



CRISIS RESPONSE TEAM REFERENCE GUIDE



AUGUST 2001



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Crisis Response Team Training Guide



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INTRODUCTION

Introduction

This Crisis Response Team Manual has been developed in an effort to promote more coordination among Crisis Response Teams for victims in Maricopa County. The Maricopa Association of Governments (MAG) Domestic Violence Council identifies the need for Crisis Response Teams at the scene of a domestic violence incident, to assist victims and their children with critical resources and referrals. The Council was convened in January 2000 with the primary task of implementing recommendations contained in the MAG Regional Domestic Violence Plan. The 60-member Council is made up of representatives from law enforcement, prosecution, business, elected officials, state agency officials, healthcare, social service providers and advocates. The recommendations contained in the MAG Regional Plan identify the need for a coordinated community response to domestic violence in Maricopa County.

Crisis Response Teams play a critical role in the coordinated community response continuum. Together, at the scene with law enforcement, Crisis Response Teams have proven effective in helping victims obtain social services during a critical period when the victim is most likely to leave a violent relationship. The team approach allows officers to attend to the criminal justice aspects of the case while the advocate can deal directly with the medical and social service needs of the victim and her children.

It is the intention of the MAG Domestic Violence Council that all Crisis Response Teams utilize this manual as a training tool for volunteers as well as staff. In doing so, all victims—whether crime or accident related—can receive the benefits that an advocate at the scene has to offer in the critical stages immediately following a traumatic event.

DEFINITION AND BENEFITS

Definition and Benefits of Crisis Response Teams

WHAT ARE CRISIS RESPONSE TEAMS?

Crisis Response Teams are designed to assist community members experiencing a crisis situation with:

- Immediate emotional support
- Non-emergency transportation
- Referrals to community agencies that offer more advanced support services
- Short-term counseling
- Self help information
- Distribution of victim information that is appropriate

Crisis Response Teams can be originated from three different sources, which include:

- **Law Enforcement**—Crisis Response Teams are associated with law enforcement agencies that generally focus on crime victims who will be processed through the criminal justice system.
- **Fire Departments**—Community Response Teams are generally based out of fire departments and respond to all types of community crisis situations. Follow-up services may include a criminal justice focus or a referral to a social service agency.
- **Social Services Agencies**—There are a few crisis response teams that are based out of social service agencies or city departments. Most of these teams focus on mental health and substance abuse issues. Follow-up services generally involve a referral to a social service agency for more extensive services. There will be times when teams will follow up with crime victim advocates.

Critical Incident Debriefing Teams

Following a major traumatic event involving a significant number of individuals or a prolonged recovery process, a Critical Incident Debriefing Team will be convened to assist victims and first responder personnel with any physical or emotional difficulties they may be experiencing as a result of the traumatic event. Critical Incident Debriefing Teams may be deployed to incidents such as a school shooting like the one at Columbine High, and the Oklahoma City bombing. Services are tailored to each incident, and emphasize that the victims' reactions to a traumatic event are normal and to be expected. Critical Incident Debriefing Teams have received specialized training beyond the normal scope of crisis intervention responders. Critical Incident debriefing sessions are preventive in nature, they are not treatment programs. They are designed to prevent what may be the most rapidly growing category of work related disabilities, Post-traumatic Stress Disorder.

Crisis Response Teams



BENEFITS OF CRISIS RESPONSE TEAMS

Crisis Response Teams create a better link between social services and emergency services personnel at the scene. Teams should be initiated early in the traumatic process so resolutions can be achieved, solutions may be generated or support can be found early enough to have a positive effect. Having a crisis team at the scene with law enforcement has proven effective in helping victims obtain needed social services—during the crisis situation as well as the critical period following the incident. The primary benefits of Crisis Response Teams are:

- To provide early intervention at a time of crisis, which can result in greater participation in the criminal justice system and social service agencies.
- To contradict the notion that people who have difficulties coping with an event are weak, abnormal or are somehow unique.
- To provide an opportunity to address any misconceptions about a critical incident.
- To prevent destructive rumors from occurring.

CRISIS INTERVENTION BENEFITS

Crisis intervention emphasizes stress reduction information and education instead of psychotherapy. When people obtain useful information about stress reactions, they are better able to reduce stress symptoms and take effective steps toward resolving their own pain. Crisis intervention can:

- Reassure people that their reactions are normal and expected.
- Forewarn distressed individuals of dangers that lie ahead during the recovery process.
- Assure a lowered risk of getting stuck in a serious stress reaction.

CRISIS WORKER BURNOUT

Crisis Worker Burnout

Working with crime victims can be very stressful. In order to be effective victim advocates, it is imperative that workers take care of themselves through the crisis. Stress plays an important role in physical illness, psychological wellness and social functioning. Crisis workers have to be aware of stress they are experiencing in their lives, in their workplace and with the crisis. If a crisis worker is preoccupied or physically ill, he or she is not going to be a positive influence for the victim. The needs of the crime victims must take priority. If a crisis worker is experiencing stress, another advocate may need to be called to assist. The stress is usually work related, and gradually begins looking like physical and emotional exhaustion that is caused by prolonged stress and the accumulation of emotionally demanding situations.

FACILITATING CHANGE

Crisis workers often encounter victims in situations and circumstances that contribute to their vulnerability and place the victim at risk for future harm. It is not unusual to encounter the same individual on multiple occasions being victimized again by the same or similar circumstances. As a crisis worker, it is easy to become frustrated and impatient because nothing seems to be changing. You may find yourself thinking or saying, "If she would just start doing... this would not have to happen again." Or, "If he would just stop doing... the situation might improve." It is easy to give advice or find fault, but this will only lead to your burnout and seldom assists the victim. It is better to understand the process of change.

Major changes in behavior, life-style, habits, etc. often follow a sequential process. The stages of the process are the:

Precontemplation Stage: "I don't have a problem." "If they would just..."
"I don't have any control over this."

Contemplation Stage: "Yes there is a problem, but..." "Maybe I should consider something different, but..."

Preparation Stage: "OK, what would be the first step?" "What would I have to do?" "How would that work?" "Where can I get help and support?"

Action Stage: "I am ready to take the first step." "What have I got to lose?"
"I have to do something."

Maintenance and Relapse Prevention Stage: "All right I moved out, but how do I feed my kids?" "What if I start to slip back, start feeling those old feelings? "Who can I call?"

Most people find themselves recycling through the various stages several times until they consolidate the change. Victims in the “Precontemplative Stage” may appear argumentative, hopeless or in denial. The crisis worker should not try to convince victims to change, but recognize their need to hash this out awhile longer. Listen, listen and then listen some more. Listen for the “Yes, but...” This will provide the best support for the victim at that given time and will help the caseworker from becoming disillusioned or frustrated. Even if you never hear the “Yes, but...,” your patience and support has brought that day a little closer.

If you recognize that your victim is beyond the first stage, it might be time to offer some referral information, propose some possible alternatives, or brainstorm some first steps. Emotional support may come from the introduction of hope into the conversation, i.e. “I wonder how things would be different if there was a change?”

Burnout occurs when we think we are not making a difference. That is seldom the case.

Symptoms to Recognize Burnout

- Lack of energy, feeling exhausted
- Irritable and inflexible
- Cynical/detached, loss of compassion
- Physical/medical complaints
- Minimization/denial of feelings
- Depression
- Discouragement

CRISIS WORKER REACTIONS

Counter transference—contributing factors

- Recent trauma in caregiver’s life
- Similarities—victim and caregiver
- Physical/emotional fatigue

Constructivist Self-Development Theory—cognitive assumptions are altered

- Trust vs. Distrust
- Safety vs. Fear
- Control vs. No Control
- Freedom vs. Restrictions
- Respect vs. Evil, Cruel
- Intimacy vs. estrangement

Typical Rescue Personality Characteristics

- Rescue Personality
- Quick decision maker
- Risk taker
- Extremely dedicated to profession
- High tolerance for stress and ambiguity

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- Driven by internal motivations
 - High personal standards
 - Difficulty accepting failure
 - Obsessive compulsive (perfectionist)
 - High level of control (self/situations/family)
 - Seek stimulating off-duty activities
 - Difficulty delaying gratification
 - Easily bored
 - Strong need to be needed by others

What Makes Helping Work?

- Empathy
- Identification
- Safety
- Trust
- Intimacy
- Power

What Makes Helping Hurt?

- Empathy
- Identification
- Safety
- Trust
- Intimacy
- Power

Most common methods used to reduce feelings of anxiety and depression

- Eating
- Drinking
- Using drugs
- Smoking
- Sleeping
- Frantic Activity
- Withdrawal
- Illness

HOW AND WHERE TO SEEK ASSISTANCE

- *Know your limitations:* When to say no; when to delegate.
- *Balance Your Life:* Have a personal life; Develop new leisure activities; remember your spiritual side; develop support systems; get involved with positive activities.
- *Nuture Yourself:* Find a role model; diet; exercise; get a massage; have fun and laugh.
- *Acknowledge Your Trauma:* Process calls and clients; change job task; seek education and training; utilize creative outlets; get personal counseling.
- *Meaning and connection:* Positive integration with meaning of life.

EFFECTIVE CRISIS INTERVENTION

The following training components will assist the crisis response worker with the skills and knowledge to effectively intervene with victims of traumatic events. Participants will learn the following information:

- To identify possible situations causing crisis calls
- To understand and use all forms of resources
- To define and analyze crisis intervention for all forms of traumatic events
- To define resources, victims, and stabilization
- To understand and utilize personal, work-related, and community resources that are available

Crisis situations are:

- Sudden
- Unexpected
- Short in duration
- Potentially dangerous

ASSISTING VICTIMS

During and after an incident, keep victims apprised of the steps that are being taken. Anxious people are often starving for information. Provide regular, accurate information and acknowledge the fears, anger, and anxieties of the victim's family. Early acknowledgment and acceptance of uncomfortable feelings can do much to prevent the potential for family crises later. Provide safe, quiet, private places where victims can gather and take care of basic needs.



GENERAL CRISIS INTERVENTION TECHNIQUES

Techniques To Use

- Take your time unless a medical emergency is present.
- Be calm.
- Remove the victim from the harmful environment when instructed.
- Reassure the victim.
- Talk to the victim.
- Direct the crisis victim to perform specific tasks.
- Take some action to resolve the problem.
- Show confidence.
- Allow the victim to express emotions.
- Listen carefully.
- Be compassionate and understanding.
- Tell the truth.
- Try to get one family member to cooperate with you in your intervention plan.
- Refer the family to a counseling center or professional.
 - Help them recognize their feelings won't last forever.
 - Don't put on hold or leave alone.
 - Ensure that they contact professional help.
- Continue to provide support after referral.

Techniques Not To Use

- Do not argue with the victim.
- Do not take the victim's emotions personally.
- Do not make promises you can not keep.
- Do not take sides.
- Do not touch family members during periods of high tension. It might be interpreted as an attack.

General Communications

- Be: Honest, Warm, Caring, Empathetic, Patient

Use if Appropriate

- Eye contact
- Touching
- Offer food clothes, blankets or other articles
- Use calm, even voice tones

CHILD MALTREATMENT

Child Maltreatment

According to Arizona Revised Statutes 8-802 and 13-3620 reporting child abuse situations is mandatory. The police or Child Protective Services must be contacted as soon as you are aware of the situation.



Child abuse is any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the care, custody and control of the child—except discipline, including spanking, administered in a reasonable manner. The neglect of a child is failure to provide, by those responsible for the care and custody of the child, the proper or necessary support, education, nutrition or medical/surgical or any other care necessary for their well being. Neglect is also a form of abuse. Child abuse and neglect occurs in all socioeconomic levels, all religious denominations, all educational levels, and all ethnic groups. Child abuse knows no barriers. Children are often seen as possessions over which adults have control and power.

SPECIAL CONSIDERATIONS

Do not speak to victims or witnesses regarding the case or ask questions regarding the incident. You will become a witness to the incident and may be called into court to testify. Leave the interviewing to the police detectives and the forensic interviewer. If a pre-teen or teenage victim feels the need to immediately disclose the elements of the case, direct them to law enforcement personnel on scene or ask them to wait until the detective or the forensic interviewer can speak with them.

What You Should Know

Child abuse is always considered whenever a child is injured and the cause of the injury is unknown.

- Approach the child slowly.
- Look first, talk second, comfort third.
- Be gentle.
- Get on the same eye level with the child.

Note any of the following:

- Bruises, burns, other marks, old injuries and inappropriate dress.
- If the child is excessively frightened or if the child withdraws.
- If the child is affectionate in inappropriate ways.
- If the child and living conditions are dirty.
- No child supervision.
- History of previous calls to the home.
- Evidence of malnutrition, such as swelled stomach or wasted buttocks.

CHILDREN THAT HAVE BEEN ABUSED

- Assure the safety of the child; if parents object, police should be called.
- Do not express anger toward the parents.
- Be as compassionate as possible.
- Do not photograph unless you are responsible for evidence.
- Do not undress the child.
- Document for the records all factual information.
- Report all information and suspicions to police/hospital staff.
- Refer parents to social services agencies.
- Do not confuse sudden infant death syndrome with child abuse. If in doubt, treat as a sudden infant death.
- Transport the child from the scene when authorized by the police department.
- Do not leave the child alone.

Children and Parents Do's

- Be aware that children will try to protect parents.
- Ask questions that are pertinent to the current situation.
- Talk to the child—Be honest.
- Call them by name.
- Use simple language.
- Tell them what you are going to do before you do it.
- Allow the child to cry or otherwise express his emotions, do not tell them "big boys don't cry."

Children and Parents Don'ts

- Do not make accusations.
- Do not make judgments.
- Do not interrogate.
- Do not threaten the child if they do not cooperate with your efforts to help.
- Do not criticize the child's family or living conditions in his presence.

VULNERABLE ADULT ABUSE

Vulnerable Adult Abuse & Elder Abuse

According to Arizona Revised Statutes 46-454, reporting vulnerable adult abuse situations is mandatory. The police or Adult Protective Services must be contacted as soon as you are aware of the situation.

- Elder abuse is the abuse, neglect, or exploitation of an incapacitated or vulnerable adult.
- Physical Abuse is the use of physical force that may result in bodily injury, physical pain, or impairment.
- Sexual abuse is defined as non-consensual sexual contact of any kind with an elderly person, or with any person incapable of giving consent.
- Emotional abuse is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts.
- Financial exploitation is the illegal or improper use of an elder's funds, property, or assets.
- Neglect is the refusal or failure to fulfill any part of a person's obligation to provide care for an incapacitated or vulnerable adult.
- Self-neglect is defined as the behavior of an elderly person that threatens his/her own safety or health.

WHAT YOU SHOULD KNOW

Reasons why older persons who are abused or neglected do not seek help:

- Love—victim or family member wants to protect the perpetrator; often another family member.
- Fear of retaliation.
- Fear of being left alone.
- Fear of being placed in a nursing home.
- Shame, stigma, embarrassment.
- Physical or mental impairment.

Older adults who have been abused may show any of the following signs or symptoms

- New and inadequately explained bruises, cuts, or burns.
- Dehydrated or malnourished appearance.
- Overly medicated or overly sedated in appearance.
- Unexpected or unexplained deterioration of health.
- Lack of cleanliness or grooming.
- Decubiti/Pressure Ulcers.
- Fear of speaking for oneself in the presence of the caretaker, anxious to please.
- Anxiety, confusion, withdrawal, depression.
- Shame, fear, embarrassment.
- Sudden withdrawals or closing of bank accounts. Sudden inability to pay bills.
- Disparity of assets and living conditions.

SPECIAL CONSIDERATIONS

Do not speak to victims or witnesses regarding the case or ask questions regarding the incident. You will become a witness to the incident and may be called into court to testify. Leave the interviewing to the police detectives and the forensic interviewer. If a victim feels the need to immediately disclose the elements of the case, direct him or her to law enforcement personnel on scene or ask the victim to wait until the detective or the forensic interviewer can speak with them.

Guidelines for interviewing older persons when abuse or neglect is suspected

- a. If possible, find a quiet, private spot to talk with the older adult—away from the caretaker.
- b. Do not make promises to the older adult, such as, “I won’t tell anyone” or, “...no one will have to go to jail.” Simply reassure the older adult that you will do whatever is necessary to keep them safe.
- c. Document any spontaneous statements and use exact quotes provided by the older person. Also, document the older person’s demeanor.

Helpful Hints

- Ask how you can help the victim.
- Use clear and simple language.
- Ask open-ended, simple questions.
- Be an attentive listener; allow for periods of silence.
- Allow sufficient time (client won’t feel pressured).
- Allow eye contact, but do not force it.
- Use explanations that progress from the simple to the more complex.
- Sit facing the person so that he/she can catch visual cues.
- Understand that the victim may be frightened, ashamed, or fearful. Try to gain his/her trust by starting out with non-threatening questions, then proceed to a more difficult area.
- Understand the victim’s reluctance to reveal abuse or to accuse a trusted friend or caregiver. Reluctance may be out of fear of retaliation, shame, or a lack of safer alternatives to the present living environment.
- Ask clear and direct questions and be blunt about dealing with issues of violence.
- Assume that the victim’s statements are true and correct (until they are proven otherwise).
- Make it clear that the abuse was wrong and that it was not the fault of the victim.
- Assure the victim that he/she is not alone and that help is available.

SEXUAL ASSAULT

Sexual Abuse/Assault

Sexual assault can be defined as a sexual act done without consent of the victim, and includes sexual harassment, rape, assaults or penetration of objects other than a penis and non-penetration of a sexual nature. Sexual assault is a unique victimization. Sexual assault acts range from voyeurism and exhibitionism to masturbation, rape and sodomy, bestiality, or ritualized torture in cults. The sexual abuse may or may not involve penetration of sexual organs and may or may not be violent. According to ARS 13-1406 Sexual assault is a class 2 felony.

Assessment Task

A competent professional who understands this process will allow the survivor to complete this process with supportive guidance.

- Believe the victim is telling the truth.
- Check the need for treatment.
- Protect evidence—the victim's body is part of the crime scene.
- Check victim's emotional state.

SPECIAL CONSIDERATIONS

Do not speak to victims or witnesses regarding the case or ask questions regarding the incident. You will become a witness to the incident and may be called into court to testify. Leave the interviewing to the police detectives and the forensic interviewer. If a victim feels the need to immediately disclose the elements of the case, direct him/her to law enforcement personnel on scene or ask them to wait until the detective or the forensic interviewer can speak with them.

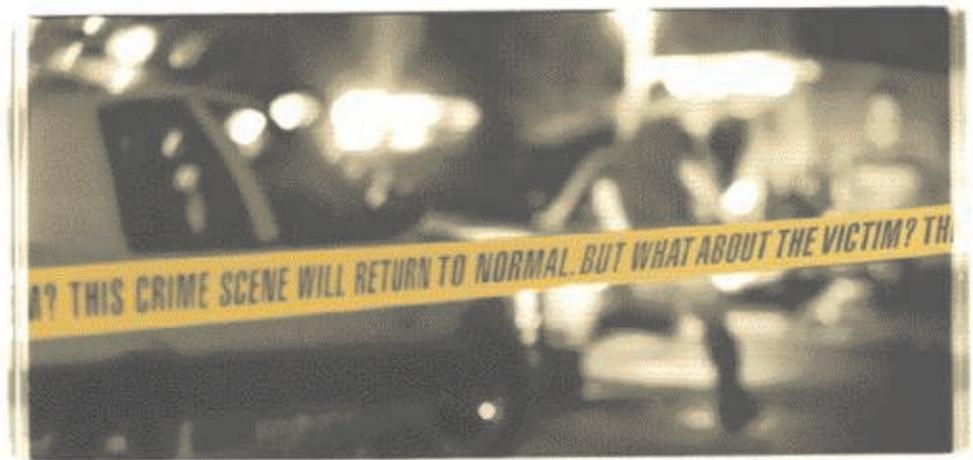
Intervening With A Sexual Assault Victim

- Advise the victim not to douche, bathe, change clothes (bring a change of clothes), urinate, defecate, eat or drink until the forensic exam has been completed.
- Be calm and confident.
- Listen carefully.
- Transport the victim to one of the Family Advocacy Centers or a designated hospital.
- Do not leave the victim alone.
- Do not joke or talk about irrelevant topics.
- Do not ask the victim for details about the assault.
- Fulfill the victim's primary needs.
- Make the victim comfortable.
- Reduce the activity around the victim.
- Reassure the victim that he/she is safe.
- Ask for victims' permission before taking actions that directly affect them.
- Make proper referrals to agencies that can continue to help them.

CHILD VICTIMS OF ASSAULT

According to Arizona Revised Statute 13-1-3620, reporting child sexual assault situations is mandatory. The police or Child Protective Services must be contacted as soon as you are aware of the situation.

- Assure their safety and physical well being.
- Assure the child it is not their fault.
- Do not focus too much attention on them. This could produce feelings of guilt.
- Recommend counseling to the parents.



DOMESTIC VIOLENCE

Domestic Violence

Definition—Domestic violence means any act that is a dangerous crime against children or adults who are married or formerly married, reside or have resided in the same residence, or who have a child in common. It is a pattern of assaultive behaviors, including physical, sexual and psychological attacks, as well as economic coercion, that adults and juveniles use against their families, and/or intimate partners.

Characteristics of Domestic Violence

- Emotional abuse through mind games, name calling, or put downs.
- A combination of physical force, terror or threatened physical abuse by the abuser.
- Isolation from family and friends.
- Economic abuse by with-holding money, taking money or preventing the victim from gaining employment.
- Behavior used to gain compliance or control of the victim.
- Threats or intimidation.
- Stalking behaviors.
- Sexual assault.

CYCLE OF VIOLENCE

Phase 1: Tension Building

- Frustration gradually mounts
- The situation feels like it is going to lead to a blow up
- Non-violent abuse such as innuendos, intimidation, blaming, social punishment

Phase 2: Explosion or Acute Violent Episode

- Victim may be pushed, shoved, grabbed, hit, choked or kicked
- Property damage may occur
- Coercive actions may occur

Phase 3: Remorse Phase

- Abuser feels embarrassed or humiliated over the loss of control
- "Honeymoon" phase
- Tension reduction
- Victim makes amends
- Less remorse is shown by the abuser over time

WHEN RESPONDING TO A DOMESTIC VIOLENCE SITUATION

Crisis responders should follow the same safety procedures for any call, particularly domestic violence incidents. Do not proceed at the crime scene until you have been instructed it is safe to do so.

Domestic Violence
Awareness



What You Can Do

Family Witnesses, Including Children

All witnesses to a crime are important. This importance is not lessened merely because the witness is a child. Children are often able to add information regarding the incident. Child interviews should only be conducted by a trained detective or child forensic interviewer. Remind the child that what they witnessed was not his/her fault and that the incident was beyond their control. A child witnessing a domestic violence dispute may experience physical and emotional needs; a referral to a mental health agency should be given to the non-offending care giver.

Emergency Orders of Protection

When abusers are arrested, they are often released after they have had their initial appearance in court. Many times the abuser will return to the scene despite a judge's court order to stay away from the home. The law enforcement officer can initiate an emergency order of protection the evening of the incident. An Order of Protection will enable law enforcement officers to re-arrest the abuser for violating a judge's court order to stay away from the home. The Emergency Order of Protection will be valid until the close of the next business day. *Crisis response teams should explain, in detail, what an emergency order of protection is and the need to return to court the following day to obtain a permanent order of protection.* See the local resource list in the appendix for locations where an Order of Protection can be obtained.

Victim Safety

At times, crisis teams respond to incidents of domestic violence where they are unable to establish that a crime was committed or provide adequate means of conflict resolution. In these situations, be supportive of the victim, make every attempt to encourage the victim to seek help again if necessary. It is also important to provide information regarding social service assistance.

- Distribute an information card that includes telephone numbers and the general geographic area of all domestic violence shelters.
- Safety plans—caution the victim to keep this in a safe place where the abuser cannot find it.
- Supply the national domestic violence hotline number.

CHILDREN SAFETY PLANS

Crisis response teams should teach children a few safe tips to protect themselves during domestic disputes. Information should include:

- How to dial 9-1-1
- Where to go when a domestic dispute is taking place:
 - Go to a neighbor's house.
 - Go somewhere safe in the house.
 - Go outside.

-
- Not to intervene in the domestic dispute because they may end up getting hurt themselves.
 - Stay in the safe place until the police have arrived or the incident has stopped.

SUBSTANCE ABUSE SITUATIONS

Substance Abuse Situations

WHAT YOU SHOULD KNOW

When responding to a substance abuse call, do not automatically assume the individual is on drugs. Some individuals may be experiencing a drug induced psychosis or an insulin deficiency problem. Crisis workers should ask the individual about their medical history and if they are taking/have taken drugs. Have the individual medically cleared prior to managing the substance abuse situation.

Crisis response teams may respond to the following substance abuse related calls:

- Homicide
- Drug labs
- Suicide/suicide attempt
- Car accidents
- Crisis calls/psychiatric calls
- Family crisis/domestic violence
- Fire calls/hazardous materials calls
- Overdoses
- Poisonings/pediatric ingestion
- Drowning

Identify helpful hints when contacting a person under the influence of a drug

- Do not hesitate to call for help; **substance abusers can be very dangerous and explosive!!!!**
- Know your behavioral health referral resources.
- Keep the abuser talking.
- Slow your speech and soften your voice.
- Slow your movements: this will decrease chances of misinterpretation of your actions.
- Keep your hands visible.

Identify safety measures when contacting substance abusers

- Have manpower and resources available for your safety.
- Identify yourself as someone who will help, not hurt.
- Keep a social distance: preferably at least a 7-10 foot radius.
- Do not shine bright lights on abuser; the abuser could be paranoid or in a psychotic state and could run or attack you
- Remember to glove and mask up—per your agency policy

Exposure-related problems when dealing with a substance abuser:

- HIV/AIDS
- Hepatitis B and C
- Staph and other infections
- Open sores

HAZARDOUS MATERIAL EXPOSURE

Crisis Response Worker Exposure

All crisis response teams should proceed cautiously on scene and follow the procedures listed below:

- Use gloves with all victims.
- Wear eye protection when indicated.
- Wear a surgical mask when appropriate.
- Wear sleeve covers when handling victims, particularly small children.
- Avoid contact with any body fluids.
- Ask victims to turn their head to the side and cover their mouth and nose when coughing or sneezing.
- Do not wipe your eyes, nose or mouth until after you have washed your hands thoroughly.
- Wash your hands thoroughly after each contact with a victim.
- Clean and disinfect the crisis response unit with proper cleaning solutions before placing another individual in the unit.

Children Exposed to Hazardous Materials From a Drug Lab Situation

- Have fire department or police department personnel remove the child from the environment.
- Have the child medically checked out and treated by fire personnel.
- Have the child transported to a hospital if further medical attention is necessary.
- Notify Child Protective Services of the situation and the status of the child.
- If the child is transported to a hospital, the crisis team should stay with the child until Child Protective Services arrives.

IDENTIFY WHO AND WHY PEOPLE ABUSE SUBSTANCES

Peer pressure

- To act “cool”
- Cultural acceptance

Experimentation

- Started at a young age
- To lose weight
- Physical enhancement
- Gain competitive edge

Pleasure

- To medicate the brain
- They are addicted
- Feels good; euphoria; to get high

Escape

- Pain management
- Life is not worth it
- Afraid to face reality
- Takes away their misery



SUBSTANCES

There are 6 different categories of substances

- Narcotics
- Sedatives
- Stimulants
- Marijuana
- Hallucinogens
- Inhalants/solvents

Narcotics

Opiates are any drugs, natural or synthetic, that produce the characteristic opiate actions: a combination of dreamy, euphoric state; lessened sensation of pain; slowed breathing; and constricted or pinpointed pupils. Heroin, morphine, codeine, percodan and methadone are some of the more commonly used narcotics. Many of these drugs are legal and are prescribed by a physician. Others, such as heroin, have no sanctioned medical use and are illegal to consume or sell. Most narcotics carry a moderate to high physical addiction and psychological dependency potential. The user develops a tolerance and requires more and more to obtain the desired effect. Heroin and other narcotics are active in the system for approximately 3-6 hours and will normally be detected in the urine for 48-72 hours. There are only two exceptions: methadone lasts for 12-24 hours, and fentanyl's effects are gone within the hour. Any opiate overdose, regardless of the route of ingestion, can be fatal. Breathing simply slows to the point that it ceases. Some of the slang terms heard for heroin are: junk, smack, H, horse, skag, brown sugar, tar, black tar, tootsie roll, estufa and dope.

Sedatives

All sedatives produce about the same psychological effects. First there is a sense of relaxation and a reduction in anxiety, a general "mellow" feeling. At high doses: light-headedness, vertigo, drowsiness, slurred speech and impaired muscle coordination. Almost all of the central nervous system (CNS) depressants mimic many of the signs of alcohol, which is also a CNS depressant. There are several categories of sedatives and literally hundreds of different kinds. They include barbiturates, benzodiazepines, non-barbiturates sedative hypnotics and gamma-hydroxybutyrate (date rape drug). Most carry a high potential for addiction and overdose may be fatal, especially in combination with alcohol or other CNS depressants. The duration of action can vary from a couple hours to more than a day. It is important to be alert to the possibility of prolonged impairment. Unexpected side effects occasionally occur; such as anxiety, hostility and rage. There is a high risk of withdrawal, seizures and death. The crisis responder must be alert and cautious when dealing with these types of drugs; medical complications may arise quickly.

Stimulants

Stimulants are aptly named: these drugs cause a surge of energy, alertness, talkativeness and well being that the users find pleasurable. Along with feeling energized, the user experiences signs of sympathetic nervous system stimulation. Some of the effects include: dilated pupils, increased heart rate and blood pressure, loss of appetite, and an increase in purposeful movement. Three commonly abused stimulants are cocaine, amphetamine and methamphetamine. When injected or smoked, these drugs cause an intense feeling of euphoria.

Cocaine

Cocaine is a powerfully addictive stimulant that directly affects the brain. It is derived from the South American coca plant. Ingestion by chewing the leaves of the bush has been traced back thousands of years. Cocaine has a potential for abuse, but can be prescribed by a physician for legitimate medical purposes. The two most common forms of cocaine are the white powder that is snorted or dissolved for injection, and a solid chunk of cocaine (crack) that is heated directly into a pipe to form a vapor that is inhaled.

Amphetamine/Methamphetamine

Amphetamine/methamphetamine appear in diverse forms; pills and powders of varying color or solid chunk (ice) that look like cocaine. The legitimate amphetamines (Benzedrine, Dexedrine, etc.) are by prescription only and used for weight loss, sleep disorders and other medical abnormalities. Amphetamines are also referred to as: bennies, black beauties, speed, LA turnaround, truck drives and uppers. Methamphetamine—also known as, chalk, crystal, fire, glass, go fast and meth—may be simply thought of as a “super-amphetamine.” The addictiveness of stimulants may have more to do with how they are delivered to the body. The extremely fast rise in blood levels may be the important factor. A smoked stimulant delivers itself rapidly to the brain. The recent explosion of addictions to ice, the smokable form of methamphetamine, lends credence to this notion. Heavy or chronic abusers may produce a drug-induced psychosis (paranoia, hallucinations and delusions) that may be difficult to distinguish from mental illness such as schizophrenia. Responders must always be cautious on approach due to the elevated risk of aggressive or violent behavior.

Methylenedioxymethamphetamine (MDMA)

Methylenedioxymethamphetamine is also called “Ecstasy” and has spread rampantly across the country. Slang names include: Ecstasy, ETC, Adams, peace, clarity, love speed, STP, X, and Eve. Ecstasy appears in both pill and white powder forms. Considered by some to be a hallucinogenic variant, it is best described as an enactogen. Often Ecstasy is referred to as a “club” drug popular at “rave” dance parties. Crisis responders should look for classic stimulant symptoms along with a mild or moderate hallucinogenic effect.

Marijuana

All of the marijuana preparations people use for their psychoactive properties derive from the Cannabis plant. Marijuana's main ingredient is delta-9-tetrahydrocannabinol (THC). In general, smoking marijuana first relaxes a person and elevates the mood. These effects are followed about a half-hour later by drowsiness and mild sedation. When smoked, the rich blood supply of the lungs rapidly absorbs the THC and the high occurs within minutes. Much of the THC is actively gone from the brain in a few hours after ingestion. Users may shift between hilarity and contemplative silence, but these swings often reflect the user's situation. Slowed thinking and reaction time; impaired balance and coordination; and an increased appetite are also common effects of marijuana ingestion. When hashish or high-grade marijuana is eaten, the effects take much longer to be felt and may produce a more hallucinogenic response. The crisis responder must be aware of the possibility of adulterated or "spiked" marijuana, which may have been ingested without the user's knowledge.

Slang terms for marijuana—dope, herb, spleef, spliff, blunt, skunk, weed, pot, grass, reefer.

Hallucinogens

Hallucinogens are drugs that change one's thought processes, mood and perceptions. Hallucinogenic experiences vary incredibly. Mild effects can include emotional swings, feelings of detachment, and an altered sense of space and time. With higher doses visual disturbances, illusions and hallucinations can occur.

The hallucinogens should be divided into two groups: the drugs that usually produce psychological problems (LSD-like drugs) and the much more physically dangerous (Belladonna and PCP-like compounds). First and foremost: one can never really be sure which hallucinogen one is taking. A pill, capsule, powder, or piece of blotter paper could be anything or any combination of things. Confirmed reports of LSD being adulterated with PCP, amphetamine, strychnine, etc., are a common occurrence.

Hallucinogens such as PCP and its sister drug Ketamine, the currently popular "Special K," are complicated chemicals. Put simply, they can produce a state similar to getting drunk, taking an amphetamine, and taking a hallucinogen simultaneously. These chemicals can cause a fatal reaction, especially in combination with alcohol.

Slang terms for hallucinogens:

- **LSD** – acid, blotter, boomers, fry, cubes, microdot;
- **Mescaline** – buttons, mesc, cactus, peyote;
- **Psilocybin** – magic mushroom, purple passion, shrooms;
- **PCP** – angel dust, sherm, hog, love boat;
- **Ketamine** – special K, cat, K

Inhalants

The chemicals in this category have very little in common in chemical structure, pharmacology or toxic effects, except that they are all taken by inhalation.

Nitrites (butyl or amyl); **Anesthetics** (nitrous oxide-whippets); **Solvents and Aerosols** (paints, sprays, glues, fuels) are all inhaled, referred to as huffing.

The effects range from a reduction of pain and reductions of inhibitions to dizziness, distortions, light-headedness, hallucinations, coma, and death. There are such a large number of diverse compounds that the range of toxic effects is enormous. Often inhaled from a can, rag, or bag, the user's brain, liver, kidneys, spleen, heart, and other organs are jeopardized. SSD or sudden sniffing death may occur due to cardiac complications.

A visual view of the user of paints and gas is often enough to recognize intoxication. Strong chemical odors, paint or redness around the mouth and nose and watery eyes are common signs of abuse.

MENTAL HEALTH ISSUES

Mental Health Issues

SUICIDE

Survivors of suicide experience an array of confusion and mental anguish while coping with the aftermath of suicide. Some of the emotions survivors experience are:

- Intense feelings of rejection, abandonment, failure and inadequacy
- Survivor guilt
- They may experience embarrassment
- The need to know “why”

Characteristics of Adult Suicide

- Victim suffers intense emotional or psychological pain
- Relationships are strained
- See suicide as only solution to the problem
- Feel ambivalence
- Give away clues
- Feel hopeless and/or helpless
- Run away from problems
- They have poor coping/problem solving skills

Victim’s Emotional State

- Hopeless, helpless, and worthless
- Isolated
- Angry
- Depressed
- Ambivalent

Special Cautions

- Take all suicide attempts seriously.
- Suicide has a powerful negative impact on the crisis worker.
- There is often a homicidal component to suicides.

Suicide can be categorized in three different groups:

The “to be” group

- Really don’t want to die.
- Make it so others are able to intervene.
- Want to talk about it.
- Suicide attempts involve non-lethal methods, such as minimal drug ingestion or minor wrist slashing.

The “not to be” group

- They are intent on dying.
- Give little or no warning of intent.
- Use more violent and certain means of suicide, like shooting themselves, jumping from high places, or hanging themselves.

The “to be or not to be” group

- These people are ambivalent about dying.
- They intended to leave the question of dying up to fate “if I die the conflict is settled, but if I am rescued that is what is meant to be.”
- People in this group often lead very stress-filled lives.
- Make repeated suicide attempts.
- They have some hope of working things out.

Behavioral Clues

- Low self esteem
- Change in sleep patterns
- Change in appetite
- Lack of energy
- Bored
- Change in social activities—often become isolated

Situational Clues

- Any major life changes
- Death of a loved one
- Loss of a significant relationship
- Recent move
- Family disruption
- Trouble with the law
- Difficulty communicating
- Social isolation
- Chronic active illness
- Unwanted pregnancy
- Mood
- Loss of a loved one
- Medical problems

Verbal Clues

- Direct statements
- Indirect statements
- Hinting about death

BE AWARE of individuals who suddenly tell you they are feeling “great and everything will be fine” after stating how bad and hopeless things are just minutes before. These individual may make the decision to commit suicide given the chance. Crisis workers should contact the mental health assessment team to conduct a thorough assessment to determine how stable the individual is.

Vital Questions to Ask

- Are you thinking about hurting yourself?
- How frequent are these thoughts?

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- How intense are these feelings?
 - How long do the periods last?
 - How would you hurt yourself?
 - Have you attempted suicide before?
 - How did you get to this point?
 - What has been keeping you alive?
 - Any losses lately? (Of job, family member, etc.)
 - What is your hurry?
 - How much do you want to live?
 - How much do you want to die?
 - Is there anyone who can stop you?
 - What is the nature of the plan?
 - Prior attempts

Intervention

- Crisis worker safety is the number one priority—remove all lethal means of suicide.
- Move the individual to a private and safe area.
- Listen very carefully and watch the body language.
- Validate or okay the person's feelings.
- Only one rescuer should speak to the victim.
- Talk directly and openly about the suicide—do not beat around the bush.
- Do not lie or promise what you cannot give.
- Do not argue, moralize or try to make the person feel guilty.
- Do not take unnecessary risks.
- If the individual questions your sincerity and your desire to help, just reaffirm that you are there to help.
- Emphasize the positive things that might help a person to lean toward life.
- Focus on the main problem or one problem at a time.
- Offer alternatives.
- Try to get the individual to agree on a specific, immediate plan of action.
- Trust your instincts.
- Don't offer reassurances that may not be true.
- Let them know you want to help.
- Stay calm.
- Don't act in a judgmental manner.
- Reassure them regarding assistance.
- Don't offer simplistic solutions.
- Do not increase their guilt.
- Show you are willing to discuss feelings.
- Encourage them to develop solutions.
- Help identify stress reducers.
- Take direct action yourself to reduce some pressure.

SERIOUSLY MENTALLY ILL

Definition of Serious Mental Illness (A.R.S.)

According to the Arizona Department of Health Services/Division of Behavioral Health Services, the term seriously mentally ill refers to persons who, as result of mental disorder... "exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation." (A.R.S. Chapter 36-550-4)

Communicating with the Severely Mentally Ill

There are several disorders, and diseases that cause and/or contribute to mental illness. People with mental illness are often intelligent and sensitive, but locked in a world that is different and sometimes frightening. Severely Mentally Ill individuals may be limited in their abilities to function on their own, because their thought process and impulses are often unconnected, random, or uncontrolled. They may be delusional or have hallucinations, and they may create their own words, language and phrases. Their moods and emotional expressions may be inappropriate to the situation at hand. As a result, crisis for an individual who is Severely Mentally Ill may be triggered internally or by over-stimulation from the outside world. Therefore, it is recommended that a Crisis Response Team Member who works with individuals who are Severely Mentally Ill be patient, clear, respectful and directive.

When Crisis Response Teams are handling an individual with a serious mental illness, the following questions should be asked:

- Are you taking any medications?
- Do you have a counselor? What is his/her name?
- What clinic do you go to for counseling?
- What is causing you problems today?
- Have you been taking your medication? If no, why not?

Once an assessment has been completed, the crisis responder should contact the 24-hour mental health line to access the seriously mentally ill network. A request should be made to have a mental health counselor respond to the scene.

When requesting a Mobil Team and/or Transportation from Value Options 24-hour Crisis Line provide the following information to the supervisor/lead:

- Address
- Consumer's first and last name
- Social Security Number
- Date of Birth

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- Primary Problem
 - Weapons
 - ETOH/Drug Use
 - Medications

Mental Health Disorders that may be Encountered:

- Anxiety/Panic Disorders
- Obsessive-Compulsive Disorder
- Post-Traumatic Stress Disorder
- Phobias
- Schizophrenia
- Bipolar Disorder
- Depression
- Personality Disorders

Mental Health Disorder that You may Encounter with Children

It is estimated that as many as one in five children or adolescents may have a mental health problem that can be identified and treated. At least 1 in 10 or as many 6 million young people-may have a “serious emotional disturbance.”

Some signs/symptoms that may point to a possible mental health problem or serious emotional disturbance in a child or adolescent:

- Really sad and hopeless without good reason and the feelings don’t go away
- Very angry most of the time, cries a lot or overreacts to things
- Worthless or guilty a lot
- Anxious or worried a lot more than other young people
- Unable to get over a loss or death of someone important
- Extremely fearful has unexplained fears or more fears than most kids
- Constantly concerned about physical problems or physical appearance
- Frightened that his or her mind is controlled or is out of control
- Does much worse in school
- Loses interest in things usually enjoyed
- Has unexplained changes in sleeping or eating
- Avoids friends or family and wants to be alone all the time
- Daydreams too much and can’t get things done
- Feels life is too hard to handle or considers suicide
- Poor concentration-can’t think straight or make up his or her mind
- Inability to sit still or focus attention
- Worry about being harmed, hurting others, or about doing something “bad”
- Need to wash, clean things, or perform certain routines hundreds of times a day in order to avoid danger
- Thoughts that race-almost too fast to follow
- Persistent nightmares
- Uses alcohol or other drugs

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- Eats large amounts of food and then makes self vomit, abuses laxatives, or takes enemas to avoid weight gain
 - Continues to diet and/or exercises obsessively although bone-thin
 - Constantly violates the rights of others or breaks the law without regard for other people
 - Does things that can be life threatening

Some disorders are more common than others, and conditions can range from mild to severe. Often, a child has more than one disorder.

- Phobia
- Generalized Anxiety Disorder
- Panic Disorder
- Obsessive-Compulsive Disorder
- Post-Traumatic Stress Disorder
- Major Depression—6 out of every 100 children may have depression
- Bipolar disorder (manic-depressive)
- Attention-deficit/hyperactivity disorder—occurs 5 of every 100 children.
- Learning Disorders
- Conduct Disorder
- Eating Disorders:
 - Anorexia*—affects 1 in every 100 to 200 adolescent girls and a much smaller number of boys.
 - Bulimia Nervosa*—1 to 3 out of 100 young people
- Autism Spectrum Disorder or Autism
- Schizophrenia—occurs 3 out of every 1000 adolescents

Crisis Intervention Assessment

Crisis response team members should conduct the following assessment:

- Is it drug abuse or mental illness? (They often mimic each other.)
- Is it drug-induced psychosis or schizophrenic psychosis?
- Look for mental illness medication.
- Ask the client if he/she is being treated for any medical problems.
- Ask the client if he/she is hearing voices.
- Is the client seeing things that are not there, if so, what is he/she seeing?
- Ask the client if he/she has a case worker. (Get the name and phone number.)
- Look for track marks or injection sites.
- Look for scabs or infected marks on arms and legs.
- Detect any smell of alcohol.
- Contact Value Options or Another Direction for further intervention and transportation to the medical/psychiatric facilities. You may need to begin the petition process prior to their arrival.

Safety Tips on Scene

- Speak calmly.
- Do not agitate the client: aggression and violence can happen suddenly, go with your instincts.
- Don't be afraid to call for help.
- Don't be afraid to leave if things don't seem right.
- Be very careful, people with mental disorders can be unpredictable.

MENTAL HEALTH PETITIONS—(PER YOUR AGENCY POLICY)

A petition is appropriate when a person, as a direct result of a mental disorder, is displaying behavior that meets the legal definition of DTS, DTO, GD, or PAD. Also a person is deemed to unwilling or unable to recognize the need for treatment.

A Mental Disorder—A substantial disorder of the person’s emotional process, thought, cognition, or memory. Exclusions: Primarily due to drug abuse, alcoholism, or mental retardation, declining mental abilities accompanying impending death, or character and personality disorders characterized by life long and deeply ingrained antisocial behavior can reasonably be expected, on the basis of competent medical opinion, to serious physical harm. (ARS Title-36)

Danger to Others

Judgment of a person having a mental disorder is so impaired that he is unable to understand his/her need for treatment an as a result of his mental disorder his continued behavior can reasonably be expected, on the basis of competent medical opinion, to result in serious physical harm.

Danger to Self

A behavior, which as result of a mental disorder constitutes a danger of inflicting serious physical harm upon oneself, including attempted suicide or the serious threat thereof, if the threat is expected that it will be carried out in the light of context and previous acts AND which as a result of a mental disorder will, without hospitalization, result in serious physical harm or serious illness to the person EXCEPT that behavior which establishes only the condition of gravely disabled.

Gravely Disabled

A conditioned behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he/she is unable to provide for his basic physical needs. A person who is petition for gravely disabled are automatically gets a guardian.

Persistently or Acutely Disabled

Severe mental disorder which 1) if not treated has substantial probability of causing the person to suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgment, reason, behavior or capacity to recognize reality 2) substantially impairs the person’s capacity to incapable of understanding and expressing an understanding of the consequences of accepting treatment as the alternatives to the particular treatment after the advantages, disadvantages and alternative are explained AND 3) has a reasonable prospect of being treatable by outpatient, inpatient or combined treatment.

Examination

An exploration of the person's past psychiatric history and of the circumstances leading up to the person's presentation, a psychiatric evaluation of the person's present mental condition and a complete physical examination.

Pre-Petition Screening

The commitment process can be started two ways: through an application for court-ordered evaluation or through an application for emergency admission. Arizona law allows any responsible individual to file an application for court ordered evaluation. The application requests a mental health agency to evaluate you to determine if you should be committed.

Once a mental health agency receives an application, it must conduct a pre-petition screening with 48 hours (excluding weekends and holidays). The purpose of the pre-petition screening is to determine whether the court should order a more extensive psychiatric evaluation of you. The pre-petition screening includes investigating whether the facts alleged in the application are true, interviewing the person who filed the application, and, if possible, interviewing you. You may only be interviewed on a voluntary basis.

If the mental health agency cannot conduct a pre-petition screening, it does not have to do one, and it may proceed to file for court-ordered evaluation.

To have a pre-screening completed call ValueOptions Access Line 1-800-564-5465 (Select #2).

Application for Evaluation

Any responsible person may apply for a court ordered evaluation of a person who is alleged to be, as a result of a mental disorder, a danger to self or others, persistently or acutely disabled or gravely disabled and who is unwilling or unable to undergo a voluntary evaluation. The evaluation for the petitioning process includes:

- A professional multidisciplinary analysis
- A person's identity, biography, medical, psychological and social conditions
- Two licensed physicians
- Two other individuals: psychologist or social worker

Information to include in the evaluation

- The name and address of the proposed patient
- Age, DOB, social security number, sex, race, marital status, occupation, present location, dates and places of previous hospitalizations, guardians, spouse or next of kin
- Name, address and relationship of the person who is applying for the evaluation

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- A statement why the evaluation should be completed
 - A statement that the applicant believes the patient is in need of supervision, care or treatment

Application for Emergency Admission and Evaluation

The emergency petition is done at the Urgent Care Center:

URGENT CARE CENTER
(PHOENIX)

2601 E. Roosevelt
Phoenix, AZ

URGENT CARE CENTER
(WEST VALLEY)

11316 N. 99th Ave. #400
Peoria, AZ

Call Value Options Crisis: 602-222-9444

A written application for emergency admission shall be made to an evaluation agency before a person may be hospitalized in that agency. The application for emergency admission shall be made by a person with knowledge of the facts requiring emergency admission. The applicant may be a relative or friend of the person, a peace officer, admitting officer, or another responsible person.

The application should include:

- A statement by the applicant that he/she believes, on the basis of personal observation, that the person is, as a result of a mental disorder, a danger to self or others, and that they continue to exhibit these symptoms during the time necessary to complete the pre-petition screening procedures.
- A statement that without immediate hospitalization, the person is likely to suffer serious physical harm or serious illness or is likely to inflict serious physical harm upon another person.
- The specific nature of the danger.
- A summary of the observation upon which the statement of danger is based.
- The signature of the applicant.

Petition for Treatment

The petition for treatment should include:

- A statement that the client is in need of a period of treatment because he/she is, as a result of a mental disorder, a danger to self or others, is persistently, acutely, or gravely disabled.
- The treatment alternatives that are appropriate or available.
- A statement that the client is unwilling to accept or incapable of accepting treatment voluntarily.
- The petitions shall be accompanied by affidavits of two physicians who conducted the examinations during the evaluation period and by the affidavit or the applicant for evaluation, if any.
- The petition shall request the court to issue an order requiring the person to undergo a period of treatment.

Application for Voluntary Admission

Non-emergent petitions are done by:

- a) Rule 11 Evaluations—(direct from jail system)
- b) ValueOptions Case Managers—(done by clinical team)
- c) ValueOptions Petition Team—(for community petitions)

Minors

A minor may be admitted to a mental health agency as defined in section 8-201 by written application of the parent, guardian or custodian of the minor after the following has occurred:

- A psychiatric investigation
- An interview with the child
- A determination has been made for an inpatient evaluation or treatment will benefit the child or if the child can better be served in a less restrictive setting
- An explanation has been given to the child and their parent, guardian or custodian, the program evaluation or treatment contemplated and its probable length.

Minors are taken to UCW because there are only children beds at UCW.

Adults

Any person eighteen years of age and older who manifests the capacity to give and gives informed consent may be treated by voluntarily making written application on a prescribed form. If you are having a problem getting back up Petition completed, call ValueOptions Crisis Line and ask for a supervisor for assistance.

Electroconvulsive Therapy

Definition:

- An electric shock used to induce a controlled seizure intended as a treatment for chemical imbalances in the brain.

Why the test is performed:

- Sever depression
- Acute Mania
- Occasionally with come types of schizophrenia

What are the risks are:

- Confusion
- Memory loss
- Headache
- Hypotension
- Tachycardia
- Allergic reaction to the anesthesia
- Development of an epileptic disorder with prolonged ECT use
- Death (3 out of 1,000 people)

SUDDEN AND VIOLENT DEATH

Sudden Death

Death is always difficult, particularly when a sudden death occurs rather than an anticipated death following a long period of illness. Sudden death is generally seen as one that occurs before the person's time. Survivors feel deprived of the time to anticipate the loss, prepare mentally for it, clear up any relationship issues, say the things they wanted to say, think about what life will be like without the person who has died suddenly, and accept the passing. Survivors also experience the added feeling that they should have done something differently or somehow prevented the death. They take on a sense of personal responsibility or self blame.

Common Reactions From Clients Regarding Sudden Death

- No time to make changes
- World is suddenly changed
- Impact on ability to cope
- Survivor is overwhelmed
- Adaptive capacity is severely assaulted
- Loss does not make sense
- Lack of understanding
- There is much unfinished business
- Unable to bring relationship to a point of closure
- Unable to grasp the situation
- The need to search for clues

VARIOUS SCENARIOS INVOLVING SUDDEN DEATH

Cause of Death:

- Accident/Disaster
- Homicide/Suicide
- Natural Causes
- Illness

Occurrence:

- Singular incident or victim
- Multiple incidents or victims
- Cumulative incidents or victims

Age of Client at time of Loss:

- Infancy
- Childhood
- Adolescence
- Adulthood

Age of Deceased at the time of loss:

- Infancy
- Childhood
- Adolescence
- Adulthood

Ways Crisis Teams Can Help

- Be aware.
- Be sensitive.
- Listen well (when grief is new, words are few).
- Tolerate strong emotional expression.
- Don't personalize.
- Sit with them in silence.
- Assist with expenses as resources permit.

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- Give facts and information.
 - Explain what will happen next. They will need to select a mortuary if this has not been done. Explain the rotating list.
 - Provide transportation.
 - Hold a hand.
 - Give them something to hold.
 - Tolerate tears.
 - Say, "I am sorry."
 - Don't judge.
 - Fix a meal.
 - Be supportive.
 - Use the deceased person's name.
 - Help with paperwork.
 - Give bereavement literature.
 - Give funeral home lists.
 - Make phone calls.
 - When it is time to leave, let survivors know.
 - Ask if there is anything else you can do for them.
 - After the call: Fill out paperwork (remember to include your and your team mates names, the shift, which apparatus were on the scene, and police officers) and send a sympathy card.

VIOLENT DEATHS

The violence of a homicide, traffic fatality, work- or school-related death creates a victimization that is unmatched by any other crime. The fact that someone actively chose to end the life of another is a fact not easily accepted or understood. Survivors of victims of homicide experience grief and rage that many professionals find challenging. With enough information and compassion, these same professionals can intervene with positive results. To be prepared to handle the aftermath of sudden or violent death, one must realize the factors that effect the healing process of victimization.

Issues confronting survivors:

- No question the death was preventable
- Not being with the victim
- Randomness of the event (if applicable)
- Survivor guilt
- Rage
- Revenge and retribution
- Mourning, adaptation, social supports
- Victimization
- Decisions about involvement
- Person responsible is the central issue

DEATH NOTIFICATIONS

Death Notifications

It is imperative that an individual providing a death notification be trained on the effects of this type of victimization and the techniques for proper notification. Most family members relay that after the notification of death, their memory of the event is impaired. However, the one thing they usually do remember is the death notification. They remember who did it, what they looked like, the tone of voice, what they were wearing, etc. Most importantly, they remember how it was done. After the death notification, the victim will experience a trauma response that usually includes:

- Amplified turmoil and numbness.
- Shock and the inability to remember details for several months after the notification. They victim may remain in shock up to one year.

Making the Death Notification

- If possible, always make the death notification in person
- Provide the information as soon as possible
- A two-person team should make the notification
- The team should speak directly and plainly
- Speak with compassion

Follow-up

Always leave a name and phone number with survivors. Plan to make a follow-up contact with the survivor the next day. Each situation is different. Some will need more direction, and others will be self-sufficient.

If the family asks you to leave once the death notification has been made, respect their decision and leave the grief information with them.

Medical Collapse

Individuals with medical conditions may experience a collapse after hearing the information. Have the individual medically checked out and transport to the hospital if necessary.

Making the Death Notification Long Distance

- When possible, do not make a death notification by phone.
- Request assistance from local services (police departments, other crisis units).
- If you do need to conduct it by phone:
 - Introduce yourself and tell them where you are from.
 - Confirm that you have the right person.
 - Inquire if they have someone with them who can support them.
 - Provide grief support. (See next section.)
 - Ask if there is anyone you can contact for them.
 - Leave them with your name and phone number.

Intervention

- Provide adequate and correct information regarding the death.
- Provide basic assistance, emotional support and guidance.
- Be knowledgeable of issues and information involved in the grief and bereavement process.
- Be knowledgeable of resources and information that may be helpful to family members while on the scene and later on in the bereavement process.
- Be respectful.
- Do not interrupt the family while they are telling their story unless it is medically necessary.
- Give factual information.
- Fulfill requests as well as possible.
- Decisions for the family members should not be made by others. The family members need to be and should be in control at all times.

What To Say	What Not To Say
I'm so sorry.	I know how you feel. If I were you I'd feel very_____too.
It's harder than most people think.	Time heals all wounds.
These are normal reactions....	It's Gods will.
Tell me more about John.	Focus on precious memories.
Would you like more information?	You don't want to know that.
Can I check back with you tomorrow?	You'll be ok now.

DEATH NOTIFICATION PROCESS

I. Pre-Death Notification

- a. Get all the information you can (and be prepared to give it)
 1. Who died?
 2. How?
 3. When (near exact time)?
 4. Where?
 5. Who identified the person—or know the make and color of car if an auto accident
- b. If possible, find out about survivors.
 1. How many in family?
 2. Is anyone ill?

II. Actual Notification

- a. Concept: take “it” off the doorstep
- b. Identify self: “I am _____”
- c. Ask: “May I come in”
- d. Ask: “May I sit down? Would you please sit down? Is there anyone else in the house?” Bring the adults together. Ask if there are any children in the home and if they need to be present.
- e. Start slowly in presenting information. “I have something serious to discuss with you.”
- f. State the information in a very sure manner—looking straight at them with facial and vocal emotion. If you come across as unsure, they will have doubts. Use finite terms to convey message (fatal, death, killed, died).
- g. Your manner of presentation has an effect on their reaction. Notifier needs to appear:
 1. strong vs. weak
 2. certain vs. uncertain
 3. caring vs. indifferent
 4. attentive vs. detached
- h. Allow for display of shock, denial, anger by silence, and understanding. Sorrow is necessary and should be encouraged.
- i. Stay with them until you think it is safe, or get someone else to replace you, i.e., friends, relatives.
- j. Helpful suggestions:
 1. Let them talk, react.
 2. Face may be flushed. A wet towel or a glass of water may be helpful
 3. A warm blanket around the feet of elderly people.
 4. Reinforce that it is okay to talk about the dead person.
- k. Some guilt may begin to surface. Survivors sometimes feel that they may have been responsible or feel they could have prevented it somehow. Responses might be, “You are not at fault.” “You are not responsible for what happened.”

I. Checklist:

1. Convey all the information you have.
2. Express your regrets.
3. It's not their fault what happened.
4. Deliver a respectful and meaningful notification. Don't drop the bomb and run.

III. Post-Notification:

- a. Officers usually do not want to make the notification. It is a very difficult task. It is also hard to talk about it afterwards.
- b. Officers or crisis workers do need to talk about it.

GRIEF SUPPORT

Grief—is the emotional response to loss.

Mourning—the process whereby we work through the loss, regaining a sense of balance and integration in our own lives. Mourning is a functional necessity, not a weakness; it is a form of healing. We need to create the opportunities for families to be able to share their needs with us so we can assist them.

Bereavement—describes the event of loss.

At times the crisis worker will be dispatched to assist an individual who is in crisis, suffering from the loss of a loved one and has called out for help. This may occur days, weeks or months after the death notification has been made. Although a referral for grief therapy will most likely be made, the following information regarding the stages of grief may help the client understand the process and what to expect. Obviously, the stages of grief don't necessarily occur in chronological order, but are more of a "flowing process" from one to another and back and forth.

1. **SHOCK:** Anesthetized against the overwhelming loss. Not comprehending and not able to face the full magnitude of it.
2. **EMOTIONAL RELEASE:** Beginning to realize the impact of loss. Venting or releasing these feelings is more helpful than trying to repress them.
3. **DEPRESSION:** Feeling of "No help for me," despair and hopelessness.
4. **PHYSICAL SYMPTOMS OF DISTRESS:** Ill with symptoms related to the loss.
5. **PANIC:** Convinced "something is wrong with me as a person" and can concentrate on little else. Has a fear of losing one's mind. Best help is to make clear that their feelings and behaviors are normal and others feel the same.
6. **GUILT:** May recall own past neglect, mistreatment or wrong to the deceased. Wrongs may be imagined or exaggerated. It may be a real wrong or real guilt. Acknowledging and unburdening of guilt gives best relief.
7. **HOSTILITY:** Feeling better leads to expressing self more actively. Hostile expressions toward those who "caused" the loss are common. Such hostility is normal but is not to be encouraged.
8. **INABILITY TO RESUME NORMAL ACTIVITIES:** Cannot get back to business as usual. Must bear loss alone since others are back to their normal activities. Needs encouragement to face new realities, not to be sheltered from them.
9. **GRADUAL OVERCOMING OF GRIEF:** Emotional balance comes gradually (like the healing of a wound). Rate varies with the individual.
10. **READJUSTMENT TO THE NEW REALITIES:** Not "old self again" because there is a new situation. One is stronger, deeper, better for having faced and overcome the disaster.

PARENT GRIEVING REGARDING THE LOSS OF A CHILD

Parents may experience the loss of a child suddenly through several different ways, which may include: pregnancy, drowning, SIDS, car/home accidents, kidnapping, homicide, terminal illness and medical complications. The grief process for parents losing a child is different than that of the normal grieving process. Reactions may not always occur in your presence, they may feel the need to grieve privately by themselves. Parents experience intense levels of denial, anger and guilt. They believe their death would and should always occur before the death of their child. Parents suffering from the loss of a child may ask the following questions:

- Why would "God" take a child away from me?
- What could I have done to prevent my child's death from occurring?
- Who is responsible for the death?
- How would the child have grown up?
- What type of relationship would we have shared?

Four Stages of Grief for Parents

- Shock and numbness
- Searching and yearning
- Disorganization
- Reorganization and acceptance

Intervention

- Provide emotional support
- Explain to the parents the sequences of events that will occur before the burial can take place
- Assist with contacting other family and friends
- Provide information regarding funeral arrangements
- Give grief resource material

CHILDREN'S GRIEF

Information you should keep in mind when dealing with children:

- Children have a difficult time processing the concept of death.
- Children take longer to go through grief stages than adults.
- Children will ask a lot of questions and repeat stories.
- Children may not show grief right away or as openly as adults.
- Children have trouble putting their feelings into words, instead their behavior speaks for them.
- Use correct language when speaking to children about death.
- Children's grieving periods are shortened because they do not think through their thoughts and feelings as adults do.

COMMUNITY TRAUMA/DISASTER RESPONSE

Community Trauma/Disaster Response

(Ecological disasters, industrial accidents, mass murder, serious injury/accident scenes)

When mass destruction occurs in one area it is considered to be a community trauma. Whether man made, natural or a criminal act, community trauma results in injuries, death and destruction on a large scale. When a community is impacted with trauma, the community as well as the individuals undergoes a trauma response. Crisis intervention workers can provide support to victims, families and the community to reduce the long-term impact of the trauma. They can also begin to educate the community and the leaders about the changes their community will experience.



Issues confronting survivors of human caused disaster include:

- Coping with anger.
- Seeking cause or reason.
- Finding who/what was to blame.
- Regaining a sense of control.
- Frustration and powerlessness.
- Random events create fear.
- Coping with unfairness and injustice.
- Inability to protect victim.
- Mutilation death results in feelings of greater helplessness.
- Accurate medical information is helpful if available.

Intervention

- Remove hysterical people from the scene immediately.
- Have an emotionally shocked person lie or sit down.
- Treat the emotional depressed person for shock.
- Do not let survivors help in the rescue efforts.
- Appoint an official spokesperson for dealing with the press and families of the victims.
- Wearing of a uniform and a display of identification helps to keep the confusion down.
- Stay objective.
- Reassure the victims.
- Keep patient information confidential.
- Reunite families and groups as soon as possible.

OCCUPANT SERVICES

How to respond to a residential/commercial fire evacuation

- Drive safely, obeying all traffic laws.
- Watch for other emergency vehicles.
- Monitor radio traffic: tactical channel and staging channel.

-
- Park in the back of the staging area, a move can be done as emergency vehicles leave the scene or if you are requested to move closer.

Who is the person to contact upon arrival?

- Locate the command post and the scene commander.
- Receive your instructions from the commander on scene.
- Obtain a briefing from the commander.
- Locate the occupant service sector.
- Contact the business manager if the structure is not a house.

Expectations once on the scene

- Provide food, water, shelter and referrals for other services.
- Contact the Red Cross for additional support.
- Provide additional referrals until the Red Cross arrives on scene .

Do not enter the burned structure if occupants make a request to retrieve items inside. Only fire personnel are allowed inside the structure.

REPORT WRITING

The report you generate is a legal document and can be subpoenaed into court. **Never use white-out on your reports.** If you make a mistake, draw one line through the mistake and place your initials next to it. The report should include the following three components:

Narrative:

- List the facts regarding the situation, victim and the scene.
- State what happened. What was said and/or done?
- Document the victim's quotes.

Assessment:

- Describe the victim's behavior, example: The victim seemed/appeared _____ as evidenced by _____.
- All assessments need to be backed up by facts.
- What does the victim need and/or want?

Plan:

- What community resources and/or agencies did you use or contact?
- What did you provide to the customer? (resources, transportation, emotional support, materials)

LEGAL MATTERS WITH CRIME VICTIMS

Legal Matters With Crisis Intervention

CRIME VICTIM'S RIGHTS

Recognizing the right of a victim to be informed, present in court and allowed to make victim statements, balances the scales of justice that, historically, favored the accused. Constitutional amendments typically have similar points that include:

- The right to be present at all criminal proceedings
- The right to be informed and heard at court proceedings
- The right to be informed of trials and preliminary hearings
- The right to restitution
- The right to a speedy disposition and appellate review of the case
- The right to reasonable protection from the defendant
- The right to be informed of escape or release of the defendant
- The right to information about the criminal justice system



CRIME VICTIM'S COMPENSATION

It is important for crisis workers and advocates to be educated about victim's rights available in the state they work. To address the rights of a crime victim to restitution, many states have "Crime Victims' Compensation." Funds for these programs are derived from court costs and judgments. For each court proceeding filed (for violation of a criminal law of the state) in any court in the state, a crime victim's compensation fee is assessed. The amount of compensation available and the eligibility requirements differ—but typically compensation covers expenses for: medical, psychological, funeral and loss of wages.

Arizona Crime Victim Compensation Program

The Crime Victim Compensation program provides monetary assistance to crime victims who are unable to pay for medical, mental health, wage loss, and funeral expenses that occur as a direct result of the crime. The funding to support the program comes from two sources:

1. Penalty assessments on court fines collected by the courts; and
2. Work furlough fees collected by the Arizona Department of Corrections. The cap per claim is \$20,000. The program is the "payer of last resort," which means all other sources available to pay the eligible expenses must be used before the program funds are used. For example, the program cannot pay for medical expenses if the expenses are already paid for by a health insurance plan. Victims should contact their local county attorney's office to obtain applications for the program.

CONFIDENTIALITY ISSUES

Every person has the right to privacy. This is a standard upheld by tradition and federal law. The crisis victim's records should be confidential unless a

release of information is signed by the victim. Unauthorized and unnecessary discussion of the incident in which the victim was involved, especially regarding details of a confidential nature, is a violation of a standard of good care and leaves crisis response team personnel open for a lawsuit. The only discussions that should take place are those which are necessary for treatment, transportation and continued care of the victim. Each department will need to establish a policy regarding confidentiality for their crisis response team.

- Victim Intervention Do's
 - Report those incidents dictated by local laws to the proper authorities.
 - Keep victim records confidential.

- Victim Intervention Don'ts
 - Do not violate the person's rights to privacy.
 - Do not violate the person's civil rights by unnecessarily restraining or confining that person.

BEING SERVED A SUBPOENA

There will be occasions where you will receive a subpoena to appear in court for a case you worked. Each department will have a policy regarding who will accept the subpoena. Some agencies require you accept the subpoena yourself and others may have a department representative accept it for you. You need to be familiar with your agency policy.

SAFETY TRAINING

Safety Training

Working in the field of crisis intervention can be potentially dangerous to the worker if not properly trained. Intervention with a potentially violent individual will be a demanding test of the crisis worker's ability to remain calm and think clearly. Crisis workers will need to learn personal safety techniques and how to protect themselves in hazardous situations.



PERSONAL SAFETY

- Assess a situation then make sure it is safe to enter.
- Make sure law enforcement has secured the scene before entering and make sure you have been given permission to enter.
- Determine where to position yourself on the scene to assure your personal safety.
- Do not stand in front of windows and doors.
- Always know where the nearest exit is.
- Never allow a victim or witness to get between you and the exit.
- Make sure you wear gloves and other protective gear per your agency policy.
- Get an annual TB shot and the Hepatitis B series prior to working the field.

EXPOSURE CONTROL

Response Team Exposure

All crisis response teams are required to proceed cautiously on scene and follow the procedures listed below:

- Use gloves with all victims.
- Wear eye protection when indicated.
- Wear a surgical mask when appropriate.
- Wear sleeve covers when handling victims, particularly small children
- Avoid contact with any body fluids.
- Ask victims to turn their head to the side and cover their mouth and nose when coughing or sneezing.
- Do not wipe your eyes, nose or mouth until after you have washed your hands thoroughly.
- Wash your hands thoroughly after each contact with a victim.
- Clean and disinfect the crisis response unit with proper cleaning solutions before placing another individual in the unit.

Exposure Reporting

Any crisis response worker who has been exposed to any infectious diseases **MUST** report the incident to the infectious control person immediately. The following information will need to be completed on the infectious exposure forms:

-
- Time of exposure
 - How the exposure occurred
 - What body fluids were involved
 - Who was the person the body fluids came from
 - Was the employee's skin intact; indicate any open sores
 - What specific part of the employee's body was exposed
 - What hospital did the victim go to
 - Condition of the victim plus medical history, if available

Victims Exposure

The fire department will make the decision to evacuate an area if there is danger to individuals who work or live in the area surrounding the exposure. Proper fire protective procedures will be followed while treating victims at the scene. Your Battalion Chief on scene will have fire paramedics handle exposed victims. You may be called in after the victim has been properly treated.

INCIDENT MANAGEMENT

Police/Fire Protocol—Incident Management

DISPATCH PROTOCOL

When will the unit be called out?

Depending on the police or fire protocols in your area, there will be specific types of calls your unit will respond to. Crisis response teams may be automatically dispatched to the following types of call:

- Cardiac Arrest
- Drownings
- Major Fires
- Fatal Traffic Accidents
- Domestic Violence
- Sexual Assault

Who will be dispatching the unit to the scene?

All units will be dispatched by either police or fire dispatch centers.

Who is responsible at the scene?

Due to the unique design of each crisis response team and their origin, internal procedures may vary by city.

Law Enforcement

Law enforcement agencies will follow local police policies when dispatched to the scene. They will contact the officer in charge. Social service agencies will be dispatched by local law enforcement the majority of the time and will contact the officer in charge when arriving on the scene.

Fire Department

Fire Department Community Response Teams will be dispatched by the fire department and will contact the captain in charge when arriving on the scene.

Crisis Response Team

When law enforcement and fire personnel have left the scene, the Crisis Response Team is solely responsible for maintaining the situation. If a medical complication arises, the fire department engine must be contacted to return to the scene. If the situation becomes unsafe for the team, law enforcement must be called to return to the scene. Crisis workers should ALWAYS keep their own safety as a first priority.

Incident Command

If a major disaster occurs, or in the event of a complicated scene that requires large numbers of personnel, incident command will begin to

sector the scene and assign personnel to certain locations and specific tasks. Crisis response teams should follow the assignment given by incident command.

What will the unit be required to do after arriving on scene?

Crisis response units should make contact with the individual in command of the scene to receive their assignments. If you are dispatched by law enforcement, find the sergeant in charge of the scene. If your are dispatched by the fire department, find the captain or the battalion chief in charge.

RADIO COMMUNICATIONS

Radio Communications

Radio communication is the crisis worker's life line to the communications room and other units. Crisis workers will need to learn how to utilize the communication equipment while assisting individuals in need.

RADIO FUNCTIONS

How to communicate with dispatch and field units?

Depending on how your specific crisis unit is set up, field units may be using the following equipment:

- LAN Lines/MDT computers in the unit
- Cell phones
- Hand held radios

RADIO LANGUAGE

Law Enforcement Language

Most law enforcement agencies communicate through a code system. Crisis response teams based out of police agencies need to learn the code system to effectively communicate with dispatch and officers in the field.

Fire Department Language

Crisis response teams based out of fire departments will primarily communicate with central dispatch through the MDT computers or unit radios. When corresponding by radio, the crisis team should use common language to let dispatch know what is happening.

COMMUNICATING WITH CENTRAL DISPATCH AND FIELD UNITS

Crisis response teams should:

- Be short and specific
- Use a clear tone at a controlled rate
- Listen before transmitting
- Pause between messages
- Prioritize messages
- Indicate their objective

Communication Do's

LAN Lines/MDT computers in the unit

- Monitor messages sent by central dispatch via MDT or LAN line
- Respond only to questions asked
- Report any pertinent information dispatch will need to process the rest of the call

Cell phones

- Use the cell phone for specific information needed for the crisis unit to complete the call or to give dispatch information that can not be communicated over the radio.

Hand held radios

- Be very careful what you say over the radio, people monitor the stations.
- Communicate with short, general information.

*Communication Don'ts***LAN Lines/MDT computers in the unit**

- Don't request information that can be obtained on the scene.
- Do not tie up the MDT computer or LAN line, this takes time away from dispatch communication with other units that need pertinent information.

Cell phones

- Don't use the cell phone for personal use, it is for official business only.

Hand held radios

- Do not discuss confidential information over the radio
- Do not discuss names and addresses of victims, suspects, family members or their attending physician.
- Do not discuss the condition of the victim, status of the case or any evidence the police department may have.

DEFENSIVE DRIVING

Defensive Driving

LIABILITY ISSUES

Each department will have its own policy regarding driving liability. You need to be familiar with the policy prior to driving an agency vehicle.

DRIVING TECHNIQUES—RESPONDING TO THE SCENE

Parking the van at the scene

- Drivers should park the unit behind fire and police vehicles until you are asked to move your vehicle forward.
- When responding to crime scenes where a police perimeter has been set up, park your vehicle behind the perimeter at the staging location you have been assigned to. **DO NOT EVER** cross the perimeter unless asked to do so.

Transporting victims

- All adult and children transported in the van **MUST** have seat belts on; infants and small children **MUST** be in car seats. If there is a lack of space for everyone to sit properly, a second unit must be called to assist, or other arrangements need to be made.

APPENDIX A

MODEL PROGRAMS

GILBERT POLICE DEPARTMENT	GLENDALE POLICE DEPARTMENT	CHANDLER POLICE DEPARTMENT	SCOTTSDALE POLICE CRISIS
<p>Crisis Response/Victim Assistance 945A South Gilbert Road Gilbert, AZ 85296 Phone: (480) 503-6640 Fax: (480) 503-6620 Contact: Lacey Rose Cox laceyc.ci.gilbert.az.us Support Services Division 7 Full-Time Employees 3 Part-Time Employees 25 Volunteers</p>	<p>Victim Assistance Unit Phone: (623) 930-3727 Supervisor: Steve Morrison smorrison@ci.glendale.az.us Investigations Bureau of the Glendale Police Department 6 Full-Time Employees 16 Volunteers</p>	<p>Victim Services Program 250 E. Chicago St. Chandler, AZ 85225 Phone: (480) 782-4535 Fax: (480) 782-4545 Contact: Sally Henry sally.henry@ci.chandler.az.us 1 Full-Time Employee 45-50 Volunteers</p>	<p>Intervention Service 3700 North 75th Street Scottsdale, AZ 85251 Phone: (480) 312-5055 Supervisor: Philip G. Riccio Investigative Service Bureau of the Scottsdale Police Department 5 Full-Time Employees 1 Part-Time Employee</p>
<p>Hours of Operation 8:00 a.m. - 9:00 p.m. M-Th 8:00 a.m. - 6:00 p.m. F 24 Hour Crisis Availability</p>	<p>Hours of Operation 9:00 a.m. - 5:30 p.m. M-F Staff person on call at all times. Volunteers (teams of 2) on call in 6 hr shifts</p>	<p>Hours of Operation M-F: Page out: 11 p.m. - 3 p.m. Mobile Crisis Unit (MCU): 3 p.m. - 11 p.m. Sa-Su: Page out: 11 p.m.-11 a.m. MCU: 11 a.m. - 11 p.m.</p>	<p>Hours of Operation Office: 8:00 a.m.-10 p.m. M-F 24/7 On-Scene Response</p>
<p>Years in Existence Counseling: 18 Crisis Assistance: 10</p>	<p>Years in Existence GPD Victim Assistance established in 1975.</p>	<p>Years in Existence Program September 1997 MCU in March 2001</p>	<p>Years in Existence Unit developed in 1975</p>
<p>Primary Customers <i>Victims involved in crisis situations in Gilbert that the police or fire department respond to. Crisis intervention is provided and follow-up counseling is offered. Ex. DV, Homicide, Victims of Crime, Suicide, etc.</i></p>	<p>Primary Customers <i>Victims of various police emergencies, including: Sexual Assault, Child Sex Crimes, Homicides, Suicides, DV, Traumatic Death, Armed Robberies, and Burglaries.</i></p>	<p>Primary Customers <i>Any crisis situation in which the police or fire personnel request our services. Ex. Victims of Crime, Victims of Tragedy</i></p>	<p>Primary Customers <i>Crime victims and individuals and families in a wide range of crisis situations.</i></p>
<p>1863 clients in 2000</p>	<p>App. 250-300 calls per year</p>	<p>25-30 call outs per month</p>	<p>7000 clients served in 2000</p>
<p>Services Provided</p> <ul style="list-style-type: none"> • Crisis Intervention • Information & Referral • Bereavement Counseling • Individual & Family Counseling • Victim Follow-up • Victim Rights Information • Personal Advocacy 	<p>Services Provided</p> <ul style="list-style-type: none"> • Emotional Support • Forensic Examination Assistance • Limited Financial Assistance • Bereavement Counseling • Transportation • Justice System Guidance 	<p>Services Provided</p> <ul style="list-style-type: none"> • Crisis Intervention • Community Resources • Limited Transportation • Personal Advocacy • Victim Compensation Information • Order of Protection Information • DV Cell Phones • Criminal Justice Support 	<p>Services Provided (On-scene, telephone, and walk-in services) Crisis Intervention Services for:</p> <ul style="list-style-type: none"> • Victims of Crime Situations • Substance Abuse • Urgent Mental Health Needs • Family conflict • Death Related

MESA POLICE DEPARTMENT

Victim Services Unit
Phone: (480) 644-3232
Supervisor:

6 Full-Time Employees
48 Volunteers

Hours of Operation
8:00 a.m. - 12:00 a.m. M-F
24 Hours Sa-Su

Years in Existence
Since June 1993

Primary Customers
Victims of crime although the unit also responds to victims of circumstance: Car Accidents, Sudden Death, etc.

4700 clients served in 2000

Services Provided

- Crisis Intervention
- Advocacy
- Victim Compensation Information
- Vouchers
- Homicide Clean-Up
- Orders of Protection Assistance

CARE 7 CRISIS RESPONSE TEAM

Contact: Tim Cox
Phone: (480) 350-5433
tim_cox@tempe.gov
City or Tempe Community Services Department – Social Services Division

3 Full-Time Employee
5 Part-Time Employees
39 Volunteers

Hours of Operation
24 Hour Crisis Availability
Mobile Hours
Su-Th: 8 a.m. - 12 a.m.
F-Sa: 8 a.m. - 2 a.m.

Years in Existence
Service began September 15, 1997

Primary Customers
Primary calls include death notification, grief support, DV, suicide, child and elder care issues, sexual assault, fires, alcohol and drug issues, and SMI individuals.

3500 per year

Services Provided

- On-scene Response
- Emotional Support
- Community Resources and Referrals
- Funeral Arrangements
- Emergency Services
- Order of Protection Information
- Victim's Financial Compensation
- Support Group Services

PHOENIX FIRE DEPARTMENT

Community Assistance Program
Phone: (602) 261-8038
Contact: Don Peyton
don.l.peyton@phoenix.gov
City of Phoenix Fire Department - EMS

3 Full-Time Employees
8 Part-Time Employees
200 Volunteers

Hours of Operation
24 Hours/ 7 Days

Years in Existence
6 Years of Operation

Primary Customers
Primary customers include any which are in crisis and are asked to respond either by fire or law enforcement

9,000 - 10,000 per year

Services Provided

- Provide Crisis Intervention which involves emotional support, information, referrals, and written information

PHOENIX POLICE DEPARTMENT

City of Phoenix Police Department
Victim Services Unit
Phone: (602) 534-2123
Contact: Chris Parks
chris.parks@phoenix.gov

13 Full-Time Employees
1 Part-Time Employee
34 Volunteers

Hours of Operation
Mon-Fri: 7:00 a.m. to 7:00 p.m.
After Hours On-Call

Years in Existence
Since December 1998

Primary Customers
Victims of Crime

8,000-10,000 per year

Services Provided

- Crisis Counseling
- Emergency Needs Assessment
- Information and Referral
- Transportation
- Assistance/ Advocacy through the Legal System - Call for more info
- Victims Right's Education/ Compensation
- Emergency Orders of Protection

What You Need:

Other Things

- Keys to House, Car and Safety Deposit Boxes
- Medications for You and Your Children
- Small Objects to Sell
- Jewelry
- Address Book
- Phone Card
- Pictures of You, Children and Your Abuser
- Children's Small Toys
- Toiletries/Diapers
- Clothing

To Do

1. Open a savings account in your own name. Get your own post office box so that you can receive mail and checks.
2. Plan who to stay with or who would be able to lend you money during a crisis.
3. Contact the hotline or any shelter for help in safety planning and keep the hotline number with you at all times.

When Preparing to Leave

Provided by:



and Community Partners:
 Arizona Department of Economic Security
 Association of Arizona Food Banks
 Arizona Ecumenical Council
 Maricopa County Task Force Against Domestic Abuse
 Governor's Office of Domestic Violence Prevention
 Area Agency on Aging, Region One
 Maricopa County, City of Phoenix
 Arizona Coalition Against Domestic Violence
 Valley of the Sun United Way, American Express

Local Shelters and Support:
 Autumn House, Chrysalis, DeColores, Faith House, My Sister's Place, New Life Shelter, Sojourner Center

Legal Advocacy Hotline 279-2900
 Older Adults: 264-HELP (4357)

IN AN EMERGENCY - CALL 911 IMMEDIATELY
 Go to an emergency room if you need medical help.
 Take pictures of bruises and injuries.

Feel free to copy and distribute as needed.

KEEP THIS CARD WITH YOU

24-Hour Hotlines

For Local Shelter Call:
263-8900 or 1-800-799-7739
 National Hotline: 1-800-799-SAFE (7233)

If you are in immediate danger call 911

Domestic Violence Safety Plan

Do
You
Feel
Safe
at home?



You can.

For Local Shelter Call:
263-8900 or 1-800-799-7739
 National Hotline: 1-800-799-SAFE (7233)



**Safety at Home
When Abuser is There**

- Stay out of rooms with no exit
- Avoid rooms that may have weapons
- Select a code word that alerts friends and children to call police
- Leave suitcase and checklist items with a friend

When Abuser has Moved Out

- Obtain an Order of Protection
- Change locks on doors and windows
- Insert a peephole in the door
- Change telephone number, screen calls and block caller ID
- Install/increase outside lighting
- Consider getting a dog
- Inform landlord or neighbor of situation and ask that police be called if abuser is seen around the house

**Safety at Work
What to Do**

- Tell your employer
- Give security a photo of abuser and Order of Protection
- Screen your calls
- Have an escort to your car or bus
- Vary your route home
- Consider a cell phone for your car
- Carry a noisemaker or personal alarm

**Protecting
Your Children**

- Plan and rehearse an escape route with your children
- If it is safe, teach them a code word to call 911, and how to use a public telephone
- Let school personnel know to whom children can be released
- Give school personnel a photo of abuser
- Warn school personnel not to divulge your address and phone number

**Getting an
Order of Protection**

- Call 506-SELF (7353) to learn about an Order of Protection and Injunction Against Harassment.
- Call the Police to get an immediate Order of Protection.
- Keep your order with you at ALL times, and give copies to family, friends, schools, employers and babysitters.

KEEP THIS CARD WITH YOU

Quick List

- Identification: Driver's license, birth certificates
- Money: ATM card, credit cards, checkbooks
- Legal Papers: Protective order, medical records
- Important Personal Items: Keys, medicine

Getting Out Now

What You Need:

Identification

- Driver's License
- Children's Birth Certificates
- Your Birth Certificate
- Social Security Card
- Welfare Identification
- Medical Insurance Cards

Money

- Money and/or Credit Cards
- ATM Card
- Savings Books
- Checkbook

Legal Documents

- Lease, Rental Agreement, or Deed to House/Properties
- Car Registration & Insurance Papers
- Health and Life Insurance Papers
- Medical Records for You and Your Children
- School and Shot Records
- Work Permits/Green Card or Visa
- Passport
- Divorce Papers
- Custody Papers

When Preparing to Leave

LOCAL RESOURCES

APPENDIX C

Domestic Violence Shelters

Shelter Hotline
(602) 263-8900

Lists available beds in Maricopa County for all shelters.

Autumn House
Prehab of Arizona
P.O. Drawer 5860
Mesa, AZ 85211-5860
(480) 835-5555

Chrysalis
P.O. Box 9956
Phoenix, AZ 85068
(602) 955-9059

Chrysalis
P.O. Box 1551
Scottsdale, AZ 85252
(480) 481-0402

De Colores
Chicanos por la Causa
P.O. Box 6553
Phoenix, AZ 85005-6553
(602) 269-1515
(Spanish Speaking Services Available)

Faith House
8581 N. 61st Ave.
Glendale, AZ 85302
(623) 939-6798

My Sister's Place
East Valley Catholic Social Services
610 North Alma School Road, #18
Mesa, AZ 85224
(480) 821-1024

New Life Center
P.O. Box 5005
Goodyear, AZ 85338
(623) 932-4404

Sojourner Center
P.O. Box 20156
Phoenix, AZ 85036
(602) 244-0089

Crisis Lines

National D. V. Hotline
1 (800) 799-SAFE

Value Options
(602) 222-9444

Suicide Prevention
(480) 784-1500

Community Information and Referral Services
(602) 263-8856

Maricopa County Shelters - (ACADV) (602) 279-2900 or 1-800-786-7386

Sexual Assault Information

Arizona Sexual Assault Network
(602) 254-6400, ext 139

Center Against Sexual Abuse
2333 North Central Avenue,
Suite #100, Phoenix, AZ 85004
(602) 254-6400

Sexual Assault Recovery Institute
3625 North 16 Street, #128
Phoenix, AZ 85006
(602) 235-9345

Children's Services

Child Abuse Hotline
1-888-767-2445

Child Protective Services
(602) 530-1800

Crisis Nursery of Phoenix
(602) 273-7363

East Valley Crisis Nursery
(480) 969-2308

West Valley Crisis Nursery
(480) 848-8863

Child Help USA
(602) 271-4500

Elder Abuse Information

Adult Protective Services
1122 North Seventh Street, Suite #205
Phoenix, AZ 85006
1-877-767-2385

Area Agency on Aging
1366 East Thomas Road,
Suite #108
Phoenix, AZ 85014
(602) 264-2255

Senior Help Line
(602) 264-4357

Victim Witness Services

Gilbert Police Department
Victim Assistance Program
945 A South Gilbert Road
Gilbert, AZ 85296
(480) 503-6640

Glendale Police Department
Victim Assistance Program
6835 North 57th Drive
Glendale, AZ 85301
(623) 930-3030

Maricopa County Attorney
Victim Witness Division
301 West Jefferson, Ninth Floor
Phoenix AZ 85003
(602) 506-8522

Maricopa County Attorney
Victim Witness Division
222 E. Javelina, Suite 2400
Mesa, Arizona 85210
(480) 506-2488

Mesa Police Department
Victim Assistance Program
130 North Robson
Mesa, AZ 85201
(480) 644-3232

Mesa Prosecutor's Office
Victim Rights
245 West Second Street
Mesa, AZ 85201
(480) 644-2188

Mesa Center Against Family
Violence
225 E. First St., Ste. 102
Mesa, Arizona 85201
(480) 644-4075

Peoria Police Department
Victim Assistance
8401 W. Monroe St.
Peoria, AZ 85380
(623) 979-4222

Phoenix City Prosecutor's Office
Victim Witness Program
300 W. Washington
Phoenix, AZ 85003
(602) 261-8192

Phoenix Police Department-
Family Advocacy Center
2120 N. Central Ave., Ste. 250
Phoenix, Arizona 85004
(602) 534-2120

Scottsdale City Prosecutor's
Office
Victim Assistance Program
3939 Civic Center Boulevard
Scottsdale, AZ 85251
(480) 481-0670

Scottsdale Police Crisis Interven-
tion Unit
3700 North 75th Street
Scottsdale, AZ 85251
(480) 391-5055

Tempe Police Department
Victim Assistance
120 East Fifth Street
Tempe, AZ 85280
(480) 950-8011

Victim Rights and Witness
Assistance
Arizona Attorney General's Office
1275 W. Washington
Phoenix, Arizona 85007
(602) 542-4911

Legal Services

ACADV Legal Hotline
(602) 279-2900

Community Legal Services -
Central
(602) 258-3434

Community Legal Services - East
(480) 833-1442

Community Legal Services - West
(602) 506-7948

Family Lawyers Assistance Project
101 West Jefferson, Phoenix, AZ
85003
(602) 506-7948

Maricopa County Lawyer Referral
(602) 257-4434

Maricopa County Superior Court
SELF-HELP Center
(602) 506-7353

Phoenix Indian Center-Urban
Indian Law
(602) 263-0021

Sojourner
Legal Advocacy Program
(602) 258-0373

Tele-Law Tapes
(602) 254-4099

Emergency Orders of Protection

City of Phoenix Family Advocacy Center
2120 N. Central Ave. Ste 250
Phoenix, AZ 85004-1416
(602) 534-2120

Mesa Center Against Family Violence
130 N. Robson
Mesa, AZ 85201-6697
(480) 644-4075

Glendale Family Advocacy Center
6829 N. 57th Ave.
Glendale, AZ 85301
(623) 930-3720

Superior Court SELF-HELP Center

Forms/Information Available
Call for additional **information**
(602)506-7353

Superior Court**
201 West Jefferson
Phoenix, AZ 85003

Superior Court**
222 East Javelina Avenue
Mesa, AZ 85252

**These are the courts that issue Orders of Protection for cases involving annulment, divorce, legal separation, paternity, and maternity.

Substance Abuse Treatment/Counseling

East Valley Addiction Council (EVAC)
560 S. Bellview Bldg. 2
Mesa, AZ 85204-2504
(480) 962-7711

EMPACT
1232 E. Broadway Road, Ste. 120
Tempe, AZ 85282-1510
(480) 784-1514

META Services
2701 N.16th Street, Ste 316
Phoenix, AZ 85006-1264
(602) 650-1212

St. Lukes Behavioral Health
1800 E. Van Buren St
Phoenix, AZ 85006-3702
(602) 251-8535

Value Options
444 N. 44th Street, Ste 400
Phoenix, AZ 8508-4245
(602) 222-9444

Crime Victim Compensation

Arizona Criminal Justice Commission
3737 N. 7th Street, Ste. 260
Phoenix, AZ 85014
(602) 230-0252

Arizona Constitution Victims' Bill of Rights

Section 2.1. (A) To preserve and protect victims' rights to justice and due process, a victim of crime has a right:

1. To be treated with fairness, respect, and dignity, and to be free from intimidation, harassment, or abuse, throughout the criminal justice process.
2. To be informed, upon request, when the accused or convicted person is released from custody or has escaped.
3. To be present at and, upon request, to be informed of all criminal proceedings where the defendant has the right to be present.
4. To be heard at any proceeding involving a post-arrest release decision, a negotiated plea, and sentencing.
5. To refuse an interview, deposition, or other discovery request by the defendant, the defendant's attorney, or other person acting on behalf of the defendant.
6. To confer with the prosecution, after the crime against the victim has been charged, before trial or before any disposition of the case and to be informed of the disposition.
7. To read pre-sentence reports relating to the crime against the victim when they are available to the defendant.
8. To receive prompt restitution from the person or persons convicted of the criminal conduct that caused the victim's loss or injury.
9. To be heard at any proceeding when any post-conviction release from confinement is being considered.
10. To a speedy trial or disposition and prompt and final conclusion of the case after the conviction and sentence.
11. To have all rules governing criminal procedure and the admissibility of evidence in all criminal proceedings protect victims' rights and to have these rules be subject to amendment or repeal by the legislature to ensure the protection of these rights.
12. To be informed of victims' constitutional rights.
 - B) A victim's exercise of any right granted by this section shall not be grounds for dismissing any criminal proceeding or setting aside any conviction or sentence.
 - C) "Victim" means a person against whom the criminal offense has been committed or, if the person is killed or incapacitated, the person's spouse, parent, child or other lawful representative, except if the person is in custody for an offense or is the accused.
 - D) The legislature, or the people by initiative or referendum, have the authority to enact substantive and procedural laws to define, implement, preserve and protect the rights guaranteed to victims by this section, including the authority to extend any of these rights to juvenile proceedings.
 - E) The enumeration in the constitution of certain rights for victims shall not be construed to deny or disparage others granted by the legislature or retained by victims.

§ 13-1201 – Endangerment; classification

- A.** A person commits endangerment by recklessly endangering another person with a substantial risk of imminent death or physical injury.
- B.** Endangerment involving a substantial risk of imminent death is a class 6 felony. In all other cases, it is a class 1 misdemeanor.

§ 13-1202 – Threatening or intimidating; classification

- A.** A person commits threatening or intimidating if such person threatens or intimidates by word or conduct:
1. To cause physical injury to another person or serious damage to the property of another; or
 2. To cause, or in reckless disregard to causing, serious public inconvenience including, but not limited to, evacuation of a building, place of assembly, or transportation facility; or
 3. To cause physical injury to another person or damage to the property of another in order to promote, further or assist in the interests of or to cause, induce or solicit another person to participate in a criminal street gang, a criminal syndicate or a racketeering enterprise.
- B.** Threatening or intimidating pursuant to subsection A, paragraph 1 or 2 is a class 1 misdemeanor. Threatening or intimidating pursuant to subsection A, paragraph 3 is a class 4 felony.

§ 13-1203 – Assault; classification

- A.** A person commits assault by:
1. Intentionally, knowingly or recklessly causing any physical injury to another person; or
 2. Intentionally placing another person in reasonable apprehension of imminent physical injury; or
 3. Knowingly touching another person with the intent to injure, insult or provoke such person.
- B.** Assault committed intentionally or knowingly pursuant to subsection A, paragraph 1 is a class 1 misdemeanor. Assault committed recklessly pursuant to subsection A, paragraph 1 or assault pursuant to subsection A, paragraph 2 is a class 2 misdemeanor. Assault committed pursuant to subsection A, paragraph 3 is a class 3 misdemeanor.

§ 13-1204 – Aggravated assault; classification

- A.** A person commits aggravated assault if the person commits assault as defined in section 13-1203 under any of the following circumstances:
1. If the person causes serious physical injury to another.
 2. If the person uses a deadly weapon or dangerous instrument.
 3. If the person commits the assault after entering the private home of another with the intent to commit the assault.
 4. If the person is eighteen years of age or more and commits the assault upon a child the age of fifteen years or under.
 5. If the person commits the assault knowing or having reason to know that the victim is a peace officer, or a person summoned and directed by the officer while engaged in the execution of any official duties.
 6. If the person commits the assault knowing or having reason to know the victim is a teacher or other person employed by any school and the teacher or other employee is upon the grounds of a school or grounds adjacent to the school or is in any part of a building or vehicle used for school purposes, or any teacher or school nurse visiting a private home in the course of the teacher's or nurse's professional duties, or any teacher engaged in any authorized and organized classroom activity held on other than school grounds.
 7. If the person meets both of the following conditions:
 - (a) Is imprisoned or otherwise subject to the custody of any of the following:
 - (i) The state department of corrections.
 - (ii) The department of juvenile corrections.
 - (iii) A law enforcement agency.
 - (iv) A county or city jail or an adult or juvenile detention facility of a city or county.
 - (v) Any other entity that is contracting with the state department of corrections, the department of juvenile corrections, a law enforcement agency, another state, any private correctional facility, a county, a city or the federal bureau of prisons or other federal agency that has responsibility for sentenced or unsentenced prisoners.
 - (b) Commits an assault knowing or having reason to know that the victim is acting in an official capacity as an employee of any of the entities prescribed by subdivision (a) of this paragraph.
 8. If the person commits the assault while the victim is bound or otherwise physically restrained or while the victim's capacity to resist is substantially impaired.
 9. If the person commits the assault knowing or having reason to know that the victim is a fire fighter, fire investigator, fire inspector, emergency medical technician or paramedic engaged in the execution of any official duties, or a person summoned and directed by such individual while engaged in the execution of any official duties.
 10. If the person commits the assault knowing or having reason to know that the victim is a licensed health care practitioner

who is certified or licensed pursuant to title 32, chapter 13, 15, 17 or 25, or a person summoned and directed by the licensed health care practitioner while engaged in the person's professional duties. The provisions of this paragraph do not apply if the person who commits the assault is seriously mentally ill, as defined in section 36-550 or is afflicted with Alzheimer's disease or related dementia.

11. If the person commits assault by any means of force which causes temporary but substantial disfigurement, temporary but substantial loss or impairment of any body organ or part, or a fracture of any body part.

12. If the person commits assault as prescribed by section 13-1203, subsection A, paragraph 1 or 3 and the person is in violation of an order of protection issued against the person pursuant to section 13-3602 or 13-3624.

B. Except pursuant to subsection C of this section, aggravated assault pursuant to subsection A, paragraph 1 or 2 of this section is a class 3 felony except if the victim is under fifteen years of age in which case it is a class 2 felony punishable pursuant to section 13-604.01. Aggravated assault pursuant to subsection A, paragraph 11 of this section is a class 4 felony. Aggravated assault pursuant to subsection A, paragraph 7 of this section is a class 5 felony. Aggravated assault pursuant to subsection A, paragraph 3, 4, 5, 6, 8, 9, 10 or 12 of this section is a class 6 felony.

C. Aggravated assault pursuant to subsection A, paragraph 1 or 2 of this section committed on a peace officer while the officer is engaged in the execution of any official duties is a class 2 felony. Aggravated assault pursuant to subsection A, paragraph 11 of this section committed on a peace officer while the officer is engaged in the execution of any official duties is a class 3 felony. Aggravated assault pursuant to subsection A, paragraph 5 of this section resulting in any physical injury to a peace officer while the officer is engaged in the execution of any official duties is a class 5 felony.

§ 13-1302 – Custodial interference; child born out of wedlock; defenses; classification

A. A person commits custodial interference if, knowing or having reason to know that the person has no legal right to do so, the person does one of the following:

1. Takes, entices or keeps from lawful custody any child, or any person who is incompetent, and who is entrusted by authority of law to the custody of another person or institution.
2. Before the entry of a court order determining custodial rights, takes, entices or withholds any child from the other parent denying that parent access to any child.
3. If the person is one of two persons who have joint legal custody of a child takes, entices or withholds from physical custody the child from the other custodian.
4. At the expiration of access rights outside this state, intentionally fails or refuses to return or impedes the return of a child to the lawful custodian.

B. If a child is born out of wedlock, the mother is the legal custodian of the child for the purposes of this section until paternity is established and custody or access is determined by a court.

C. It is a defense to a prosecution pursuant to subsection A, paragraph 2 if both of the following apply:

1. The defendant has begun the process to obtain an order of protection or files a petition for custody within a reasonable period of time and the order of protection or petition states the defendant's belief that the child was at risk if left with the other parent.
2. The defendant is the child's parent and has the right of custody and the defendant either:
 - (a) Has a good faith and reasonable belief that the taking, enticing or withholding is necessary to protect the child from immediate danger.
 - (b) Is a victim of domestic violence by the other parent and has a good faith and reasonable belief that the child will be in immediate danger if the child is left with the other parent.

D. A violation of this section is:

1. A class 3 felony if committed by a person other than the parent or agent of the parent or custodian or agent of the custodian.
2. Notwithstanding paragraph 3 of this subsection, a class 4 felony if the child or incompetent person is taken, enticed or kept from lawful custody out of this state by the parent or agent of the parent or custodian or the agent of the custodian.
3. A class 6 felony if committed by a parent or agent of the parent or custodian or agent of the custodian.
4. A class 1 misdemeanor if the child or incompetent person is voluntarily returned without physical injury prior to arrest or the issuance of an arrest warrant.

§ 13-1303 – Unlawful imprisonment; classification

A. A person commits unlawful imprisonment by knowingly restraining another person.

B. In any prosecution for unlawful imprisonment, it is a defense that:

1. The restraint was accomplished by a peace officer acting in good faith in the lawful performance of his duty; or
2. The defendant is a relative of the person restrained and the defendant's sole intent is to assume lawful custody of that person and the restraint was accomplished without physical injury.

C. Unlawful imprisonment is a class 6 felony unless the victim is released voluntarily by the defendant without physical injury in a safe place prior to arrest in which case it is a class 1 misdemeanor.

§ 13-1304 – Kidnapping; classification; consecutive sentence

A. A person commits kidnapping by knowingly restraining another person with the intent to:

1. Hold the victim for ransom, as a shield or hostage; or
2. Hold the victim for involuntary servitude; or
3. Inflict death, physical injury or a sexual offense on the victim, or to otherwise aid in the commission of a felony; or
4. Place the victim or a third person in reasonable apprehension of imminent physical injury to the victim or such third person.
5. Interfere with the performance of a governmental or political function.
6. Seize or exercise control over any airplane, train, bus, ship or other vehicle.

B. Kidnapping is a class 2 felony unless the victim is released voluntarily by the defendant without physical injury in a safe place prior to arrest and prior to accomplishing any of the further enumerated offenses in subsection A of this section in which case it is a class 4 felony. If the victim is released pursuant to an agreement with the state and without any physical injury, it is a class 3 felony. If the victim is under fifteen years of age kidnapping is a class 2 felony punishable pursuant to section 13-604.01. The sentence for kidnapping of a victim under fifteen years of age shall run consecutively to any other sentence imposed on the defendant and to any undischarged term of imprisonment of the defendant.

§ 13-1502 – Criminal trespass in the third degree; classification

A. A person commits criminal trespass in the third degree by:

1. Knowingly entering or remaining unlawfully on any real property after a reasonable request to leave by the owner or any other person having lawful control over such property, or reasonable notice prohibiting entry.
2. Knowingly entering or remaining unlawfully on the right-of-way for tracks, or the storage or switching yards or rolling stock of a railroad company.

B. Criminal trespass in the third degree is a class 3 misdemeanor.

§ 13-1503 – Criminal trespass in the second degree; classification

A. A person commits criminal trespass in the second degree by knowingly entering or remaining unlawfully in or on any nonresidential structure or in any fenced commercial yard.

B. Criminal trespass in the second degree is a class 2 misdemeanor.

§ 13-1504 – Criminal trespass in the first degree; classification

A. A person commits criminal trespass in the first degree by knowingly:

1. Entering or remaining unlawfully in or on a residential structure or in a fenced residential yard; or
2. Entering any residential yard and, without lawful authority, looking into the residential structure thereon in reckless disregard of infringing on the inhabitant's right of privacy.
3. Entering unlawfully on real property subject to a valid mineral claim or lease with the intent to hold, work, take or explore for minerals on such claim or lease.
4. Entering or remaining unlawfully on the property of another and burning, defacing, mutilating or otherwise desecrating a religious symbol or other religious property of another without the express permission of the owner of the property.

B. Criminal trespass in the first degree is a class 6 felony if it is committed by entering or remaining unlawfully in or on a residential structure or committed pursuant to subsection A, paragraph 4. Criminal trespass in the first degree is a class 1 misdemeanor if it is committed by entering or remaining unlawfully in a fenced residential yard or committed pursuant to subsection A, paragraph 2 or 3.

§ 13-2904 – Disorderly conduct; classification

A. A person commits disorderly conduct if, with intent to disturb the peace or quiet of a neighborhood, family or person, or with knowledge of doing so, such person:

1. Engages in fighting, violent or seriously disruptive behavior; or
2. Makes unreasonable noise; or
3. Uses abusive or offensive language or gestures to any person present in a manner likely to provoke immediate physical retaliation by such person; or
4. Makes any protracted commotion, utterance or display with the intent to prevent the transaction of the business of a lawful meeting, gathering or procession; or
5. Refuses to obey a lawful order to disperse issued to maintain public safety in dangerous proximity to a fire, a hazard or any other emergency; or

6. Recklessly handles, displays or discharges a deadly weapon or dangerous instrument.

B. Disorderly conduct under subsection A, paragraph 6 is a class 6 felony. Disorderly conduct under subsection A, paragraph 1, 2, 3, 4 or 5 is a class 1 misdemeanor.

§ 13-2921 – Harassment; classification; definition

A. A person commits harassment if, with intent to harass or with knowledge that the person is harassing another person, the person:

1. Anonymously or otherwise communicates or causes a communication with another person by verbal, electronic, mechanical, telegraphic, telephonic or written means in a manner that harasses.
2. Continues to follow another person in or about a public place for no legitimate purpose after being asked to desist.
3. Repeatedly commits an act or acts that harass another person.
4. Surveils or causes another person to surveil a person for no legitimate purpose.
5. On more than one occasion makes a false report to a law enforcement, credit or social service agency.
6. Interferes with the delivery of any public or regulated utility to a person.

B. A person commits harassment against a public officer or employee if the person, with intent to harass, files a nonconsensual lien against any public officer or employee that is not accompanied by an order or a judgment from a court of competent jurisdiction authorizing the filing of the lien or is not issued by a governmental entity or political subdivision or agency pursuant to its statutory authority, a validly licensed utility or water delivery company, a mechanics' lien claimant or an entity created under covenants, conditions, restrictions or declarations affecting real property.

C. Harassment under subsection A is a class 1 misdemeanor. Harassment under subsection B is a class 5 felony.

D. This section does not apply to an otherwise lawful demonstration, assembly or picketing.

E. For purposes of this section, "harassment" means conduct directed at a specific person which would cause a reasonable person to be seriously alarmed, annoyed or harassed and the conduct in fact seriously alarms, annoys or harasses the person.

§ 13-2921.01 – "Aggravated harassment; classification; definition

A. A person commits aggravated harassment if the person commits harassment as provided in section 13-2921 and any of the following applies:

1. A court has issued an order of protection or an injunction against harassment against the person and in favor of the victim of harassment and the order or injunction has been served and is still valid.
2. The person has previously been convicted of an offense included in section 13-3601.

B. The victim of any previous offense shall be the same as in the present offense.

C. A person who violates subsection A, paragraph 1 of this section is guilty of a class 6 felony. A person who commits a second or subsequent violation of subsection A, paragraph 1 of this section is guilty of a class 5 felony. A person who violates subsection A, paragraph 2 of this section is guilty of a class 5 felony.

D. For the purposes of this section, "convicted" means a person who was convicted of an offense included in section 13-3601, who had judgment deferred pursuant to section 13-3601, subsection M or who was adjudicated delinquent for conduct that would constitute a historical prior felony conviction if the juvenile had been tried as an adult for an offense included in section 13-3601.

§ 13-2923 – Stalking; classification; definitions

A. A person commits stalking if the person intentionally or knowingly engages in a course of conduct that is directed toward another person and if that conduct either:

1. Would cause a reasonable person to fear for the person's safety or the safety of that person's immediate family member and that person in fact fears for their safety or the safety of that person's immediate family member.
2. Would cause a reasonable person to fear physical injury to or death of that person or that person's immediate family member and that person in fact fears physical injury to or death of that person or that person's immediate family member.

B. Stalking under subsection A, paragraph 1 of this section is a class 5 felony. Stalking under subsection A, paragraph 2 is a class 3 felony.

C. For the purposes of this section:

1. "Course of conduct" means maintaining visual or physical proximity to a specific person or directing verbal, written or other threats, whether express or implied, to a specific person on two or more occasions over a period of time, however short, but does not include constitutionally protected activity.
2. "Immediate family member" means a spouse, parent, child or sibling or any other person who regularly resides in a person's household or resided in a person's household within the past six months.

§ 13-3601 - Domestic violence; definition; classification; sentencing option; arrest and procedure for violation; weapon seizure; notice; report; diversion; notice

A. "Domestic violence" means any act that is a dangerous crime against children as defined in section 13-604.01 or an offense defined in section 13-1201 through 13-1204, 13-1302 through 13-1304, 13-1502 through 13-1504 or 13-1602, section 13-2810, section 13-2904, subsection A, paragraph 1, 2, 3, 6, section 13-2916 or section 13-2921, 13-2921.01, 13-2923, 13-3018, 13-3601.02 or 13-3623, if any of the following apply:

1. The relationship between the victim and the defendant is one of marriage or former marriage or of persons of the opposite sex residing or having resided in the same household.
2. The victim and the defendant have a child in common.
3. The victim or the defendant is pregnant by the other party.
4. The victim is related to the defendant or the defendant's spouse by blood or court order as a parent, grandparent, child, grandchild, brother or sister or by marriage as a parent-in-law, grandparent-in-law, stepparent, step-grandparent, stepchild, step-grandchild, brother-in-law or sister-in-law.
5. The victim is a child who resides or has resided in the same household as the defendant and is related by blood to a former spouse of the defendant or to a person of the opposite sex who resides or who has resided in the same household as the defendant.

B. A peace officer may, with or without a warrant, arrest a person if the officer has probable cause to believe that domestic violence has been committed and the officer has probable cause to believe that the person to be arrested has committed the offense, whether such offense is a felony or a misdemeanor and whether such offense was committed within or without the presence of the peace officer. In cases of domestic violence involving the infliction of physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument, the peace officer shall arrest a person, with or without a warrant, if the officer has probable cause to believe that the offense has been committed and the officer has probable cause to believe that the person to be arrested has committed the offense, whether such offense was committed within or without the presence of the peace officer, unless the officer has reasonable grounds to believe that the circumstances at the time are such that the victim will be protected from further injury. Failure to make an arrest does not give rise to civil liability except pursuant to section 12-820.02. In order to arrest both parties, the peace officer shall have probable cause to believe that both parties independently have committed an act of domestic violence. An act of self-defense that is justified under chapter 4 of this title is not deemed to be an act of domestic violence. The release procedures available under section 13-3883, subsection A, paragraph 4 and section 13-3903 are not applicable to arrests made pursuant to this subsection.

C. A peace officer may question the persons who are present to determine if a firearm is present on the premises. On learning or observing that a firearm is present on the premises, the peace officer may temporarily seize the firearm if the firearm is in plain view or was found pursuant to a consent to search and if the officer reasonably believes that the firearm would expose the victim or another person in the household to a risk of serious bodily injury or death. A firearm owned or possessed by the victim shall not be seized unless there is probable cause to believe that both parties independently have committed an act of domestic violence.

D. If a firearm is seized pursuant to subsection C of this section, the peace officer shall give the owner or possessor of the firearm a receipt for each seized firearm. The receipt shall indicate the identification or serial number or other identifying characteristic of each seized firearm. Each seized firearm shall be held for at least seventy-two hours by the law enforcement agency that seized the firearm.

E. If a firearm is seized pursuant to subsection C of this section, the victim shall be notified by a peace officer before the firearm is released from temporary custody.

F. If there is reasonable cause to believe that returning a firearm to the owner or possessor may endanger the victim, the person who reported the assault or threat or another person in the household, the prosecutor shall file a notice of intent to retain the firearm in the appropriate superior, justice or municipal court. The prosecutor shall serve notice on the owner or possessor of the firearm by certified mail. The notice shall state that the firearm will be retained for not more than six months following the date of seizure. On receipt of the notice, the owner or possessor may request a hearing for the return of the firearm, to dispute the grounds for seizure or to request an earlier return date. The court shall hold the hearing within ten days after receiving the owner's or possessor's request for a hearing. At the hearing, unless the court determines that the return of the firearm may endanger the victim, the person who reported the assault or threat or another person in the household, the court shall order the return of the firearm to the owner or possessor.

G. A peace officer is not liable for any act or omission in the good faith exercise of the officer's duties under subsections C, D, E and F of this section.

H. Each indictment, information, complaint, summons or warrant that is issued and that involves domestic violence shall state that the offense involved domestic violence and shall be designated by the letters DV. A domestic violence charge shall not be dismissed or a domestic violence conviction shall not be set aside for failure to comply with this subsection.

I. A person arrested pursuant to subsection B of this section may be released from custody in accordance with the Arizona

rules of criminal procedure or other applicable statute. Any order for release, with or without an appearance bond, shall include pretrial release conditions necessary to provide for the protection of the alleged victim and other specifically designated persons and may provide for additional conditions which the court deems appropriate, including participation in any counseling programs available to the defendant.

J. When a peace officer responds to a call alleging that domestic violence has been or may be committed, the officer shall inform in writing any alleged or potential victim of the procedures and resources available for the protection of such victim including:

1. An order of protection pursuant to section 13-3602, an injunction pursuant to section 25-315 and an injunction against harassment pursuant to section 12-1809.
2. The emergency telephone number for the local police agency.
3. Telephone numbers for emergency services in the local community

K. A peace officer is not civilly liable for noncompliance with subsection J of this section.

L. An offense included in domestic violence carries the classification prescribed in the section of this title in which the offense is classified. If the defendant committed a felony offense against a pregnant victim and knew that the victim was pregnant, the court shall increase by up to two years the maximum sentence otherwise authorized.

M. If the defendant is found guilty of an offense included in domestic violence and if probation is otherwise available for such offense, the court may, without entering a judgment of guilt and with the consent of the defendant, defer further proceedings and place the defendant on probation or intensive probation, as provided in this subsection. The terms and conditions of probation or intensive probation shall include those necessary to provide for the protection of the alleged victim and other specifically designated persons and additional conditions and requirements which the court deems appropriate, including imposition of a fine, incarceration of the defendant in a county jail, payment of restitution, completion of a domestic violence offender treatment program that is provided by a facility approved by the department of health services or a probation department or any other counseling or diversionary programs that do not involve domestic violence and that are available to the defendant. On violation of a term or condition of probation or intensive probation, the court may enter an adjudication of guilt and proceed as otherwise provided for revocation of probation. On fulfillment of the terms and conditions of probation or intensive probation, the court shall discharge the defendant and dismiss the proceedings against the defendant. This subsection does not apply in any case in which the defendant has previously been found guilty under this section, or in which charges under this section have previously been dismissed in accordance with this subsection.

N. If a defendant is diverted pursuant to this section, the court shall provide the following written notice to the defendant: You have been diverted from prosecution for an offense included in domestic violence. You are now on notice that:

1. If you successfully complete the terms and conditions of diversion, the court will discharge you and dismiss the proceedings against you.
2. If you fail to successfully complete the terms and conditions of diversion, the court may enter an adjudication of guilt and proceed as provided by law.

O. If the defendant is found guilty of a first offense included in domestic violence, the court shall provide the following written notice to the defendant:

You have been convicted of an offense included in domestic violence. You are now on notice that:

1. If you are convicted of a second offense included in domestic violence, you may be placed on supervised probation and may be incarcerated as a condition of probation.
2. If you are convicted of a third or subsequent offense included in domestic violence, you will be sentenced to a term of incarceration.

P. The failure or inability of the court to provide the notice required under subsections N and O of this section does not preclude the use of the prior convictions for any purpose otherwise permitted.

13-3601.01 - Domestic violence; treatment; definition

A. The judge shall order a person who is convicted of a misdemeanor domestic violence offense to complete a domestic violence offender treatment program that is provided by a facility approved by the department of health services or a probation department. If a person has previously been ordered to complete a domestic violence offender treatment program pursuant to this section, the judge shall order the person to complete a domestic violence offender treatment program unless the judge deems the alternative sanctions are more appropriate. The department of health services shall adopt and enforce guidelines that establish standards for domestic violence offender treatment program approval.

B. On conviction of a misdemeanor domestic violence offense, if a person within a period of sixty months has previously been convicted of a violation of a domestic violence offense or is convicted of a misdemeanor domestic violence offense and has previously been convicted of an act in another state, a court of the United States or a tribal court that if committed in this state would be a domestic violence offense, the judge may order the person to be placed on supervised probation and the person may be incarcerated as a condition of probation. If the court orders supervised probation, the court may conduct an

intake assessment when the person begins the term of probation and may conduct a discharge summary when the person is released from probation. If the person is incarcerated and the court receives confirmation that the person is employed or is a student, the court, on pronouncement of any jail sentence, may provide in the sentence that the person, if the person is employed or is a student and can continue the person's employment or studies, may continue the employment or studies for not more than twelve hours a day nor more than five days a week. The person shall spend the remaining day, days or parts of days in jail until the sentence is served and shall be allowed out of jail only long enough to complete the actual hours of employment or studies.

C. A person who is ordered to complete a domestic violence offender treatment program shall pay the cost of the program.

D. If a person is ordered to attend a domestic violence offender treatment program pursuant to this section, the program shall report to the court whether the person has attended the program and has successfully completed the program.

E. For the purposes of this section, prior convictions for misdemeanor domestic violence offenses apply to convictions for offenses that were committed on or after January 1, 1999.

F. For the purposes of this section, "domestic violence offense"; means an offense involving domestic violence as defined in section 13-3601.

13-3601.02 - Aggravated domestic violence; classification; definition

A. A person is guilty of aggravated domestic violence if the person within a period of sixty months commits a third or subsequent violation of a domestic violence offense or is convicted of a violation of a domestic violence offense and has previously been convicted of any combination of convictions of a domestic violence offense or acts in another state, a court of the United States or a tribal court that if committed in this state would be a violation of a domestic violence offense.

B. A person convicted under this section who within a period of sixty months has been convicted of two prior violations of a domestic violence offense or acts in another state, a court of the United States or a tribal court that if committed in this state would be a domestic violence offense is not eligible for probation, pardon, commutation or suspension of sentence or release on any other basis until the person has served not less than four months in jail.

C. A person convicted under this section who within a period of sixty months has been convicted of three or more prior violations of a domestic violence offense or acts in another state, a court of the United States or a tribal court that if committed in this state would be a domestic violence offense is not eligible for probation, pardon, commutation or suspension of sentence or release on any other basis until the person has served not less than eight months in jail.

D. The dates of the commission of the offenses are the determining factor in applying the sixty month provision in subsection A of this section regardless of the sequence in which the offenses were committed. For purposes of this section, a third or subsequent violation for which a conviction occurs does not include a conviction for an offense arising out of the same series of acts.

E. For the purposes of this section, prior convictions for misdemeanor domestic violence offenses apply only to convictions for offenses that were committed on or after January 1, 1999.

F. Aggravated domestic violence is a class 5 felony.

G. For the purposes of this section, "domestic violence offense" means an offense involving domestic violence as defined in section 13-3601 or aggravated domestic violence as prescribed in this section.

§ 13-3602 - Order of protection; procedure; contents; arrest for violation; penalty; protection order from another jurisdiction

A. A person may file a verified petition, as in civil actions, with a magistrate, justice of the peace or superior court judge for an order of protection for the purpose of restraining a person from committing an act included in domestic violence. If the person is a minor, the parent, legal guardian or person who has legal custody of the minor shall file the petition unless the court determines otherwise. The petition shall name the parent, guardian or custodian as the plaintiff and the minor is a specifically designated person for the purposes of subsection G of this section. If a person is either temporarily or permanently unable to request an order, a third party may request an order of protection on behalf of the plaintiff. After the request, the judicial officer shall determine if the third party is an appropriate requesting party for the plaintiff. For the purposes of this section, notwithstanding the location of the plaintiff or defendant, any court in this state may issue or enforce an order of protection.

B. An order of protection shall not be granted:

1. Unless the party who requests the order files a written verified petition for an order.
2. Against a person who is less than twelve years of age unless the order is granted by the juvenile division of the superior court.
3. Against more than one defendant.

C. The petition shall state the:

1. Name of the plaintiff. The plaintiff's address shall be disclosed to the court for purposes of service. If the address of the

plaintiff is unknown to the defendant, the plaintiff may request that the address be protected. On the plaintiff's request, the address shall not be listed on the petition. Whether the court issues an order of protection, the protected address shall be maintained in a separate document or automated data base and is not subject to release or disclosure by the court or any form of public access except as ordered by the court.

2. Name and address, if known, of the defendant.
3. Specific statement, including dates, of the domestic violence alleged.
4. Relationship between the parties pursuant to § 13-3601, subsection A and whether there is pending between the parties an action for annulment, legal separation or dissolution of marriage.
5. Name of the court in which any prior or pending proceeding or order was sought or issued concerning the conduct which is sought to be restrained.
6. Desired relief.

D. The amount and payment of filing fees for a petition filed under this section are established pursuant to §§ 12-284, 22-281 and 22-404. Filing fees and fees for service of process may be deferred or waived under any rule, statute or other law applicable to civil actions, the court shall advise a plaintiff that the plaintiff may be eligible for the deferral or waiver of these fees at the time the plaintiff files the petition. The court shall not require the petitioner to perform community service as a condition of the waiver or deferral of filing fees and fees for service of process. A law enforcement agency or constable shall not require the advance payment of fees for service of process of orders of protection. If the court does not waive the fees have not been waived, the serving agency may assess the actual fees against the plaintiff. On request of the plaintiff, each order of protection issued by a municipal court shall be served by the police agency for that city if the defendant can be served within the city. If the defendant cannot be served within the city, the police agency in the city in which the defendant can be served shall serve the order. If the order cannot be served within a city, the sheriff shall serve the order. On request of the plaintiff, each order of protection issued by a justice of the peace shall be served by the constable for that jurisdiction if the defendant can be served within the jurisdiction. If the defendant cannot be served within that jurisdiction, the constable or sheriff in the jurisdiction in which the defendant can be served shall serve the order. On request of the plaintiff, each order of protection issued by a superior court judge shall be served by the sheriff of the county. If the defendant cannot be served within that jurisdiction, the sheriff in the jurisdiction in which the defendant can be served shall serve the order. Each court shall provide, without charge, forms for purposes of this section for assisting parties without counsel. The court shall make reasonable efforts to provide to both parties an appropriate information sheet on emergency and counseling services that are available in the local area.

E. The court shall review the petition, any other pleadings on file and any evidence offered by the plaintiff to determine whether the orders requested should issue without further hearing. The court shall issue an order of protection under subsection G of this section if the court determines that there is reasonable cause to believe any of the following:

1. The defendant may commit an act of domestic violence.
2. The defendant has committed an act of domestic violence within the past year or within a longer period of time if the court finds that good cause exists to consider a longer period.

F. For purposes of determining the period of time under subsection E, paragraph 2 of this section, any time that the defendant has been incarcerated or out of this state shall not be counted. If the court denies the requested relief, it may schedule a further hearing within ten days, with reasonable notice to the defendant.

G. If a court issues an order of protection the court may do any of the following:

1. Enjoin the defendant from committing a violation of one or more of the offenses included in domestic violence.
2. Grant one party the use and exclusive possession of the parties' residence on a showing that there is reasonable cause to believe that physical harm may otherwise result. If the other party is accompanied by a law enforcement officer, the other party may return to the residence on one occasion to retrieve belongings. A law enforcement officer is not liable for any act or omission in the good faith exercise of the officer's duties under this paragraph.
3. Restrain the defendant from contacting the plaintiff or other specifically designated persons and from coming near the residence, place of employment or school of the plaintiff or other specifically designated locations or persons on a showing that there is reasonable cause to believe that physical harm may otherwise result.
4. If the court finds that the defendant is a credible threat to the physical safety of the plaintiff or other specifically designated persons, prohibit the defendant from possessing or purchasing a firearm for the duration of the order. If the court prohibits the defendant from possessing a firearm, the court shall also order the defendant to transfer immediately after service of the order any firearm owned or possessed by the defendant to the appropriate law enforcement agency for the duration of the order. If the defendant does not immediately transfer the firearm, the defendant shall transfer the firearm within twenty-four hours after service of the order.
5. If the order was issued after notice and a hearing at which the defendant had an opportunity to participate, require the defendant to complete a domestic violence offender treatment program that is provided by a facility approved by the department of health services or a probation department or any other program deemed appropriate by the court.

6. Grant relief that is necessary for the protection of the alleged victim and other specifically designated persons and that is proper under the circumstances.

H. The court shall not grant a mutual order of protection. If opposing parties separately file verified petitions for an order of protection, the courts after consultation between the judges involved may consolidate the petitions of the opposing parties for hearing. This does not prohibit a court from issuing cross orders of protection.

I. At any time during the period during which the order is in effect, a party under an order of protection or restrained from contacting the other party is entitled to one hearing on written request. A hearing requested by a party under an order of protection or restrained from contacting the other party shall be held within ten days from the date requested unless the court finds good cause to continue the hearing. If exclusive use of the home is awarded, the hearing shall be held within five days from the date requested. The hearing shall be held at the earliest possible time. An ex parte order issued under this section shall state on its face that the defendant is entitled to a hearing on written request and shall include the name and address of the judicial office where the request may be filed. After the hearing, the court may modify, quash or continue the order.

J. The order shall include the following statement:

Warning

This is an official court order. If you disobey this order, you may be arrested and prosecuted for the crime of interfering with judicial proceedings and any other crime you may have committed in disobeying this order.

K. A copy of the petition and the order shall be served on the defendant within one year from the date the order is signed. An order of protection that is not served on the defendant within one year expires. An order is effective on the defendant on service of a copy of the order and petition. An order expires six months after service on the defendant. A modified order is effective upon service and expires six months after service of the initial order and petition. Beginning on January 1, 1999, an order expires one year after service on the defendant and a modified order expires one year after service of the initial order and petition.

L. Each affidavit, acceptance or return of service shall be promptly filed with the clerk of the issuing court. This filing shall be completed in person shall be by fax or shall be postmarked, if sent by mail, no later than the end of the seventh court business day after the date of service. If the filing is made by fax, the original affidavit, acceptance or return of service shall be promptly filed with the court. Within twenty-four hours after the affidavit, acceptance or return of service has been filed, excluding weekends and holidays, the court from which the order was issued shall register a copy of the order of protection and a copy of the affidavit of service of process or acceptance of service with the sheriff's office in the county in which the plaintiff resides. Registration of an order means that a copy of the order of protection and a copy of the affidavit or acceptance of service have been received by the sheriff's office. The sheriff shall maintain a central repository for orders of protection so that the existence and validity of the orders can be easily verified. The effectiveness of an order does not depend on its registration, and for enforcement purposes pursuant to section 13-2810, a copy of an order of the court, whether or not registered, is presumed to be a valid existing order of the court for a period of six months from the date of service of the order on the defendant. Beginning on January 1, 1999, a copy of an order, whether or not registered, is presumed to be a valid existing order of the court for a period of one year from the date of service of the injunction on the defendant. Any changes or modifications of the order are effective upon entry of an order of the court and shall be registered with the sheriff within twenty-four hours of the entry of the order, excluding weekends and holidays.

M. A peace officer may, with or without a warrant, arrest a person if the peace officer has probable cause to believe that the person has violated section 13-2810 by disobeying or resisting an order issued in any jurisdiction in this state pursuant to this section, whether or not such violation occurred in the presence of the officer. Criminal violations of an order issued pursuant to this section shall be referred to an appropriate law enforcement agency. The law enforcement agency shall request that a prosecutorial agency file the appropriate charges. A violation of an order of protection shall not be adjudicated by a municipal or justice court unless a complaint has been filed or other legal process has been requested by the prosecuting agency.

The provisions for release under section 13-3883, subsection A, paragraph 4 and section 13-3903 do not apply to an arrest made pursuant to this section. For purposes of this section, any court in this state has jurisdiction to enforce a valid order of protection that is issued in this state and that has been violated in any jurisdiction in this state.

N. A person arrested pursuant to subsection M of this section may be released from custody in accordance with the Arizona rules of criminal procedure or any other applicable statute. An order for release, with or without an appearance bond, shall include pretrial release conditions necessary to provide for the protection of the alleged victim and other specifically designated persons and may provide for additional conditions which the court deems appropriate, including participation in any counseling programs available to the defendant.

O. The remedies provided in this section for enforcement of the orders of the court are in addition to any other civil and criminal remedies available. The superior court shall have exclusive jurisdiction to issue orders of protection in all cases if it appears from the petition that an action for maternity or paternity, annulment, legal separation or dissolution of marriage is pending between the parties. A municipal court or justice court shall not issue an order of protection if it appears from the

petition that an action for maternity or paternity, annulment, legal separation or dissolution of marriage is pending between the parties. After issuance of an order of protection, if the municipal court or justice court determines that an action for maternity or paternity, annulment, legal separation or dissolution of marriage is pending between the parties, the municipal court or justice court shall stop further proceedings in the action and forward all papers, together with a certified copy of docket entries or any other record in the action, to the superior court where they shall be docketed in the pending superior court action and shall proceed as though the petition for an order of protection had been originally brought in the superior court. Notwithstanding any other law and unless prohibited by an order of the superior court, a municipal court or justice court may hold a hearing on its ex parte order of protection involving the exclusive use of the parties' residence if the hearing was requested before receiving written notice of the pending superior court action. No order of protection shall be invalid or determined to be ineffective merely because it was issued by a lower court at a time when an action for maternity or paternity, annulment, legal separation or dissolution of marriage was pending in a higher court. After a hearing with notice to the affected party, the court may enter an order requiring any party to pay the costs of the action, including reasonable attorney fees, if any. An order entered by a justice court or municipal court after a hearing pursuant to this section may be appealed to the superior court as provided in title 22, chapter 2, article 4, § 22-425, subsection B and the superior court rules of civil appellate procedure without regard to an amount in controversy. For the purposes of this subsection, "pending" means, with respect to an action for annulment, legal separation or dissolution of marriage or for maternity or paternity, either that:

1. An action has been commenced but a final judgment, decree or order has not been entered.
 2. A post-decree proceeding has been commenced but a judgment, decree or order finally determining the proceeding has not been entered.
- P.** A peace officer making an arrest pursuant to this section or section 13-3601 is not civilly or criminally liable for such arrest if the officer acts upon probable cause and without malice.
- Q.** In addition to persons authorized to serve process pursuant to rule 4(d) of the Arizona rules of civil procedure, a peace officer may serve an order of protection issued pursuant to this section. Service of the order of protection has priority over other service of process that does not involve an immediate threat to the safety of a person.
- R.** A valid protection order that is related to domestic or family violence and that is issued by a court in another state, a court of a United States territory or a tribal court shall be accorded full faith and credit and shall be enforced as if it were issued in this state for as long as the order is effective in the issuing jurisdiction. For the purposes of this subsection:
1. A protection order includes any injunction or other order that is issued for the purpose of preventing violent or threatening acts or harassment against, contact or communication with or physical proximity to, another person. A protection order includes temporary and final orders other than support or child custody orders that are issued by civil and criminal courts if the order is obtained by the filing of an independent action or is a pendente lite order in another proceeding. The civil order shall be issued in response to a complaint, petition or motion that was filed by or on behalf of a person seeking protection.
 2. A protection order is valid if the issuing court had jurisdiction over the parties and the matter under the laws of the issuing state, a United States territory or an Indian tribe and the person against whom the order was issued had reasonable notice and an opportunity to be heard. If the order is issued ex parte, the notice and opportunity to be heard shall be provided within the time required by the laws of the issuing state, a United States territory or an Indian tribe and within a reasonable time after the order was issued.
 3. A mutual protection order that is issued against both the party who filed a petition or a complaint or otherwise filed a written pleading for protection against abuse and the person against whom the filing was made is not entitled to full faith and credit if either:
 - (a) The person against whom an initial order was sought has not filed a cross or counter petition or other written pleading seeking a protection order.
 - (b) The issuing court failed to make specific findings supporting the entitlement of both parties to be granted a protection order.
 4. A peace officer may presume the validity of and rely on a copy of a protection order that is issued by another state, a United States territory or an Indian tribe if the order was given to the officer by any source. A peace officer may also rely on the statement of any person who is protected by the order that the order remains in effect. A peace officer who acts in good faith reliance on a protection order is not civilly or criminally liable for enforcing the protection order pursuant to this section.

§ 13-411 - Justification; use of force in crime prevention

A. A person is justified in threatening or using both physical force and deadly physical force against another if and to the extent the person reasonably believes that physical force or deadly physical force is immediately necessary to prevent the other's commission of arson of an occupied structure under section 13-1704, burglary in the second or first degree under

section 13-1507 or 13-1508, kidnapping under section 13-1304, manslaughter under section 13-1103, second or first degree murder under section 13-1104 or 13-1105, sexual conduct with a minor under section 13-1405, sexual assault under section 13-1406, child molestation under section 13-1410, armed robbery under section 13-1904, or aggravated assault under section 13-1204, subsection A, paragraphs 1 and 2.

B. There is no duty to retreat before threatening or using deadly physical force justified by subsection A of this section.

C. A person is presumed to be acting reasonably for the purposes of this section if he is acting to prevent the commission of any of the offenses listed in subsection A of this section.

§ 13-4419 - Victim conference with prosecuting attorney

A. On request of the victim, the prosecuting attorney shall confer with the victim about the disposition of a criminal offense, including the victim's views about a decision not to proceed with a criminal prosecution, dismissal, plea or sentence negotiations and pretrial diversion programs.

B. On request of the victim, the prosecuting attorney shall confer with the victim before the commencement of the trial.

C. The right of the victim to confer with the prosecuting attorney does not include the authority to direct the prosecution of the case.

§ 13-602 - Designation of offenses

A. The particular classification of each felony defined in this title is expressly designated in the section or chapter defining it. Any offense defined outside this title which is declared by law to be a felony without either specification of the classification or of the penalty is a class 5 felony.

B. The particular classification of each misdemeanor defined in this title is expressly designated in the section or chapter defining it. Any offense defined outside this title which is declared by law to be a misdemeanor without either specification of the classification or of the penalty is a class 2 misdemeanor.

C. Every petty offense in this title is expressly designated as such. Any offense defined outside this title without either designation as a felony or misdemeanor or specification of the classification or the penalty is a petty offense.

D. Any offense which is declared by law to be a felony, misdemeanor or petty offense without specification of the classification of such offense is punishable according to the penalty prescribed for such offense.

E. Any offense defined within or outside this title without designation as a felony, misdemeanor or petty offense is punishable according to the penalty prescribed for such offense.

F. Any offense defined outside this title with a specification of the classification of such offense is punishable according to the provisions of this title.

G. Any petty offense, class 3 misdemeanor or class 2 misdemeanor, except a violation of title 28, is deemed a minor nontraffic offense for the limited purpose of armed forces recruitment.

§ 13-604 - Dangerous and repetitive offenders; definitions

A. Except as provided in subsection F, G or H of this section or section 13-604.01, a person who is at least eighteen years of age or who has been tried as an adult and who stands convicted of a class 4, 5 or 6 felony, whether a completed or preparatory offense, and who has a historical prior felony conviction shall be sentenced to imprisonment as prescribed in this subsection and shall not be eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed by the court has been served, the person is eligible for release pursuant to section 41-1604.07 or the sentence is commuted. The presumptive term may be mitigated or aggravated within the range prescribed under this subsection pursuant to the terms of section 13-702, subsections B, C and D. The terms are as follows:

Felony	Minimum	Presumptive	Maximum
Class 4	3 years	4.5 years	6 years
Class 5	1.5 years	2.25 years	3 years