
Domestic Violence

312.1 PURPOSE AND SCOPE

The purpose of this policy is to adopt the Domestic Violence Law Enforcement Guidelines (see attachment to this section) established and published by the Secretary of the Executive Office of Public Safety and Security (Chapter 260 of the Acts of 2014).

For further information, refer to the: [Domestic Violence Law Enforcement Guidelines 2017](#).

312.2 POLICY

The Tewksbury Police Department adopts the Guidelines to deter, prevent, and reduce domestic violence through vigorous enforcement and to address domestic violence as a serious crime against society. The Tewksbury Police Department is committed to taking enforcement action when appropriate, providing assistance to victims, and guiding officers in the investigation of domestic violence.

312.3 INVESTIGATIONS

Members will comply with the Guidelines when responding to and investigating incidents of domestic violence.

When responding to and investigating domestic related calls involving intimate relationships, Officers shall complete the [Domestic Violence High Risk Assessment Worksheet](#) while on scene. The worksheet may also be used at the officer's discretion when investigating domestic related incidents that are not of an intimate relationship (i.e. parent/child, siblings) where one of the involved parties may be a victim of domestic abuse. The worksheet shall be scanned and attached to the incident/arrest report.

The [Domestic Violence Injury Worksheet](#) shall be completed while on scene in instances where there are injuries or reported strangulation during a domestic incident. The worksheet shall be scanned and attached to the incident/arrest report.

312.4 SEIZURE OF WEAPONS

Upon receipt of a restraining order for service, the Officer-in-Charge or Desk Sergeant shall check to determine if the person to be served has been issued an F.I.D. card or a License to Carry Firearms. The Officer-in-Charge/Desk Sergeant shall perform this task regardless if the defendant was served in court. The Officer-in-Charge/Desk Sergeant will notate on the top of the Police Department copy of the restraining order, "firearms check performed" acknowledging that he/she has performed this task noting the date, time and his/her initials.

If the person to be served has been issued an F.I.D. card or LTC, the Officer-in-Charge/Desk Sergeant shall notify the officers assigned to serve that restraining order that the defendant's FID/ LTC card is to be seized along with any and all firearms.

Tewksbury Police Department

Policy Manual

Domestic Violence

The Officer-in-Charge/Desk Sergeant shall also be required to perform a Board of Probation check on all parties to be served regardless of their License to carry status so as to alert the officers serving the order of any extensive criminal history or dangerousness.

Upon service of an abuse prevention order under G.L. c. 209A, § 4 or G.L. c. 209A, § 5, officers shall immediately take possession of all weapons, ammunition, any license to carry firearms, and any firearm identification cards that are in the control, ownership, or possession of the person served (G.L. c. 209A, § 3B). A warrant may be required to access these items, depending on the circumstances.

Attachments

Domestic Violence High Risk Assessment Worksheet Printable Form.pdf



Defendant: _____ Victim: _____ Report#: _____

Officer: _____ Report Date: _____

Domestic Violence High Risk Assessment Worksheet

(Obtain as Much Information As Circumstances Allow; If answer is Unknown, Leave Blank)

Initial Questions (For all calls):

- 1. Are you being or have you ever been abused by this suspect?
 Yes No Did Not Ask If yes (Exlpain): _____
- 2. Has the suspect used/threatened to use a weapon, or used anything as a weapon, against you?
 Yes No Did Not Ask If yes (Exlpain): _____
- 3. Has the suspect ever threatened to kill or murder you or your children?
 Yes No Did Not Ask If yes (Exlpain): _____

Further Questions (If deemed necessary):

- 4. Do you think the suspect might try to kill you?
 Yes No Did Not Ask If yes (Exlpain): _____
- 5. Does the suspect have a gun/firearm or can he/she get one easily?
 Yes No Did Not Ask If yes (Exlpain): _____
- 6. Has the suspect ever tried to strangle or choke you?
 Yes No Did Not Ask If yes (Exlpain): _____
- 7. Has the suspect ever tried to or talked about committing suicide?
 Yes No Did Not Ask If yes (Exlpain): _____
- 8. Has the abuse escalated or become more frequent or violent?
 Yes No Did Not Ask If yes (Exlpain): _____
- 9. Is the suspect extremely jealous or has he/she ever tried to control who you see or speak with?
 Yes No Did Not Ask If yes (Exlpain): _____
- 10. Has the suspect ever stalked or followed you or held you against your will?
 Yes No Did Not Ask If yes (Exlpain): _____
- 11. Has the suspect ever prevented you from getting or calling for help?
 Yes No Did Not Ask If yes (Exlpain): _____
- 12. Does the suspect abuse alcohol or drugs?
 Yes No Did Not Ask If yes (Exlpain): _____
- 13. Has the suspect ever abused or attempted to abuse any pets or animals?
 Yes No Did Not Ask If yes (Exlpain): _____
- 14. Has the suspect ever forced you to have sex?
 Yes No Did Not Ask If yes (Exlpain): _____

Crime Victim Injury Worksheet Printable Form.pdf



Defendant: _____ Victim: _____ Report#: _____

Officer: _____ Report Date: _____

Injury Worksheet

Part I: Observations by the Officer (For all Cases):

1. Do you observe any of the following injuries on the Victim: _____

Redness: Yes No If yes (state where and describe): _____

Scratch marks: Yes No If yes (state where and describe): _____

Bruising: Yes No If yes (state where and describe): _____

Swelling: Yes No If yes (state where and describe): _____

Blood: Yes No If yes (state where and describe): _____

Petechiae: Yes No If yes (state where and describe): _____

(broken blood vessels)

Other: Yes No If yes (state where and describe): _____

2. Other Initial Observations of the Victim:

Difficulty in Breathing: Yes No If yes, Describe: _____

Difficulty in Speaking: Yes No If yes, Describe: _____

Raspy Voice: Yes No If yes, Describe: _____

Demeanor: Describe: _____

Appearance: Describe: _____

3. Did you call for medical assistance: Yes No Result: _____

4. Did you take photographs of any injuries: Yes No If yes, where are they located: _____

Part II Questions for the Victim (If report of "Choking"¹ or Strangulation):

1. Was this the first time that the suspect has "choked" or strangled you? Yes No

2. Focusing on this incident:

a. Did you lose consciousness? Yes No Does not know/remember

b. Did you feel light headed? Yes No Does not know/remember

c. Were you able to breathe? Yes No Does not know/remember

d. Did you vomit, urinate or defecate? Yes No Does not know/remember

e. How were you "choked" or strangled:

Method Used: One hand Two hands Arm Other: _____

Suspect's Position: Front Back Side Other: _____

f. Do you feel any other physical effects of the "choking"/strangulation? Yes No Does not know

If Yes, What? _____

g. What, if anything, did the suspect say during the "choking" or strangulation? _____

h. How did the "choking" or strangulation end? _____

3. Focusing on the prior time(s) you were "choked" or strangled:

a. How many prior incidents? _____ Describe: _____

b. Over what period of time? Describe: _____

c. Did you ever lose consciousness? Yes No Describe: _____

d. How were you "choked" or strangled (Check all that applies to any incident):

Method Used: One hand Two hands Arm Other: _____

Suspect's Position: Front Back Side Other: _____

e. Did you ever seek medical attention? Yes No Describe: _____

¹ The correct terminology is strangulation, however, often victims use the word "choke". In order to ensure you are capturing the most accurate information, please clarify with the victim and use whatever terminology that he/she uses.