

Being hurt by someone you love is NEVER okay!

Do you feel:

- Scared to disagree or say no?
- Constantly criticized or blamed?
- Your partner always checks up on you with calls, texts shows up unexpectedly or emails?
- Your partner tries to control what you do and who you see?
- Afraid of being attacked and injured by your loved one?

This packet includes

Resources for victims/survivors

Information regarding your victim rights

Information on Stalking

Information on strangulation or choking

Law Enforcement IPV Resource Packet

The prosecutor's office will not drop charges upon your request.

You have the right to attend arraignment and have a representative with you!

SERGEANT DENISE JONES

937-521-2059/937-328-2560

djones@clarkcountyohio.gov

Victim Rights:

You have the RIGHT to:	You may REQUEST the right to:
Be treated with fairness and respect regarding your safety, dignity, and privacy.	A timely notice of all public proceedings involving the crime against you and to attend them.
Reasonable protection for the accused or anyone acting on their behalf.	Speak at any proceeding involving an offender's release, plea, sentencing, disposition, or parole.
Refuse to answer questions from the offender or any person representing the offender.	Receive notice if the offender is released or escapes.
Proceedings that are free from unreasonable delay and a prompt conclusion of the case.	Assert these rights through a representative, or by asking the prosecuting attorney. If your relief is denied, you may appeal to your local district of appeals.
Receive a full and timely restitution.	
Access to the attorney for the government.	

Victim Rights

VICTIMS HAVE A RIGHT TO KNOW!!

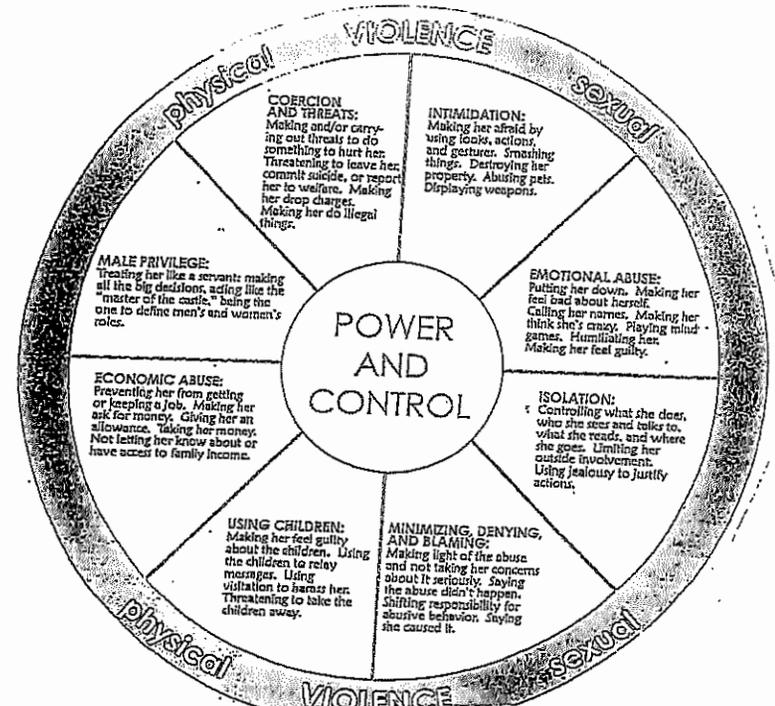
Access to Information and Notification for Offender
Custody Status

Ohio Statewide VINE Service

1-800-770-0192 TTY: 1-800-847-1298

www.vinelink.com

Offender Name:	
Offender Number:	
Four-Digit PIN:	



Local Resources

Clark County Sheriff's Office

Victim Services
120 N Fountain Ave
Springfield, Ohio 45502

Sergeant Denise Jones
937-521-2059
djones@clarkcountyohio.gov

Clark County Prosecutor's Office

50 E Columbia St
Springfield, Ohio 45502

Municipal Court Prosecutor---4th Floor
937-328-3741

Common Pleas Court Prosecutor—4th Floor
937-521-1770

Victim Witness—4th Floor
937-328-2583

Springfield Police Division

120 N Fountain Ave
Springfield, Ohio 45502

937-324-7680

Local Resources

Project Woman

Services Include;
24 Crisis Line
Counseling and support groups
Emergency shelter/housing services
Advocacy and case management
www.projectwomanohio.org
Main: 937-328-5308
24 Crisis Line: 937-325-3707
Toll Free Crisis Line: 800-634-9893

United Way

This agency can help you find services for your specific needs. For resources, visit:
<http://www.referweb.net/uwcc>
Clark County: 937-323-1400
Champaign County: 937-6534636
Madison County: 740-852-0287

Citilookout

Services Include:
Counseling
Trauma recovery center for victims of violence
www.citilookout.org
937-322-6532
937-322-0789

Strangulation and Choking

- Seek help from medical services IMMEDIATELY.
- Strangulation/choking is when anyone applies pressure to your neck or upper chest.
- After being strangled you may look and feel fine, but there can be internal injuries just under the skin. It can take up to 72 hours for you to see these symptoms, if you ever do.
- Stay with someone you trust for the first 24 hours and have them monitor your signs and symptoms.
- The National Domestic Violence Hotline number is 1-888-799-SAFE (7233). Thehotline.org

SIGNS	SYMPTOMS
Red eyes or spots	Scalp pain (may be from hair pull)
Neck swelling	Neck pain
Nausea or vomiting	Difficulty breathing
Unsteady	Jaw pain
Loss or lapse of memory or time	Difficulty swallowing
Urinated	Sore throat
Defecated	Headache
Droopy eyelid	Vision changes (spots, tunnel)
Droopy face	Light headed/Fainting
Seizure	Hearing changes
Mental status change	Voice changes (hoarse/raspy)
Lip injury	Weak/numb in arms/legs
Tounge injury	
Voice changes	

SAFETY PLANNING

- Planning to leave a violent and/or abusive situation can be difficult and dangerous. Call 911 if you feel you are in immediate danger.
- Pack a bag with necessary items such as; medications, clothes, and important documents in case you need to leave suddenly. Give the bag to a trusted friend for safe keeping.
- Include children in safety planning. Have a code word to use in case of emergency, make sure they know emergency protocols such as where to go and who to call in case of an emergency.
- Advocates are trained and available for detailed safety planning. If you are having difficulty, call a local agency for assistance such as Project Woman 1-800-634-9893.
- If you are being followed go to a business that is open late or 24 hours such as Walmart, Kroger, Springfield Regional Medical Center, etc.

Noonlight

America's No.1 Safety App w/ FREE panic button

Silently Summon help to your exact location with the tap of a button

Save details on your timeline, like who, when, and where you're meeting, just in case anything happens.

Add friends to your safety network so they can make sure you never go missing.

Connect Noonlight to other apps and devices for smarter, faster help in an emergency.

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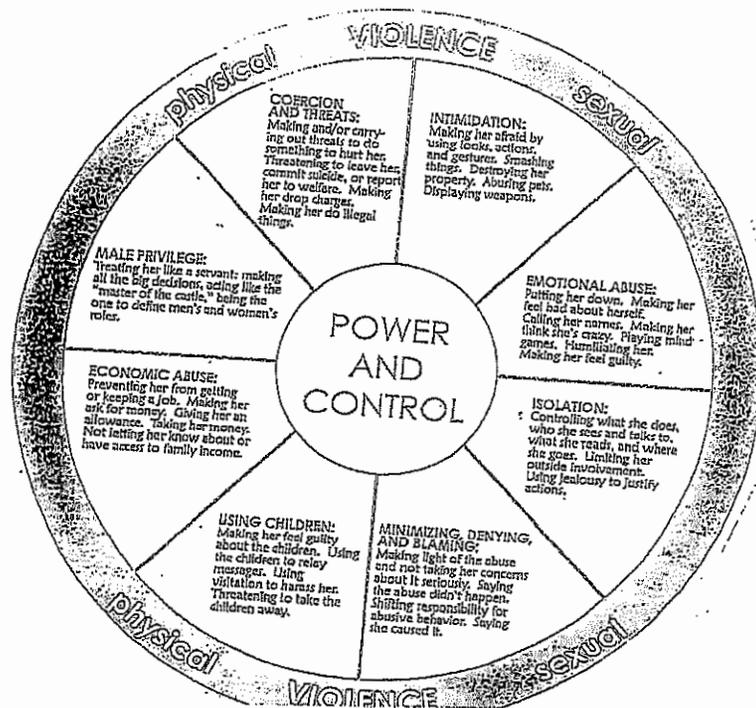
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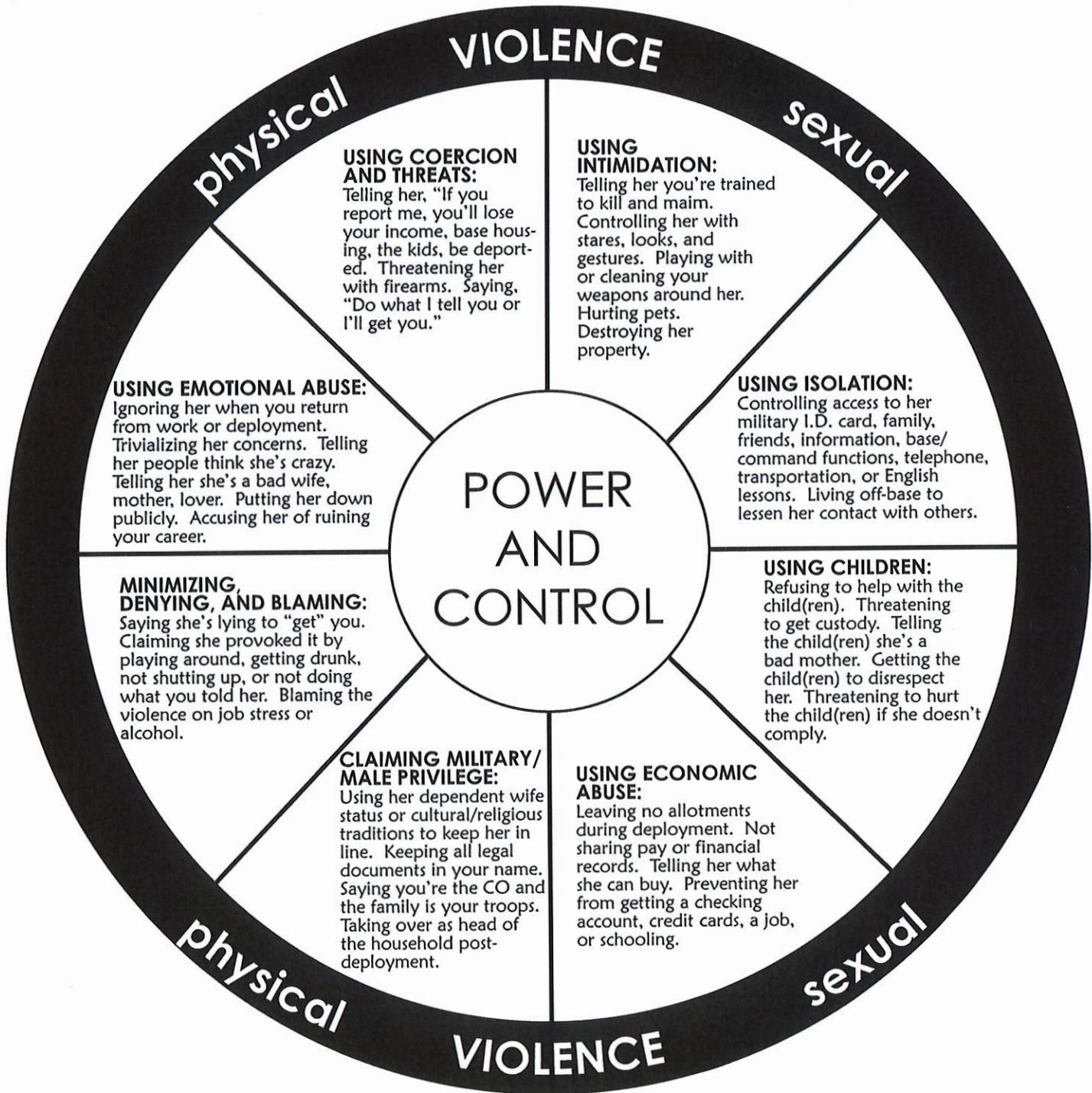
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Four-Digit PIN:	



MILITARY POWER AND CONTROL WHEEL



Produced and distributed by:



NATIONAL CENTER
on Domestic and Sexual Violence
training • consulting • advocacy

Developed from:
Domestic Abuse Intervention Project
202 East Superior Street
Duluth, MN 55802
218.722.4134

4612 Shoal Creek Blvd. • Austin, Texas 78756
512.407.9020 (phone and fax) • www.ncdsv.org

SIGNS AND SYMPTOMS OF STRANGULATION

NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

SCALP

- Petechiae
- Bald spots (from hair being pulled)
- Bump to the head (from blunt force trauma or falling to the ground)

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

FACE

- Petechiae (tiny red spots-slightly red or florid)
- Scratch marks
- Facial drooping
- Swelling

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (thumb or fingers)
- Swelling
- Ligature Marks

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

Source: *Strangulation in Intimate Partner Violence*, Chapter 16, *Intimate Partner Violence*. Oxford University Press, Inc. 2009.



www.strangulationtraininginstitute.com

Graphics by Yesenia Aceves



RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION

Prepared by Bill Smock, MD and Sally Sturgeson, DNP, SANE-A
Office of the Police Surgeon, Louisville Metro Police Department

Endorsed by the National Medical Advisory Committee: Bill Smock, MD, Chair Colby Baldwin, MD; William Green, MD; Dean Hawley, MD; Ralph Riviello, MD; Heather Rozzi, MD; Steve Szapczynski, MD; Elias Talaranta, MD; Michael Weaver, MD



- GOALS:**
1. Evaluate carotid and vertebral arteries for injuries
 2. Evaluate bony/cartilaginous and soft tissue neck structures
 3. Evaluate brain for anoxic injury

Strangulation patient presents to the Emergency Department

- History of and/or physical exam with ANY of the following:
- Loss of Consciousness (anoxic brain injury)
 - Visual changes: "spots", "flashing light", "tunnel vision"
 - Facial, intraoral or conjunctival petechial hemorrhage
 - Ligature mark or neck contusions
 - Soft tissue neck injury/swelling of the neck/cartoid tenderness
 - Incontinence (bladder and/or bowel from anoxic injury)
 - Neurological signs or symptoms (LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorders, stroke-like symptoms.)
 - Dysphonia/Aphonia (hematoma, laryngeal fracture, soft tissue swelling, recurrent laryngeal nerve injury)
 - Dyspnea (hematoma, laryngeal fractures, soft tissue swelling, phrenic nerve injury)
 - Subcutaneous emphysema (tracheal/laryngeal rupture)

- History of and/or physical exam with:
- No LOC (anoxic brain injury)
 - No visual changes: "spots", "flashing light", "tunnel vision"
 - No petechial hemorrhage
 - No soft tissue trauma to the neck
 - No dyspnea, dysphonia or odynophagia
 - No neurological signs or symptoms (i.e. LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorder, stroke-like symptoms)
 - And reliable home monitoring

- Recommended Radiographic Studies to Rule Out Life-Threatening Injuries*
(Including delayed presentations of up to 6 months)
- CT Angio of carotid/vertebral arteries (GOLD STANDARD for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) or
 - CT neck with contrast (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures) or
 - MRA of neck (less sensitive than CT Angio for vessels, best for soft tissue trauma) or
 - MRI of neck (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) or
 - MRI/MRA of brain (most sensitive for anoxic brain injury, stroke symptoms and intercerebral petechial hemorrhage)
 - Carotid Doppler Ultrasound (NOT RECOMMENDED: least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid)*References on page 2

Discharge home with detailed instructions to return to ED if:
neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens

Continued ED/Hospital Observation (based on severity of symptoms and reliable home monitoring)

- Consult Neurology/Neurosurgery/Trauma Surgery for admission
- Consider ENT consult for laryngeal trauma with dysphonia



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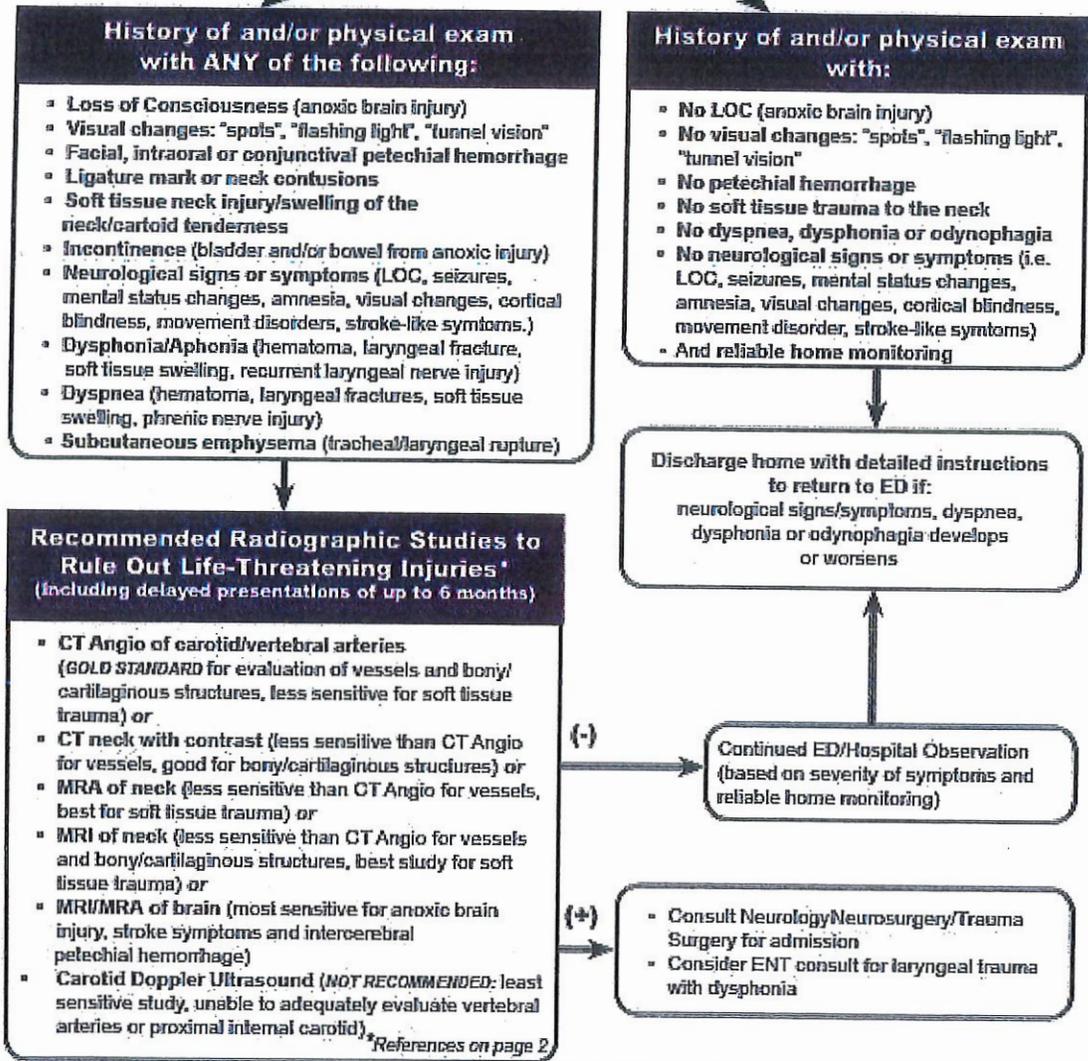
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Strangulation patient presents to the Emergency Department



STALKING INCIDENT AND BEHAVIOR LOG



**7.5 million
PEOPLE are
STALKED
each year**

If you are a victim of stalking, it can be critical to maintain a log of stalking-related incidents and behavior, especially if you choose to engage with the criminal or civil justice systems. Recording this information will help to document the behavior for protection order applications, divorce and child custody cases, or criminal prosecution. It can also help preserve your memory of individual incidents about which you might later report or testify.



WHAT IS STALKING?

While legal definitions of stalking vary from one jurisdiction to another, a good working definition of stalking is: **a course of conduct directed at a specific person that would cause a reasonable person to feel fear.**

The stalking log should be used to record and document all stalking-related behavior, including harassing phone calls, text messages, letters, e-mail messages, acts of vandalism, and threats communicated through third parties. When reporting the incidents to law enforcement, always write down the officer's name and badge number for your own records. Even if the officers do not make an arrest, you can ask them to make a written report and request a copy for your records.

Important note: Since this information could potentially be introduced as evidence or inadvertently shared with the stalker at a future time, **do not include any information that you do not want the offender to see.**

Attach a photograph of the stalker, photocopies of restraining orders, police reports, and other relevant documents. Keep the log in a safe place and tell only someone you trust where you keep your log.

Documenting stalking behavior can be a difficult and emotionally exhausting task. A local advocate in your community can provide support, information about the options available to you, and assistance with safety planning.

