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July 27, 2016

RECEIVED
AUG 2 2016
GLENN A. GRANT, J.A.D.
ACTING ADMINISTRATIVE DIRECTOR

Honorable Glenn A. Grant, J.A.D.
Acting Administrative Director of the Courts
New Jersey Courts
Richard J. Hughes Justice Complex
P.O. Box 037
Trenton, New Jersey 08625-0037

Dear Judge Grant and members of the Ad Hoc Committee on Domestic Violence:

In response to the request for comments on the June 2016 Report of the Supreme Court Ad Hoc Committee on Domestic Violence, please accept this submission from the Burlington County Prosecutor's Office regarding Recommendation 9.

Recommendation 9 calls for the review of Domestic Violence Response Team (DVRT) policies pursuant to N.J.S.A. 2C:25-20(b)(3)(1) and the consideration of a statewide mandated call-out policy for DVRT advocates as well as more oversight to police departments with respect to DVRT utilization. Burlington County created and issued a directive establishing such a policy in 2008. This directive, still in place today, established procedures for the creation of a DVRT and provides guidelines for the utilization and call-out of those Team advocates. A copy of the directive is attached hereto.

The mission of the Burlington County Prosecutor's Office, to enforce laws fairly, impartially, and justly while treating all victims of with compassion and dignity, drives our approach to supporting and creating programs like the DVRT that will benefit crime victims, their families, law enforcement, the Prosecutor's Office, and the community as a whole. In our experience, our established, mandated DVRT call-out program benefits domestic violence victims at a time during which they are most vulnerable. We have learned, through victims who consistently communicate that the sense of knowing they are not alone is extremely empowering, that the sooner a rapport and connection between a DVRT advocate and a victim can be built the more useful it will be.

To accomplish this, the Burlington County DVRT protocols mandate that if a report of a domestic violence incident qualifies, a DVRT advocate **must** be called to respond. This protocol gives victims an opportunity to speak to a DVRT advocate without delay and prevents the victim from feeling that they are imposing on someone's time. This is an important protocol since we know from victim input, prior to the implementation of this mandate, that when asked if they would like to speak with a DVRT advocate, by a law enforcement officer, they often felt as though they were creating a burden and would subsequently turn down this service.

Importantly, when a DVRT advocate responds, a victim has the right to refuse to speak to the DVRT advocate - it is always their choice. In our view, there is no downside to calling out an advocate since it is the victim that ultimately makes the decision whether or not to speak to them. It is clearly communicated that the decision is solely the victim's and that their decision will be respected. We recognize the need to empower victims with the ability to make decisions that will be respected at a time when many domestic violence victims' control and respect have been taken from them by their abusers.

Additionally, this call-out policy provides for uniformity of services to all domestic violence victims throughout Burlington County. Regardless of their socioeconomic status, race, gender, sexual or gender orientation, or township of residence, they will receive equal opportunity for assistance from a DVRT advocate.

A mandated call-out policy benefits law enforcement as well. This policy provides clear direction to a responding officer– it takes the assessment out of their hands and allows them to focus on the tasks required of them to do their job. Reports of domestic violence incidents can be intense, complicated, and emotional. Police officers are tasked, at a minimum, with the gathering of facts, establishing probable cause, making an arrest, filing a criminal complaint, interviewing parties and witnesses, etc. Often times, a victim has many questions and concerns that can easily sway from the current incident to other unrelated topics. This type of interaction can become time consuming and while an officer may not want to appear disinterested or unhelpful, they may not have the ability to give this time and attention to a victim while performing their required tasks. The call-out of a DVRT advocate allows an officer to carry on with his or her job while the advocate focuses on the victim's needs and provides the necessary emotional support.

The Prosecutor's Office also benefits from the DVRT call-out program. With this program, citizens of this county are served with compassion, dignity and respect and domestic violence victims are not alone when trying to navigate what lies ahead. This support of victims, by trained advocates in the system at every level, also leads to more successful prosecutions of offenders. Victims build strength and confidence over time and when asked to come forward in court are more likely to do so knowing there is support behind them. The DVRT advocate serves as that first line of support.

Given the success of Burlington County's mandated DVRT call-out program, a statewide, mandated automatic call-out policy for DVRT advocates is beneficial to victims, law enforcement and prosecutor's offices in the furtherance of the Prevention of Domestic Violence Act of New Jersey.

Respectfully,

Robert D. Bernardi
Burlington County Prosecutor

RDB:vdh

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BURLINGTON COUNTY PROSECUTOR

DIRECTIVE 2008-2

TO ALL BURLINGTON COUNTY CHIEF LAW ENFORCEMENT OFFICIALS

FROM: ROBERT D. BERNARDI, COUNTY PROSECUTOR RDB

DATE: APRIL 1, 2008

SUBJECT DOMESTIC VIOLENCE RESPONSE TEAM PROTOCOLS

I. Purpose

The purpose of this Directive is to establish uniform procedures for the creation of a Domestic Violence Response Team (DVRT) and provide guidelines for the utilization of Team members through the cooperative efforts of all law enforcement agencies the municipal departments, Providence House Domestic Violence Services of Catholic Charities (PHDVS) or the designated county domestic violence agency of record, and community volunteers The Domestic Violence Response Team shall serve as a resource to provide victims of domestic violence with information and services that exist to help them make informed choices. The procedures described herein are in compliance with the provisions of N.J.S.A. 2C:25-17, the Prevention of Domestic Violence Act.

II. Policy

It shall be the policy of all law enforcement agencies to acknowledge the significant impact that incidents of domestic violence have on their victims and to recognize that these victims have special needs and issues that cannot be addressed simply through the enforcement of criminal statutes and the issuance of court imposed restraining orders. Through the proper utilization of the Domestic Violence Response Team, the agencies shall attempt to meet those special needs and address those issues while providing a safe haven where the victim can be protected from further abuse. Strict adherence to this policy shall insure proper utilization of the Domestic Violence Response Team and the ultimate goal of providing quality services to victims of domestic violence.

III. Procedure

A. Administration

1. A sworn member of the department assigned by the municipal chief/public safety director shall serve as the **Domestic Violence Liaison Officer (DVLO)**. As liaison, responsibilities shall include, but may not be limited to the following:

a. Serve as liaison between the department and PHDVS or the designated county domestic violence agency of record.
b. Actively recruit community members to serve on the Domestic Violence Response Team.
c. Recommend team leaders to the municipal chief/public safety director.
d. Ensure that the volunteer designated as the team leader schedules and distributes the on-call list of Team members to provide for 24-hour / 7-day availability.
e. Ensure the proper utilization of the team by records review, officer training, or other means as designated by proper authority.
f. Attend team meetings and / or be available to the team members for direction and guidance.
g. Continuously evaluate program to identify areas that need improvement and areas that have proven to be beneficial.
h. Carry out other related duties and responsibilities as directed by proper authority.

2. The **Domestic Violence Response Team Coordinator** shall be a staff member of Providence House Domestic Violence Services of Catholic Charities (or the designated county domestic violence agency of record). The DVRT Coordinator shall coordinate the team training and procedures. The Coordinator shall act as liaison for Providence House Domestic Violence Services of Catholic Charities and the team. Responsibilities are outlined in the department / Providence House Domestic Violence Services of Catholic Charities Affiliation Agreement.

3. The participating departments shall appoint a **Domestic Violence Response Team Leader(s).** The team leader(s) shall serve a minimum of 12 months and may serve consecutive terms. The team leader shall be responsible for management of meetings and scheduling. Further responsibilities are set forth in the department / PHDVS Affiliation Agreement.

4. The **Domestic Violence Response Team** is composed of citizens who have volunteered and been approved by the municipal chief/public safety director to participate in the program. Team members shall be responsible for responding when called upon in a timely manner for the purpose of providing immediate assistance to victims of domestic violence. Responsibilities are set forth in the department / PHDVS Affiliation Agreement.

B. Application processing

1. All applicants shall complete a DVRT application *(Appendix I)*. All applicants shall be subject to a background investigation that must include the following:

a. Verification of residency
b. NCIC check to include fingerprinting
c. Computerized criminal history check
d. Local police and municipal records check
e. NJMVC check
f. DV Registry check
g. Signed Release/Authorization

2. The DVLO and / or the DVRT Coordinator shall interview all applicants *(Appendix II)*.

3. The DVLO shall accomplish all background reference checks prior to acceptance for the purpose of working within the secured area of the police department *(Appendix III)*.

4. The DVLO shall provide the names of applicants recommended for acceptance to the Chief Law Enforcement Officer for final approval. Where regionalized DVRT's exist, all Chiefs/Public Safety Directors and/or NJSP Station Commanders must accept the applicant.

5. The applicant checklist *(Appendix IV)* shall be completed and provided to the DVRT Coordinator prior to acceptance into training.

6. All departments shall conduct an updated Computerized Criminal History (CCH) and DV Registry search on all active members on an annual basis.

C. Training

1. In accordance with N.J.S.A. 2A:84A.22.14, all applicants selected as members of the Domestic Violence Response Team shall be required to successfully complete Domestic Violence Crisis Intervention Training before being certified as Volunteer Victim Responders and before being permitted to respond to any Team activations.

2. The DVRT Coordinator shall supervise the 40-hour training program. The Coordinator shall follow the standard outline approved by the NJ Association of Domestic Violence Professionals. The Coordinator shall provide the training dates in a timely manner to accommodate recruitment and applicant processing.

3. The DVRT Coordinator shall be responsible for ensuring that all volunteers meet attendance requirements and that absenteeism and video make-ups do not exceed 10% of the overall training time. The DVRT Coordinator shall also schedule and oversee additional specialized and on hands training.

D. Activation of the Domestic Violence Response Team *(Appendix V)*

1. All incidents related to domestic violence as defined in N.J.S.A. 2C:25-19 shall initiate the activation of the Domestic Violence Response Team Activation of a DVRT Responder is MANDATORY, UNLESS any one or more of following disqualifiers apply:

    a. Minor verbal disputes between parties where there is no history or prior responses for domestic violence calls, and no criminal complaints are issued.
    b. Child custody or visitation disputes that do not result in an act of domestic violence.
    c. When the victim is intoxicated or under the influence of drugs.
    d. When both parties are under arrest for an offense of domestic violence as defined in N.J.S.A. 2C:25-19.

e. When the victim exhibits violent, combative, or abusive behavior that may put the responder at risk.

2. If the alleged offender is a police officer and the offense occurs in the jurisdiction where the officer is employed the shift supervisor shall notify PHDVS Hotline at 1-877-871-7551. The hotline staff shall dispatch a responder or staff member appropriate to the situation.

E. Notification of the On-Call Domestic Violence Response Team Member

1. Once a determination has been made to activate the Domestic Violence Response Team, Central Communications or local dispatch shall be directed to contact the on-call Team members. The Team members shall then contact Central Communications or local dispatch for further information and instructions.

    a. Central Communications or local dispatch shall provide the Team members with the name of the department to which they should respond.

2. A team member shall be designated as the primary responder and one Team member shall be designated as the back-up. In the event the primary on-call Team member does not respond to the page within ten (10) minutes, Central Communications or local dispatch shall contact the back-up on-call Team member.

3. In the event neither primary nor backup Team member responds to Central Communications, the dispatcher shall then contact the designated Team leader for assistance. In the event the Team leader does not respond, Central Communications shall contact the DVRT Coordinator for assistance.

F. Response of Domestic Violence Response Team

1. When activated, Domestic Violence Response Team members shall respond to the municipal department. Upon arrival they shall meet with the duty supervisor or the investigating officer who shall confirm their department issued ID card to verify their status as a Team member. The assigned Team members shall enter the necessary information in the logbook and prepare to meet with the victim.

    a. The duty supervisor is also to ensure that Team members have a private and secure area in which to meet with the victim.

2. While awaiting the arrival of the Team members, the victim is to be provided with a safe and secure location. This must be an area where the alleged abuser shall have no contact with the victim.

G. Services Provided by Domestic Violence Response Team Members

1. Prior to beginning any session, the victim is to be advised that all statements made by the victim to the Domestic Violence Response Team member shall be treated as confidential by the Team member and that this information shall not be disclosed to the police or prosecutor or any other source without the permission of the victim or by court order except as required by law.

2. Team members SHALL NOT assist in the investigative process.

3. Every Team member SHALL be prepared to provide the following services:

   a. Advise the victim of available options.
   b. Explain applicable criminal justice and civil court procedures to the victim.
   c. Advocate for shelter for the victim and any minor children.
   d. Provide referral to, or information about, the appropriate family crisis services available to the victim. This shall include addressing the full ranges of services offered by the county domestic violence agency, Providence House Domestic Violence Services of Catholic Charities.

4. When the Team members have completed their duties, they will notify the duty supervisor. The supervisor will then arrange for the victim to be escorted / transported to their next location.

H. Security and Confidentiality

1. Members of the Domestic Violence Response Team shall not:

   a. Maintain detailed notes or reports of conversations or sessions with victims except for statistical reports that may be required by the department or PHDVS.
   b. Meet with victim at any location other than police headquarters or hospital.
   c. Disclose the contents of any conversation with a victim unless it is with the written consent of the victim or required by law (N.J.S.A. 2A:84A-22.14-15; 2A:84A-29.) Such exceptions include reporting specific threats to cause serious bodily injury to themselves or another or reporting of child abuse or neglect. Notification shall be made to the arresting officer or shift supervisor. A further notification shall be made to the DVRT Coordinator.
   d. Provide their home addresses or telephone numbers to victims. When interacting with victims, Team members are to use only their first names and shall not disclose their last names. Team members shall not develop or encourage the development of any relationships with victims outside their role as Team members.

2. Team members shall immediately notify the duty supervisor, (who shall in turn notify the DVRT Coordinator), if they are injured, cause damage to department or private property, or witness the damaging of department or private property while performing services as a Team member. The duty supervisor shall arrange for the treatment of any injuries.

3. Any statements made to team members by victims shall be confidential. No information shall be provided to any member of the department, the prosecutor, or any other person or agency unless the victim has given permission or as permitted by law. Team members shall immediately notify the Coordinator if;

   a. Contacted by an attorney or any other individual or agency for information regarding an incident.
   b. Served with a subpoena to testify or produce documents in connection with any case.

I. Removal from Domestic Violence Response Team

1. The Chief Law Enforcement Officer and Director of the PHDVS reserve the right to remove any member.

4/1/08
Effective Date

Robert D Bernardi
Robert D. Bernardi
Burlington County Prosecutor

POLICE DEPARTMENT OF_____
APPLICATION FOR DOMESTIC VIOLENCE VICTIM RESPONSE TEAM

_____

Print Last Name First Middle

To be completed by department

APPLICATION NUMBER _____

DATE OF APPLICATION _____

INVESTIGATOR ASSIGNED _____

Municipality of _____

NOTICE: Application must be typewritten or clearly printed in black ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications that are not complete and legible will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

PERSONAL HISTORY

1. _____ _____-____-_____
   Full name: Last, First, Middle Social Security Number

2. List all names you have used including nicknames. If your name has been legally changed, give date, place and court. Explain use of different names.

   _____
   _____
   _____

3. Date of birth: ____/____/_____ Place of birth: _____
   Month, Day, Year City, State

4. Sex: _____ Eye Color_____ Hair Color_____

RESIDENCE AND CONTACT INFORMATION

5. Present Address: _____
   (Street, City, State, Zip Code)

6. Home Phone Number: (_____) _____-_____ Cell: (_____) _____-_____

7. Email Address: (all caps please) _____

AVAILABILITY & SKILLS OF APPLICANT

8. Earliest date available for position? ____/____/_____

9. What educational degree(s) or professional license(s) do you possess?

   _____

10. Do you speak any other languages other than English? _____YES _____NO
    If yes, please list languages_____

EMPLOYMENT

11. List your current and previous places of employment
Current Employer _____
Address _____
_____
Phone _____
Dates of Employment _____

13. Previous Employer_____
Address _____
_____
Phone _____
Dates of Employment _____

(2) Previous Employer_____
Address _____
_____
Phone _____
Dates of Employment _____

11a Have you ever been subjected to any disciplinary action at a place of employment? YES ___ NO_____If yes, explain.

_____
_____
_____

COURT RECORD

12. Have you ever been arrested or charged with any criminal violation or disorderly persons offense?
YES_____ NO_____ If "yes", give date, place, charge, disposition and details:
_____
_____
_____

13. Do you have any prior involvement or experience with Domestic Violence, either as a victim or an accused? YES_____ NO_____ If "yes", please give specific details:
_____ (attach additional pages if needed)

DRIVING RECORD

14. Current Driver's License Number: _____ State_____

15. Has your driver's license or vehicle registration ever been suspended, revoked, or have you ever been refused a driver's license in this State or any other State or Territory? If "yes", explain:

_____

_____

REASON FOR APPLYING FOR VOLUNTEERING

16. What, if any, has been your personal experience in Domestic Violence?

_____

_____

_____

_____

17. Please tell us briefly your reasons for applying as a volunteer to the Police Department's Domestic Violence Victim Response Team.

_____

_____

_____

_____

_____

_____

_____

_____

_____

REFERENCES

18. Give three (3) references (not relatives) who are responsible adults such as, former or present employers, fellow employees or school teachers, who has known you well for at least five (5) years, preferably those who have known you during the past five (5) years. If reference is retired, give former occupation.

(1) Complete Name:_____

Number of Years Acquainted: _____ Occupation: _____

Residence Address: _____

Business Address: _____

Home Phone Number :(_____) _____-_____ Work Number :(_____) ____-_____

(2) Complete Name:_____

Number of Years Acquainted: _____ Occupation: _____

Residence Address: _____

Business Address: _____

Home Phone Number :(_____) _____-_____ Work Number :(_____) ____-_____

(3) Complete Name:_____

Number of Years Acquainted: _____ Occupation: _____

Residence Address: _____

Business Address: _____

Home Phone Number :(_____) _____-_____ Work Number :(_____) ____-_____

BURLINGTON COUNTY DOMESTIC VIOLENCE RESPONSE TEAM APPLICANT AUTHORIZATION AND RELEASE

STATE OF NEW JERSEY)

:

COUNTY OF BURLINGTON)

I, _____, do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of the _____ Police Department (hereinafter referred to as Police Department), whether the said records or information are of a public, private, or confidential nature.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the Police Department any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Police Department or any of their agents or representatives to inspect and make copies of such documents, records, and other information.

I further agree to execute any and all additional documents, releases and waivers as required for the Police Department to secure any of the aforementioned information in connection with the application process.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization and release will be considered in determining my suitability as a volunteer for a Domestic Violence Response Team.

I hereby release, discharge and exonerate the Police Department, their agents and representatives and any person so furnishing information from any and all liability of ever nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the Police Department.

A photocopy of this authorization and release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization and Release".

_____ _____

Witness Signature Applicant Signature (include maiden name)

_____ _____

Print Name Print Name

_____ _____

Address Address

_____ _____

_____ _____

_____

Date

DOMESTIC VIOLENCE RESPONSE TEAM
APPLICANT INTERVIEW

This is a selection of questions. They are just suggestions and can be modified in any way. Also, they don't all have to be asked, they should flow in response to the interviewee. Any questions can be added to this list.

1. Why are you electing to volunteer for this program?

2. Describe any previous volunteer experience.

3. Tell me about your job or jobs that you have had in the past.

4. Are you available to meet the shift requirements of (4) 12-hour shifts per month?

5. Are you available to complete the required 40-hour training class?

7. What qualities do you have that may make you a good candidate for this position?

8. Have you had experience in the past with the police department? Describe this experience.

9. Have you had personal experience of domestic violence involving yourself or someone close to you? If this is a personal experience, how long has it been since the last episode? Is the situation fully adjudicated?

9. What do you feel might be the most difficult aspect of this position?

10. Under what circumstances (if any) is it acceptable to use physical or verbal aggression against a loved one?

DOMESTIC VIOLENCE RESPONSE TEAM
BACKGROUND INVESTIGATION
PERSONAL REFERENCE INTERVIEW

APPLICANT'S NAME _____ SURVEYED BY _____

REFERENCE'S NAME _____ PHONE # _____

1. How many years have you known the applicant? _____
2. How did you become acquainted with the applicant? _____

_____

_____

3. Does the applicant make friends easily? YES_____ NO_____

   If no, state reason _____

4. Are you aware of any domestic violence in the applicant's family? YES____ NO____

   If yes, how would you describe the situation? _____

   _____

5. Have you ever seen the applicant under stress? YES_____ NO_____

   If yes, what were the circumstances? And how did she/he react? _____

   _____

6. Could you trust the applicant with confidential matters? YES ____ NO ____

   If no, please explain _____

7. Have you ever seen the applicant drink to excess or use illegal drugs? YES___ NO___

   If yes, how much and under what circumstances ?_____

   _____

8. Are you aware of any circumstances that might disqualify the applicant for volunteer service? _____

_____

DOMESTIC VIOLENCE RESPONSE TEAM
VOLUNTEER SCREENING/PROCESSING CHECKLIST

Applicant Name_____Date_____

_____ **Application Received and Processed**

_____ NCIC check with fingerprinting

_____ Computerized criminal history check (CCH)

_____ Municipal police and municipal records check

_____ NJMVC check

_____ DV Registry check

_____ A valid drivers license

_____ Possession of current vehicle insurance coverage

_____ **Interview Accomplished (may be accomplished by the DVRT Coordinator)**

_____ Ability to empathize

_____ Non-judgmental attitude

_____ Active listening skills

_____ Sensitivity to domestic violence issues

_____ Maturity

_____ Good communication skills

_____ Accessibility (can respond in a reasonable amount of time)

_____ **Reference Check Accomplished**

_____ Reliability

_____ Responsibility

_____ Ability to respect client confidentiality

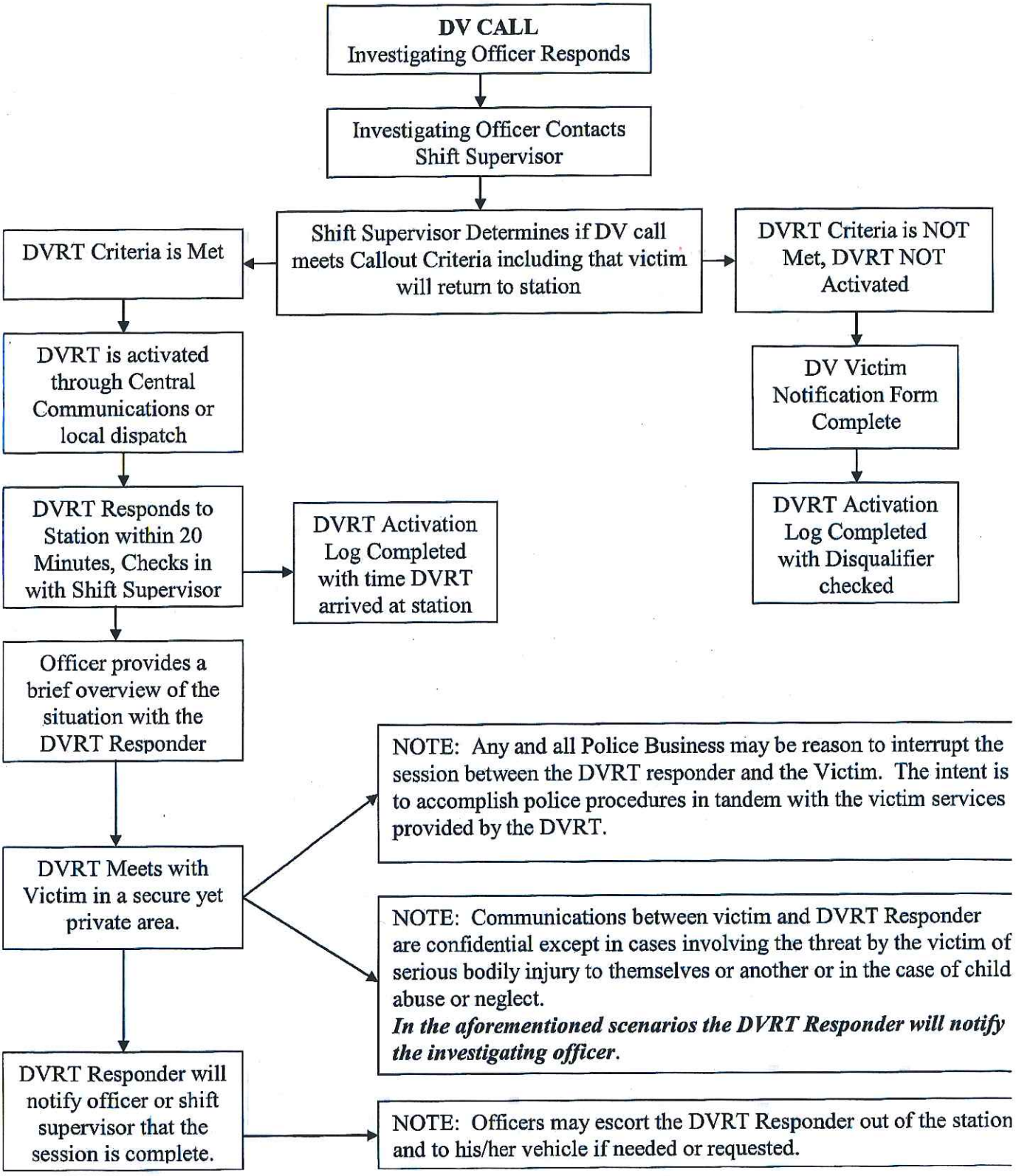
Bi-lingual volunteers (particularly Spanish speaking) are needed, but not all volunteers need to be bi-lingual.

Check list completed by: _____

ACCEPTED: YES NO DATE: _____

_____
Chief/Public Safety Director/NJSP Station Commander

_____
Chief/Public Safety Director/NJSP Station Commander

_____
Chief/Public Safety Director/NJSP Station Commander

DOMESTIC VIOLENCE RESPONSE TEAM
ACTIVATION GUIDE