline: 1-800-621-(HOPE) 4673
- 
- ❖ National Coalition Against Domestic Violence: <https://ncadv.org/>
  - ❖ 24 Hour Hotline: 1-800-799-7233
- 
- ❖ New York State Coalition Against Domestic Violence: <https://www.nyscadv.org/>
  - ❖ 24 Hour Hotline: 1-800-942-6906
- 
- ❖ New York State Office of Victims Services: <https://ovs.ny.gov/>



[www.mssm.edu/savi](http://www.mssm.edu/savi)

212-423-2140

**Alpana Patel**

Clinician / Program Coordinator

[alpana.patel@mssm.edu](mailto:alpana.patel@mssm.edu)



**Mount  
Sinai**

**SAVI**

Sexual Assault and Violence Intervention Program



## KEITH SCOTT

is the Director of Education for The Safe Center LI, a victim services agency dedicated to protecting, assisting, and empowering victims of family violence and sexual assault. Keith's role is to lead the education department in challenging and changing social norms that perpetuate abuse. He has been featured on local and regional media outlets speaking on the topics of domestic violence, trauma, sexual assault, and addiction Keith is also an Adjunct Professor at Hofstra University and holds the title of Master Trainer in the child abuse prevention curriculum, Enough Abuse and is a certified Survivor Advocate for survivors of sexual assault. Keith earned his master's degree in Public Policy from Stony Brook University, a bachelor's in Criminal Justice from Long Island University, and is a recipient of the 2020 Long Island Business News 30 under 30 award.





# SERVICES FOR ADULTS

- Hospital Advocacy
- Legal Services & Court Advocacy
- Elder Abuse Services
- Individual & Group Counseling
- Safe Home & Transitional Housing
- Human Trafficking Court
- Yoga & Massage





# The Safe Center

## Domestic Violence Services

- 24/7 Confidential Hotline: **(516) 542-0404**
- Emergency Room Advocates
- Individual, Group & Family Counseling
- Legal Services & Court Advocacy
- Safe Home

All services are **FREE** and **CONFIDENTIAL**



## SERGEANT JOSEPH N. ALOHAN

Within his 16 years in the New York City Police Department (NYPD), Sergeant Joseph Alohan has an extensive background which includes investigations within the NYC mass transit system (NYPD Transit Police), Organized Crime Control Bureau as a detective investigator dealing with (Narcotics & Vice). Upon his promotion, he became a Sergeant/patrol supervisor within Brooklyn South- 70 precinct and later Staten Island -120 precinct.



## SERGEANT JOSEPH N. ALOHAN

*continued*

Wanting to assist in “a(n) more impactful way” he was reassigned to run the Domestic Violence Unit in Staten Island 120 precinct. He later joined the Domestic Violence Investigations Unit (DVIU); investigating police officers on their response to distressed households, conducted city-wide audits, and trained new domestic violence prevention officers. He uses a trauma-based approach as the liaison for the Child Trauma Response Team (CTRT) and he also embraces the Enhanced Multiple Disciplinary Team (E-MDT) liaison position (Elder Abuse). Currently, Sgt. Alohan runs the NYPD Domestic Violence Training program- bringing awareness to both victims/offenders, enhancing patrol response, and fostering a better understanding of how the NYPD can assist all families.



Office of the Chief of Department  
Domestic Violence Unit  
Commanding Officer  
Inspector Joseph Hoch



646-610-5970



# MISSION STATEMENT

**NYPD**

“To develop, establish, and implement protocols that enhance police response and handling of domestic incidents. Our goal is to reduce the number of domestic violence homicides, domestic violence incidents, and keep families safe.”



# DEFINITION OF FAMILY/HOUSEHOLD IN “DOMESTIC VIOLENCE”

**NYPD**

## **Family Court Act**

- Married
- Formerly married
- Related by marriage
- Related by blood
- Child in common
- Intimate relationship or former intimate relationship (nature of relationship regardless of whether the relationship is sexual in nature, frequency of interaction between the persons, and duration of relationship whether married or not)

## **NYPD expanded definition**

- Living together in a family type relationship (not married)
- Formerly lived together in a family type relationship (not married)
- Same sex couples
- Registered domestic partners



# FAMILY OFFENSES

**NYPD**

- Menacing 2nd and 3rd degree
- Assault 2nd , 3rd degree and attempt
- Grand Larceny 3<sup>rd</sup> or 4<sup>th</sup> degree
- Disorderly Conduct
- Criminal Mischief 1st to 4th degree
- Reckless Endangerment 1st and 2nd degree
- **Aggravated Harassment 1st and 2nd degree**
- **Harassment 1st and 2nd degree**
- **Stalking 1st to 4th degree**





# FAMILY OFFENSES

**NYPD**

- Sexual Misconduct
- Forcible Touching
- Sexual Abuse 2<sup>nd</sup> or 3<sup>rd</sup> degree
- **Criminal obstruction of breathing or blood circulation**
- **Strangulation 1<sup>st</sup> or 2<sup>nd</sup> degree**
- Identity theft 1<sup>st</sup> or 2<sup>nd</sup> degree or 3<sup>rd</sup> degree
- Coercion 2<sup>nd</sup> degree
- Unlawful Dissemination or publication of an Intimate image **PL. 245.15**  
NYC Municipal Code, Charter and Rules, Title 10 Public Safety Chapter 1 public safety
  - Unlawful disclosure of an intimate image **NYC Admin- Code 10-180**







**NYPD**

# Mandatory Arrest Law

**Probable cause to believe** that the following as been committed:

1. Felony- MUST
2. Violation of an Order of Protection – MUST
3. Misdemeanor – **Must Arrest (w/exceptions)**
4. Violation – Must if in your presence



# NYPD RESPONSE TO FAMILY/HOUSEHOLD IN “DOMESTIC VIOLENCE”



## **911 CALL/ TEXT TO 911/ Walk in to Any Precinct**

- Tactically respond (No call if text)
  - May be multiple units based on crisis level
- Try to safely and respectfully control the scene
  - Separate parties if possible
  - Determine if parties are limited English proficient (LEP)- Dept. Cells
- Make note of statements, violence, actions of others, etc.
- Determine primary physical aggressor
- Allow parties to write their story on a report (DIR)
- Collect any evidence (BWC, Photos, Clothes, witnesses etc.)
- Make an arrest

## **NYPD after report**

- Forward to DVU, DA, and or appropriate investigative unit
- DVU follow-up (DV cases requiring)



# D.I.R.

NYPD



|   |                  |  |  |  |
|---|------------------|--|--|--|
| Agency:   | A                | New York State DOMESTIC INCIDENT REPORT  | ORI:   | Incident #   |
| Reported Date (mm/dd/yyyy)  | Time (24 hours)  | Occurred Date (mm/dd/yyyy)   | Time (24 hours)  | <input type="checkbox"/> Officer Initiated <input type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in |
| Address (Street No., Street Name, Bldg. No., Apt. No.)  |                  | City, State, Zip   |  |  |
| Name (Last, First, M.I.) (Include Aliases)  | DOB (mm/dd/yyyy) | Age  | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-identified |  |
| Address (Street No., Street Name, Bldg. No., Apt. No.)  |                  | Victim Phone Number: Language:   |  |  |
| City, State, Zip  |                  | <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Other Identifier:   |  |  |
| How can we safely contact you? (e.g. Home, Phone, Email)  |                  |  |  |  |
| Name (Last, First, M.I.) (Include Aliases)  | DOB (mm/dd/yyyy) | Age  | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-identified |  |
| Address (Street No., Street Name, Bldg. No., Apt. No.)  |                  | Suspect Phone Number: Language:  |  |  |
| City, State, Zip  |                  | <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Other Identifier:   |  |  |
| Do suspect and victim live together? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                  | Suspect/P2 present? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| Was suspect injured? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                  | If yes, describe: Possible drug or alcohol use? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative <input type="checkbox"/> Other:              |                  | Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown   |  |  |
| Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:   |                  | Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?  |                  |  |  |  |
| Did suspect make victim fearful? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:   |                  |  |  |  |
| Weapon Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:  |                  | Suspect Threats? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:  |  |  |
| Access to Guns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:  |                  | Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:  |  |  |
| In Pain? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:   |                  | strangulation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing Visible Marks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: |  |  |
| What did the SUSPECT say (Before and After Arrest):   |                  |  |  |  |
| 710.30 completed? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |  |  |  |
| Child/Witness (1) Name (Last, First, M.I.)  |                  | DOB:   | Child/Witness(1) Address (Street No., Name, Bldg./Apt)   | City, State, Zip Phone:  |
| Child/Witness (2) Name (Last, First, M.I.)  |                  | DOB:   | Child/Witness(2) Address (Street No., Name, Bldg./Apt)   | City, State, Zip Phone:  |
| Briefly describe the circumstances of this incident:  |                  |  |  |  |
| DIR Repository checked? <input type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away |                  |  |  |  |
| Evidence Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:   |                  | Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other: Destruction of Property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:   |  |  |
| Offense Committed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was suspect arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:  |                  | Offense 1  | Law (w.p./p.)  | Offense 2  |
| Offense 1   |                  | Law (w.p./p.)  | Offense 2  | Law (w.p./p.)  |
| POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-8908 3221-03/2016 DCJS Copyright © 2016 by NYS DCJS  |                  |  |  |  |

|   |   |   |            |             |
|---|---|---|------------|-------------|
| Agency:   | B | ORI:  | Incident # | Complaint # |
| Describe Victim's prior domestic incidents with this suspect (Last, First, Middle):   |   |   |            |             |
| If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-8906 or Local Domestic Violence Service Provider: ( ) |   |   |            |             |
| Has Suspect ever:   |   | Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |            |             |
| Threatened to kill you or your children? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |            |             |
| Strangled or "choked" you? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |             |
| Beaten you while you were pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |            |             |
| Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input type="checkbox"/> No          |   |   |            |             |
| If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.   |   |   |            |             |
| Was DIR given to the Victim at the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, Why:  |   | Was Victim Rights Notice given to the Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, Why:                            |            |             |
| Signatures:   |   |   |            |             |
| Reporting Officer (Print and Sign Include Rank and ID#)   |   | Supervisor (Print and Sign Include Rank and ID#)  |            |             |
| STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION  |   |   |            |             |
| * Officers are encouraged to assist the Victim in completing this section of the form.  |   |   |            |             |
| Suspect Name (Last, First, M.I.)  |   |   |            |             |
| I, _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)   |   |   |            |             |
| at _____ (Location of incident) in the County/City/Town/Village   |   |   |            |             |
| of the State of New York, the following did occur: _____  |   |   |            |             |
| (Use additional page as needed)   |   |   |            |             |
| False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.  |   |   |            |             |
| Victim/Deponent Signature   |   | Date  |            |             |
| Witness or Officer Signature  |   | Date  |            |             |
| Interpreter Signature and Interpreter Service Provider Name   |   | Date  |            |             |
| Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No                          |   |   |            |             |
| POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-8908 3221-03/2016 DCJS Copyright © 2016 by NYS DCJS            |   |   |            |             |

Note:  
Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

Page  
\_\_\_\_\_  
or  
\_\_\_\_\_



# DOMESTIC VIOLENCE STATISTICS

**NYPD**

## How many D.V. Jobs do we handle in a year?

- IN 2020, THE NEW YORK POLICE DEPARTMENT HANDLED 267,295 DOMESTIC INCIDENT REPORTS.

- 239,290 Radio Runs

- 28,005 Walk-Ins to Precincts

- 732 REPORTS PER DAY ON AVERAGE.
- 2020 (COVID-19) DV 911 Calls down approx. -4%
- DV Crimes fell -7.6%
- Citywide overall crimes fell -0.7%
  - Murder up 46.7% (468 vs. 319)
  - DV Homicide down -10.9% (57 vs. 64)
    - Female:28 (IPV: 18) vs. Male: 29 (IPV:10) = 57
    - Elderly: 10 (17.5%) vs. Child: 9 (15.8%)

Family Arrest: 39,786

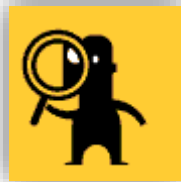


# DOMESTIC VIOLENCE HOMICIDES

**NYPD**

- 2015- 49 DV Homicides
- 2016- 63 DV Homicides
- 2017: 50 DV Homicides
- 2018: 55 DV Homicides
- 2019: 64 DV Homicides
- 2020: **57 DV Homicides**

Of those 69.2% (39) never filed a police report.





# PRECINCT/PSA DOMESTIC VIOLENCE UNIT

**NYPD**

## DOMESTIC VIOLENCE PREVENTION OFFICERS

- PERFORM HOME VISITS
- WORK WITH DETECTIVES ON OPEN CASES
- EVALUATE RISK ASSESSMENT
- WORK OUT SAFETY PLAN WITH VICTIM (Text to 911-NYC)
- MAINTAIN HIGH PROPENSITY LIST
- COLLABORATE WITH SAFE HORIZON, COMMUNITY DV PARTNERS, ACS, DEPT.OF AGING, DISTRICT ATTORNEY'S OFFICES
- EFFECT ARRESTS
- CONDUCT WARRANT CHECKS
- SERVE & ENFORCE ORDERS OF PROTECTION
- Citywide Outreaches





# DOMESTIC VIOLENCE UNIT

**NYPD**

## DOMESTIC VIOLENCE PREVENTION OFFICERS

- Citywide Oversight
- CompStat meetings (Overall Crime / DV)
- DomStat (DV crimes, Patrol response, outreach, Collaborations)
- DVIU (Quality Control Analysis NYPD DVU / U-VISA)
- FJC- DVPOs assigned to work as liaisons (non-uniform)
- Enhanced Multiple Disciplinary Team
  - A collaboration between Weill Cornell, APS, HRA, NYPD, Safe Horizon, CBO and the District Attorney's Elder abuse office.
    - Help line for concerned Persons - **212-746-6905**
    - APS Referral Service **212-630-1853**
- Child Trauma Response Team
  - Reduce the trauma of children and their risk of developing PTSD
  - Precincts: 23, 34, 40, 44, 46, 52, 102, 103, 114, 115, PSA-5





# RESOURCES for PUBLIC

**NYPD**

- POLICE EMERGENCY 911
- PRECINCT CRIME VICTIM ADVOCATE PROGRAM (CVAP)
- NYC INFORMATION/SVC 311
- NYC DV HOTELINE 1-800-621-HOPE
- NYC FAMILY JUSTICE CENTERS (PREVIOUS SLIDE)
- National Teen Dating Abuse 1-866-331-9474
- APS 212-746-6905
- ASPCA 866-816-4804
- ACS 1-800-635-1522 OR 311
- DVIU #212-477-7690 / [WWW.USCIS.GOV](http://WWW.USCIS.GOV) (U-VISA questions)





# RESOURCES for PUBLIC

**NYPD**

- NYPD Domestic Violence Unit and Resources
  - <https://www1.nyc.gov/site/nypd/services/law-enforcement/domestic-violence.page>
- Summary of New York State Domestic Violence and Related Laws by Subject (beginning from 1995)
  - [https://opdv.ny.gov/law/summ\\_subject/index.html](https://opdv.ny.gov/law/summ_subject/index.html)
- EMDT Info and Resources
  - <https://nyceac.org/enhanced-manhattan-multidisciplinary-team-emdt/>
- CTRT info and Resources
  - <https://www.safehorizon.org/our-services/information-and-options/child-trauma-response-team/>





NYPD Chief of Department, Domestic Violence Unit

Contact: 646-610-5970

DVIU #212-477-7690

Follow us on twitter: @NYPDDV



**NYPD**

New York City Police Department





Office of the Chief of Department  
Domestic Violence Unit  
Commanding Officer  
Inspector Joseph Hoch



646-610-5970



# MISSION STATEMENT

**NYPD**

“To develop, establish, and implement protocols that enhance police response and handling of domestic incidents. Our goal is to reduce the number of domestic violence homicides, domestic violence incidents, and keep families safe.”



# DEFINITION OF FAMILY/HOUSEHOLD IN “DOMESTIC VIOLENCE”

**NYPD**

## **Family Court Act**

- Married
- Formerly married
- Related by marriage
- Related by blood
- Child in common
- Intimate relationship or former intimate relationship (nature of relationship regardless of whether the relationship is sexual in nature, frequency of interaction between the persons, and duration of relationship whether married or not)

## **NYPD expanded definition**

- Living together in a family type relationship (not married)
- Formerly lived together in a family type relationship (not married)
- Same sex couples
- Registered domestic partners



# FAMILY OFFENSES

**NYPD**

- Menacing 2nd and 3rd degree
- Assault 2nd , 3rd degree and attempt
- Grand Larceny 3<sup>rd</sup> or 4<sup>th</sup> degree
- Disorderly Conduct
- Criminal Mischief 1st to 4th degree
- Reckless Endangerment 1st and 2nd degree
- **Aggravated Harassment 1st and 2nd degree**
- **Harassment 1st and 2nd degree**
- **Stalking 1st to 4th degree**





# FAMILY OFFENSES

**NYPD**

- Sexual Misconduct
- Forcible Touching
- Sexual Abuse 2<sup>nd</sup> or 3<sup>rd</sup> degree
- **Criminal obstruction of breathing or blood circulation**
- **Strangulation 1<sup>st</sup> or 2<sup>nd</sup> degree**
- Identity theft 1<sup>st</sup> or 2<sup>nd</sup> degree or 3<sup>rd</sup> degree
- Coercion 2<sup>nd</sup> degree
- Unlawful Dissemination or publication of an Intimate image **PL. 245.15**  
NYC Municipal Code, Charter and Rules, Title 10 Public Safety Chapter 1 public safety
  - Unlawful disclosure of an intimate image **NYC Admin- Code 10-180**







**NYPD**

# Mandatory Arrest Law

**Probable cause to believe** that the following as been committed:

1. Felony- MUST
2. Violation of an Order of Protection – MUST
3. Misdemeanor – **Must Arrest (w/exceptions)**
4. Violation – Must if in your presence



# NYPD RESPONSE TO FAMILY/HOUSEHOLD IN “DOMESTIC VIOLENCE”



## **911 CALL/ TEXT TO 911/ Walk in to Any Precinct**

- Tactically respond (No call if text)
  - May be multiple units based on crisis level
- Try to safely and respectfully control the scene
  - Separate parties if possible
  - Determine if parties are limited English proficient (LEP)- Dept. Cells
- Make note of statements, violence, actions of others, etc.
- Determine primary physical aggressor
- Allow parties to write their story on a report (DIR)
- Collect any evidence (BWC, Photos, Clothes, witnesses etc.)
- Make an arrest

## **NYPD after report**

- Forward to DVU, DA, and or appropriate investigative unit
- DVU follow-up (DV cases requiring)



# D.I.R.

NYPD



| Agency: <b>A</b>  |                 | New York State DOMESTIC INCIDENT REPORT  |   | ORI:  |   | Incident #  |             |
|---|-----------------|--|---|---|---|---|-------------|
| Reported Date (mm/dd/yyyy)  | Time (24 hours) | Occurred Date (mm/dd/yyyy)   | Time (24 hours)   | <input type="checkbox"/> Officer Initiated  | <input type="checkbox"/> Radio Run  | <input type="checkbox"/> Walk-in                              | Complaint # |
| Address (Street No., Street Name, Bldg. No., Apt. No.)  |                 |  |   | City, State, Zip  |   |   |             |
| Name (Last, First, M.I.) (Include Aliases)  |                 |  |   | DOB (mm/dd/yyyy)  | Age   | <input type="checkbox"/> Female <input type="checkbox"/> Male |             |
| Address (Street No., Street Name, Bldg. No., Apt. No.)  |                 |  |   | Victim Phone Number:  |   | Language:   |             |
| City, State, Zip  |                 |  |   | <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown |   |   |             |
| How can we safely contact you?<br>(e.g. Name, Phone, Email)   |                 |  |   | <input type="checkbox"/> American Indian <input type="checkbox"/> Other   |   |   |             |
| Name (Last, First, M.I.) (Include Aliases)  |                 |  |   | DOB (mm/dd/yyyy)  | Age   | <input type="checkbox"/> Female <input type="checkbox"/> Male |             |
| Address (Street No., Street Name, Bldg. No., Apt. No.)  |                 |  |   | Suspect Phone Number:   |   | Language:   |             |
| City, State, Zip  |                 |  |   | <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown |   |   |             |
| Do suspect and victim live together? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                 |  |   | <input type="checkbox"/> American Indian <input type="checkbox"/> Other   |   |   |             |
| Suspect/P2 present? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                 |  |   | <input type="checkbox"/> Other Identifier:  |   |   |             |
| Was suspect injured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:   |                 |  |   | Possible drug or alcohol use? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |             |
| Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner   |                 |  |   | Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole  |   |   |             |
| <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:  |                 |  |   | <input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown   |   |   |             |
| Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:   |                 |  |   | Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |             |
| What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?  |                 |  |   |   |   |   |             |
| Did suspect make victim fearful? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:   |                 |  |   |   |   |   |             |
| Weapon Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:  |                 |  |   | Suspect Threats? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Threats to:   |   |   |             |
| Access to Guns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:  |                 |  |   | <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide  |   |   |             |
| Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:   |                 |  |   | <input type="checkbox"/> Other Describe:  |   |   |             |
| In Pain? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:   |                 |  |   | strangulation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation                                  |   |   |             |
| What did the SUSPECT say (Before and After Arrest):   |                 |  |   | <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing                             |   |   |             |
| Visible Marks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:   |                 |  |   |   |   |   |             |
| 710.30 completed? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                 |  |   |   |   |   |             |
| Child/Witness (1) Name (Last, First, M.I.)  |                 | DOB:   | Child/Witness(1) Address (Street No., Name, Bldg./Apt)                                    | City, State, Zip  | Phone:  |   |             |
| Child/Witness (2) Name (Last, First, M.I.)  |                 | DOB:   | Child/Witness(2) Address (Street No., Name, Bldg./Apt)                                    | City, State, Zip  | Phone:  |   |             |
| Briefly describe the circumstances of this incident:  |                 |  |   |   |   |   |             |
| DIR Repository checked? <input type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away |                 |  |   |   |   |   |             |
| Evidence Present? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                 | Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury   | Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos |   | Destruction of Property? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |                 | <input type="checkbox"/> Other:  | <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:              |   | If yes, Describe:   |   |             |
| Offense Committed? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                 | Was suspect arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: | Offense 1   | Law (w.p./p.)   | Offense 2   | Law (w.p./p.)   |             |
| POLICE COPY (Please make a copy for DA's office if appropriate)   |                 |  |   |   |   |   |             |

| Agency: <b>B</b>  |  | ORI: |  | Incident #  |  | Complaint # |  |
|---|--|------|--|---|--|-------------|--|
| Describe Victim's prior domestic incidents with this suspect (Last, First, Middle):   |  |      |  |   |  |             |  |
| If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6306 or Local Domestic Violence Service Provider: ( ) |  |      |  |   |  |             |  |
| Has Suspect ever:   |  |      |  | Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |  |             |  |
| Threatened to kill you or your children? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |      |  | Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |  |             |  |
| Strangled or "choked" you? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |      |  | Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |             |  |
| Beaten you while you were pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |      |  |   |  |             |  |
| Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input type="checkbox"/> No          |  |      |  |   |  |             |  |
| If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.   |  |      |  |   |  |             |  |
| Was DIR given to the Victim at the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, Why:  |  |      |  | Was Victim Rights Notice given to the Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, Why:                            |  |             |  |
| Signatures:   |  |      |  |   |  |             |  |
| Reporting Officer (Print and Sign Include Rank and ID#)   |  |      |  | Supervisor (Print and Sign Include Rank and ID#)  |  |             |  |
| STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION  |  |      |  |   |  |             |  |
| * Officers are encouraged to assist the Victim in completing this section of the form.  |  |      |  |   |  |             |  |
| Suspect Name (Last, First, M.I.)  |  |      |  |   |  |             |  |
| I, _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)   |  |      |  |   |  |             |  |
| at _____ (Location of incident) in the County/City/Town/Village   |  |      |  |   |  |             |  |
| of the State of New York, the following did occur: _____  |  |      |  |   |  |             |  |
| (Use additional page as needed)   |  |      |  |   |  |             |  |
| False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.  |  |      |  |   |  |             |  |
| Victim/Deponent Signature   |  |      |  | Date  |  |             |  |
| Witness or Officer Signature  |  |      |  | Date  |  |             |  |
| Interpreter Signature and Interpreter Service Provider Name   |  |      |  | Date  |  |             |  |
| Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No                          |  |      |  |   |  |             |  |
| POLICE COPY (Please make a copy for DA's office if appropriate)   |  |      |  |   |  |             |  |

**Note:**  
Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

Page  
\_\_\_\_\_  
or  
\_\_\_\_\_



# DOMESTIC VIOLENCE STATISTICS

**NYPD**

## How many D.V. Jobs do we handle in a year?

- IN 2020, THE NEW YORK POLICE DEPARTMENT HANDLED 267,295 DOMESTIC INCIDENT REPORTS.

- 239,290 Radio Runs

- 28,005 Walk-Ins to Precincts

- 732 REPORTS PER DAY ON AVERAGE.
- 2020 (COVID-19) DV 911 Calls down approx. -4%
- DV Crimes fell -7.6%
- Citywide overall crimes fell -0.7%
  - Murder up 46.7% (468 vs. 319)
  - DV Homicide down -10.9% (57 vs. 64)
    - Female: 28 (IPV: 18) vs. Male: 29 (IPV: 10) = 57
    - Elderly: 10 (17.5%) vs. Child: 9 (15.8%)

Family Arrest: 39,786

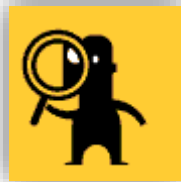


# DOMESTIC VIOLENCE HOMICIDES

**NYPD**

- 2015- 49 DV Homicides
- 2016- 63 DV Homicides
- 2017: 50 DV Homicides
- 2018: 55 DV Homicides
- 2019: 64 DV Homicides
- 2020: **57 DV Homicides**

Of those 69.2% (39) never filed a police report.





# PRECINCT/PSA DOMESTIC VIOLENCE UNIT

**NYPD**

## DOMESTIC VIOLENCE PREVENTION OFFICERS

- PERFORM HOME VISITS
- WORK WITH DETECTIVES ON OPEN CASES
- EVALUATE RISK ASSESSMENT
- WORK OUT SAFETY PLAN WITH VICTIM (Text to 911-NYC)
- MAINTAIN HIGH PROPENSITY LIST
- COLLABORATE WITH SAFE HORIZON, COMMUNITY DV PARTNERS, ACS, DEPT.OF AGING, DISTRICT ATTORNEY'S OFFICES
- EFFECT ARRESTS
- CONDUCT WARRANT CHECKS
- SERVE & ENFORCE ORDERS OF PROTECTION
- Citywide Outreaches





# DOMESTIC VIOLENCE UNIT

**NYPD**

## DOMESTIC VIOLENCE PREVENTION OFFICERS

- Citywide Oversight
- CompStat meetings (Overall Crime / DV)
- DomStat (DV crimes, Patrol response, outreach, Collaborations)
- DVIU (Quality Control Analysis NYPD DVU / U-VISA)
- FJC- DVPOs assigned to work as liaisons (non-uniform)
- Enhanced Multiple Disciplinary Team
  - A collaboration between Weill Cornell, APS, HRA, NYPD, Safe Horizon, CBO and the District Attorney's Elder abuse office.
    - Help line for concerned Persons - **212-746-6905**
    - APS Referral Service **212-630-1853**
- Child Trauma Response Team
  - Reduce the trauma of children and their risk of developing PTSD
  - Precincts: 23, 34, 40, 44, 46, 52, 102, 103, 114, 115, PSA-5





# RESOURCES for PUBLIC

**NYPD**

- POLICE EMERGENCY 911
- PRECINCT CRIME VICTIM ADVOCATE PROGRAM (CVAP)
- NYC INFORMATION/SVC 311
- NYC DV HOTELINE 1-800-621-HOPE
- NYC FAMILY JUSTICE CENTERS (PREVIOUS SLIDE)
- National Teen Dating Abuse 1-866-331-9474
- APS 212-746-6905
- ASPCA 866-816-4804
- ACS 1-800-635-1522 OR 311
- DVIU #212-477-7690 / [WWW.USCIS.GOV](http://WWW.USCIS.GOV) (U-VISA questions)





# RESOURCES for PUBLIC

**NYPD**

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- EMDT Info and Resources
  - <https://nyceac.org/enhanced-manhattan-multidisciplinary-team-emdt/>
- CTRT info and Resources
  - <https://www.safehorizon.org/our-services/information-and-options/child-trauma-response-team/>





NYPD Chief of Department, Domestic Violence Unit

Contact: 646-610-5970

DVIU #212-477-7690

Follow us on twitter: @NYPDDV



**NYPD**

New York City Police Department





# Resources Provided by NYPD

NYPD Domestic Violence Unit

<https://www1.nyc.gov/site/nypd/services/law-enforcement/domestic-violence.page>

(View informative video from NYPD)

Summary of New York State Domestic Violence and Related Laws by Subject (beginning from 1995)

[https://opdv.ny.gov/law/summ\\_subject/index.html](https://opdv.ny.gov/law/summ_subject/index.html)

Enhanced Multidisciplinary Team (EMDT) – Elder Abuse

<https://nyceac.org/enhanced-manhattan-multidisciplinary-team-emdt/>

Child Trauma Response Team (CTRT)

<https://www.safehorizon.org/our-services/information-and-options/child-trauma-response-team/>

## Center for the Women of New York





# Q & A

Your questions are valued.

Use the Chat Box at the bottom of your Zoom screen to ask questions.

If you dialed in, email your questions to [events@cwny.org](mailto:events@cwny.org)

**Center for the Women of New York**





# Intimate Partner Violence and Stalking Awareness Panel Discussion

Quiz:

What are the types of intimate partner violence behaviors?

**Center for the Women of New York**





# Intimate Partner Violence and Stalking Awareness Panel Discussion

Answer:

Among the types of intimate partner violence behaviors are:

- Physical Abuse
- Sexual Abuse (includes controlling reproductive health)
- Financial Abuse
- Emotional/Psychological Abuse (includes Verbal Abuse and Stalking)
- Digital Abuse (includes the use of technology and the Internet)

**Center for the Women of New York**





# Intimate Partner Violence and Stalking Awareness Panel Discussion

## Poll Question 4

Did you learn key information about Intimate Partner Violence and Stalking from today's panel discussion?

Yes or No

**Center for the Women of New York**





# INTIMATE PARTNER VIOLENCE (DOMESTIC VIOLENCE) HOTLINES

## **National Domestic Violence Hotline**

1-800-799-SAFE (7233)

[www.thehotline.org/help/](http://www.thehotline.org/help/)

## **NYS Domestic Violence Hotline**

1-800-942-6906

[opdv.ny.gov/help/dvhotlines.html](http://opdv.ny.gov/help/dvhotlines.html)

## **NYC Mayor's Office to End Domestic and Gender-Based Violence Hotline**

1-800-621-HOPE (4673) (Safe Horizon)

[www1.nyc.gov/site/ocdv/index.page](http://www1.nyc.gov/site/ocdv/index.page)





# Intimate Partner Violence and Stalking Awareness Panel Discussion

Answer:

According to CDC, the four types of intimate partner violence behaviors are:

- Physical violence
- Sexual violence
- Stalking
- Psychological aggression

**Center for the Women of New York**





# INTIMATE PARTNER VIOLENCE PREVENTION RESOURCES

[Intimate Partner Violence - Who is an intimate partner?](#)

[Intimate Partner Violence Fact Sheet](#) Office of Women's Health – US Department of Health & Human Services

[Intimate Partner Violence: Patterns, Consequences, & Special Populations](#)

American College of Obstetricians and Gynecologists – Committee on Health Care for Underserved Women

[Intimate Partner Violence Facts & Resources](#) American Psychological Association

[Intimate Partner Violence: What is It and What Does It Look Like?](#) Anxiety and Depression Association of America

[Intimate Partner Violence: Causes & Risk Factors](#)

World Health Organization & Pan American Health Organization Regional Office

[Intimate Partner Violence: 4 Types of Behavior](#) Centers of Disease Control & Prevention

[Intimate Partner Violence Prevention Video](#) (CDC)

[Intimate Partner Violence: Services for Victims](#) NYC Health & Hospitals





# STALKING PREVENTION RESOURCES

[Stalking & Intimate Partner Fact Sheet](#)

[What to Do If You Are Being Stalked](#)

[Stalking Resource Center](#)

[Overview of Stalking](#)

[Use of Technology to Stalk](#)

[Stalking](#)

[Stalking: What Can I Do?](#)

[Stalking Laws](#)

[NY State Stalking Law](#)

[CyberStalking](#)

[Signs of Stalking](#)

[Stalking Safety Planning](#)

[Stalking Fast Facts](#)

[Stalking: The Minimized Crime That Can Prove Deadly](#)

[Am I Being Stalked?](#)

Stalking Prevention, Awareness and Resource Center  
(SPARC)

National Center for Victims of Crime

National Institute of Justice

Rape, Abuse & Incent National Network (RAINN)

US Department of Justice

Victim Connect Resource Center

Bureau of Justice Statistics

NYS Office for the Prevention of Domestic Violence

Office of Women's Health –

US Department of Health & Human Services

Safe Horizon – NYC's Crime Victim's Hotline

National Domestic Violence Hotline

Centers for Disease Control & Prevention (CDC)

Catholic Charities Diocese of Trenton

King County Stalking Protection Order





# STALKING HOTLINES

## **Rape, Abuse, and Incest National Network (RAINN) Hotline**

1-800-656-HOPE (4673)

<https://www.rainn.org/articles/stalking>

## **Victim Connect Hotline**

1-855-4-VICTIM (1-855-484-2846)

<https://victimconnect.org/learn/types-of-crime/stalking/>

## **National Domestic Violence Hotline**

1-800-799-SAFE (7233)

<https://www.thehotline.org/resources/stalking-safety-planning/>





# Intimate Partner Violence and Stalking Awareness Panel Discussion

## Poll Question 5

April is Sexual Assault Awareness Month.  
Would you be interested in attending a panel discussion on  
sexual assault awareness and prevention?

Yes or No

**Center for the Women of New York**





# Intimate Partner Violence and Stalking Awareness Panel Discussion

In the chat box, please type other topics of interest to you.

**Center for the Women of New York**





# Thank you to our esteemed panelists!

**Alpana Patel, LCSW, MA**

Program Coordinator/Clinician

Mount Sinai Sexual Assault and Violence Intervention (SAVI) Program

**Keith Scott**

Director of Education

The Safe Center

**Sergeant Joseph Alohan**

NYPD

Domestic Violence Unit

**Center for the Women of New York**

