



Thank you for joining us.  
We will start promptly at 1:00.  
**Strangulation: The Last Warning Shot**





# Strangulation: The Last Warning Shot

Casey Gwinn, JD, President & Co-Founder

Gael Strack, JD, CEO & Co-Founder

Nicole Jacobs, Domestic Abuse Commissioner

Louisa Rolfe OBE, Assistant Commissioner Metropolitan Police

Rachel Williams, Survivor and Founder of Stand up to Domestic Abuse

Kate Davies CBE, NHS England National Director of Health and Justice

Dr. Cath White, Sexual Offence Medicine Lead

Joanne Hopkin, Program Director, Criminal Justice and Violence Prevention

# Casey Gwinn, Esq., President



- “The most dangerous domestic violence offenders strangle their victims. The most violent rapists strangle their victims. We used to think all abusers were equal. They are not. Our research has now made clear that when a man puts his hands around a woman, he has just raised his hand and said, “I’m a killer.” They are more likely to kill police officers, to kill children, and to later kill their partners. So, when you hear “He choked me”, now we know you are the edge of a homicide.”

# Thank you to NHS England, Probation, Welsh Partners & Planning Team

## Planning Team:

- Julia Drown
- Dr. Cath White
- Rachel Williams

# Our Programs



# Gael Strack, J.D. CEO and Co-Founder



- “Our study proved it – most victims of strangulation will not have visible external injuries. The lack of injuries and the lack of training caused the criminal justice system to minimize strangulation. We failed victims. But now we know – it’s lethal. There are serious immediate and long-term health consequences.”

# Lessons Learned – In Memory of Casondra Stewart & Tamara Smith



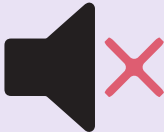
# A few ZOOM tips to help make this training enjoyable:

## BE ON TIME



- We are committed to starting and ending on time, including breaks.
- Agenda are guidelines.
- We will display a timer during breaks.

## MUTE YOURSELF



- We are using ZOOM webinar which means everyone will be muted and we cannot see you.

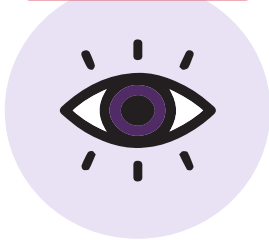
## UTILIZE CHAT



- Please use of the chat feature to send comments.
- Please use the Q/A to ask questions.

# A few ZOOM tips to help make this training enjoyable:

BE PRESENT



PRACTICE  
SELF-CARE



- We are all in this together.
- Virtual training is not ideal but it is still a gift. Throw yourself in, ask questions and learn as much as you can.
- During this presentation, we will share sensitive information, play some 911 tapes, videos, photos and discuss case studies. This information may be difficult and/or cause you some discomfort. We understand. Please take good care of yourself.



# The Institute Team



**FERNANDA ESPAÑA**

PROGRAM MANAGER



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SUPPORT COORDINATOR



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DIRECTOR OF CULTURE  
& CREATIVE SERVICES



**JESS KIMSEY**

EVENT MANAGER



**JILL BRING**

PROGRAM ASSISTANT



**Congratulations on passing your  
Strangulation and Suffocation  
offence - effective June 7<sup>th</sup>, 2022**

## 2022 No. 553 (C. 27)

### DOMESTIC ABUSE, ENGLAND AND WALES

#### The Domestic Abuse Act 2021 (Commencement No. 4) Regulations 2022

*Made*

*17th May 2022*

The Secretary of State, in exercise of the powers conferred by section 90(6) and (7) of the Domestic Abuse Act 2021(1), makes the following Regulations.

##### **Citation, interpretation and extent**

- 1.—(1) These Regulations may be cited as the Domestic Abuse Act 2021 (Commencement No. 4) Regulations 2022.
- (2) In these Regulations a reference to a section or Schedule by number alone means the section or Schedule so numbered in the Domestic Abuse Act 2021.
- (3) These Regulations extend to England and Wales.

##### **Commencement of provisions on 19th May 2022**

- 2.—(1) The following provisions come into force on 19th May 2022—
  - (a) section 62 (special measures in criminal proceedings for offences involving domestic abuse), for all purposes except that set out in paragraph (2);
  - (b) section 67 (orders under section 91(14) of the Children Act 1989).
- (2) The purpose referred to in paragraph (1)(a) is enabling a special measures direction to include the provision for which sections 27 (video recorded evidence in chief) and 28 (video recorded cross-examination or re-examination) of the Youth Justice and Criminal Evidence Act 1999(2) provide.

##### **Commencement of provisions on 7th June 2022**

3. The following provisions come into force on 7th June 2022—
  - (a) section 70 (strangulation or suffocation);
  - (b) Schedule 2 (strangulation or suffocation: consequential amendments).

##### **Commencement of provisions on 14th June 2022**

4. Section 64 (special measures in civil proceedings: victims of domestic abuse etc.) comes into force on 14th June 2022.

# Welcome

## Louisa Rolfe OBE

Assistant Commissioner  
Metropolitan Police, National  
Police Chief





# Rachel Williams



Survivor and Founder of Stand Up to Domestic Abuse (SUTDA)

# Strangulation & Suffocation



**#NonFatalStrangulation**


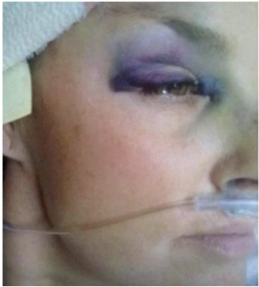


**change.org**   Start a petition   My petitions   Browse   Subscription    

Welcome back to Change.org! A new petition wins every hour thanks to signers like you.


[Go to my petition's dashboard](#)


## UK Home Office; Make non-fatal Strangulation a specific criminal offence!




**108,878 have signed.** Let's get to 150,000!


At 150,000 signatures, this petition becomes one of the **top signed on Change.org!**


 Claire cox signed this petition


 Sam Everson signed this petition


 Boris Johnson MP: UK Home Office; Make non-fatal ...

Share on Facebook

 Send an email to friends

 Tweet to your followers

 Copy link

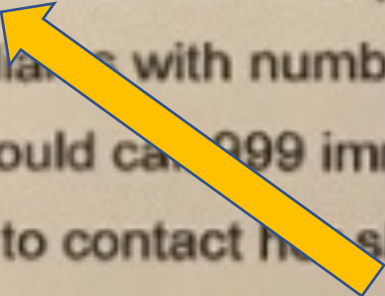
 Rachel Williams started this petition to [Boris Johnson \(Prime Minister\)](#)

Strangulation is a very symbolic act of control which leaves its victim in no doubt that there is a real and visceral threat to their life. If you put your hands on someone's throat and squeeze the message and terror for the victim is clear. As a survivor of domestic violence - I know the impact it has.

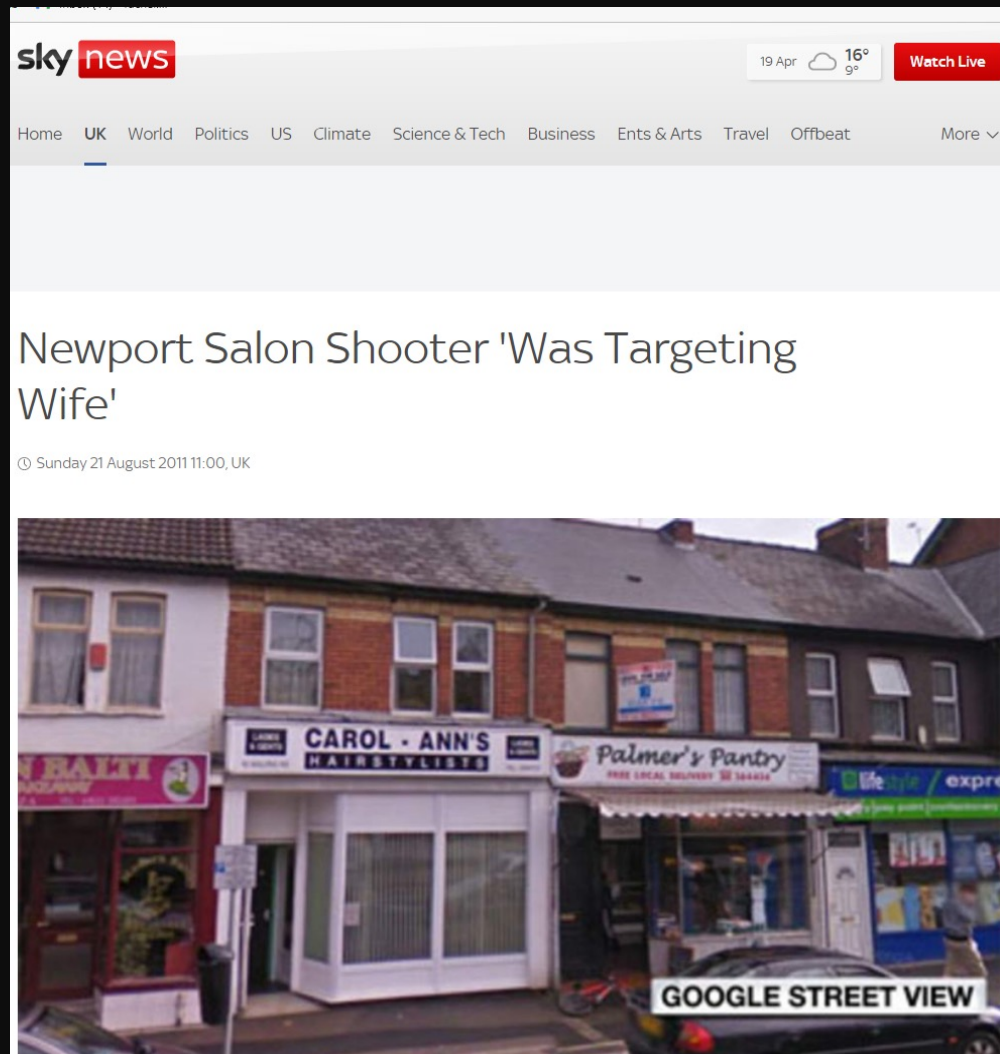
**That's why I'm calling for it to be made a specific criminal offence**, as part of the current review of domestic violence legislation. This will give the power to police and the justice system to treat these offences with the seriousness it deserves

Some violence is more dangerous and frightening than others, not just in that it is more likely to cause death or serious injury,

PC James assessed Mrs Williams as being at high risk due to the attempted strangulation and the previous incidents mentioned. She provided Mrs Williams with numbers for support and advice and explained she should call 999 immediately if she felt she was at risk of further harm and to contact her should she change her mind about the statement. PC James explained she had checked Mrs Williams had a mobile phone which she could use to call 999 should she need to. She informed Mrs Williams that the details she had provided would be passed to the DAU who would manage the risk.



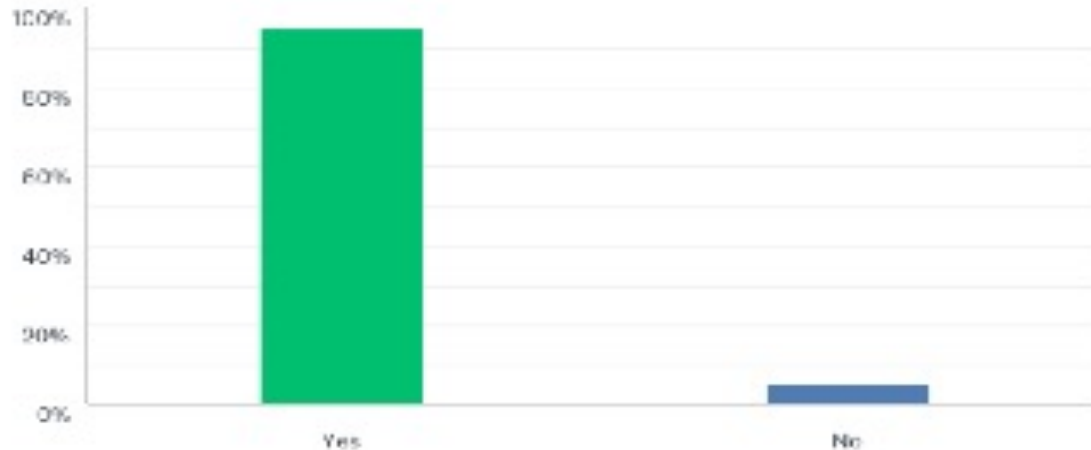
Even though I was deemed a high-risk victim and him a high-risk perpetrator of domestic violence he was only charged with common assault.





## Q1: Have you ever been strangled?

Answered: 487 Skipped: 0

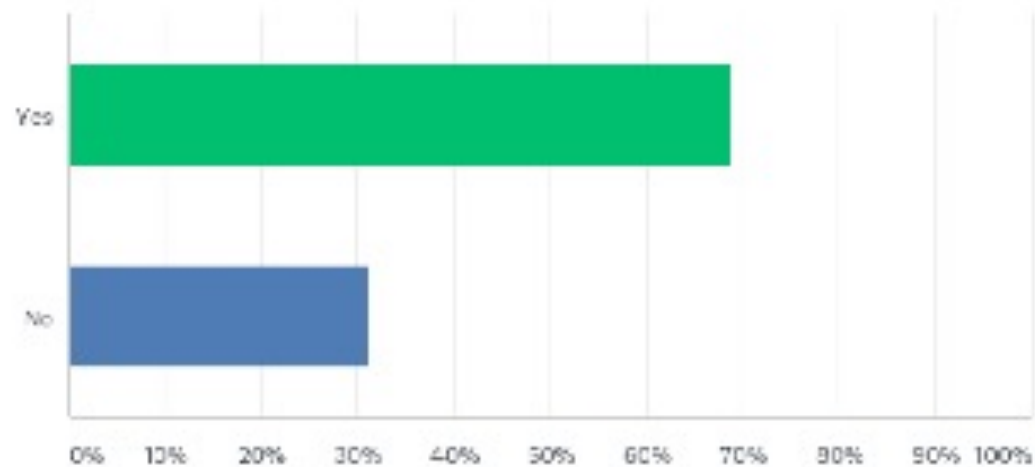


**This results suggest that the majority of respondents had been subject to NFS this is not an unexpected result.**

**It is, however, important to note that there were 487 respondents, so we can assume NFS is not unusual.**

## Q2: Were you strangled on more than one occasion?

Answered: 481 Skipped: 6



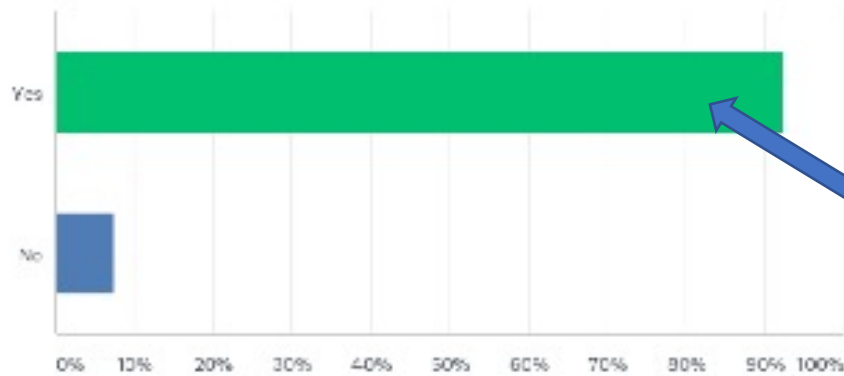
**The answers to this question show that in nearly 70% of cases NFS was used on more than one occasion. This suggests that NFS is part of a pattern used by some perpetrators. This data suggests NFS is not a single spontaneous assault that is never repeated in most cases.**

### Did you suffer any after-effects?

The answers to this question show that in over 80% of cases victims of NFS suffered effects that were experienced beyond the actual assault.

### Q5: Was the person strangling you an intimate partner?

Answered: 470 Skipped: 17



**90% of cases the perpetrator was an intimate partner.**

'I thought I was going to die'

'this is it' and 'I was thinking about my family finding me'

'I felt like my head was going to explode, I was gasping for air and trying to scream and shout but could not make any real noise and felt totally helpless. I have thought on several occasions I may lose my life this way'

'horrific feeling of total helplessness, thoughts of dying and nothing I could do to stop it...physically it felt like my eyes were going to pop, followed by my head and neck wanting to explode. Tunnel vision comes, buzzing that gets louder and louder until it's black. The gasp of breath when they let go is in sheer panic, confusion, fuzziness, buzzing, temporary deafness, massive headache, blurred tunnel vision, coughing, crying, spluttering, I might have accidentally urinated...You're going to die! That's it. This is the end'



# Today is about HOPE & JUSTICE

Men who **STRANGLE**  
women are the most  
**DANGEROUS** men  
on the planet.  
– Casey Gwinn



[strangulationtraininginstitute.com](http://strangulationtraininginstitute.com)

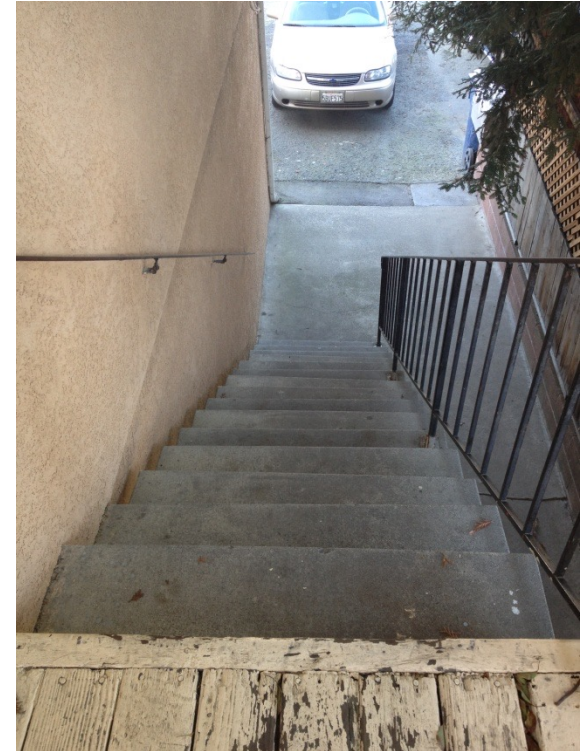
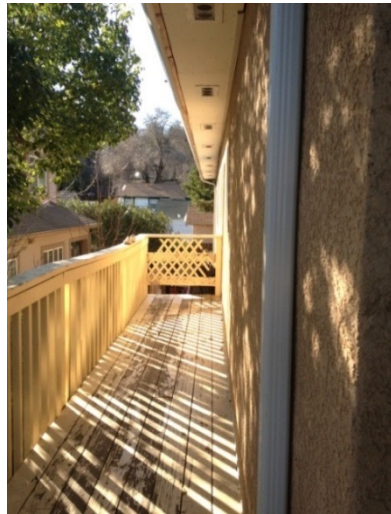
# In Memory...



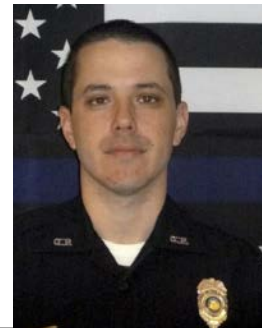
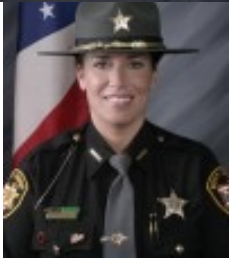
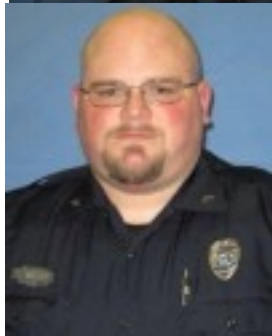
Sgt. Paul Starzyk



# Martinez, California Homicide Scene



# And we honor so many...



# Craig Kingsbury Police Chief of Twinfalls, Idaho

The link to officer safety



# 2013 Treasure Valley (ID) Study

- Evaluated ten officer-involved critical incidents where officer shot a suspect or suspect shot an officer
- 80% of suspects with domestic violence history
- Non-fatal strangulation history in 30%
- Based only on public records history
- More research needed
- We all should be looking for it/tracking it

# Riverside County District Attorney's Office 2013 Study Gerald Fineman, J.D.

- Law enforcement officers killed in the line of duty
- 1993-2013
- 50% of officers were killed by a criminal suspect with a public records act history of strangulation assault against a woman in a prior relationship

# 2017 Analysis of Alliance for HOPE International

33 of 44 (75%) law enforcement officers killed in 2017 in intentional homicides were killed by men with a history of domestic violence (and often strangulation) in a simple Internet search...

# USDOJ FBI Analysis of Officers Killed in the Line of Duty in 2019

- Focused on...
- Location
- Nature of Call
- Actions of the officer
- Actions of the killer
- Felony criminal history
- Facts surrounding the actual incident
- “16% of known offenders had prior DV arrest”
- “8% related to domestic disturbance OR DV calls”



# 2020 Officers Murdered



# DOMESTIC VIOLENCE REPORT™

LAW • PREVENTION • PROTECTION • ENFORCEMENT • TREATMENT • HEALTH

Vol. 19, No. 6

ISSN 1086-1270

Pages 81 – 100

August/September 2014

August/September 2014

DOMESTIC VIOLENCE REPORT

85

## Men Who Strangle Women Also Kill Cops

by Casey Gwinn, J.D.

In September 2008, Martinez Police Department Sgt. Paul Starzyk was killed by Felix Sandoval outside the Elegant Hair Salon in Martinez, CA. Paul was 47 years old and married with three children. I did not know Paul, but the story of his tragic death and the death of Catalina Torres, a volunteer advocate at a local domestic violence shelter, came up on a Google Alert I had that documented officers who were killed in the line of duty in domestic violence-related incidents. Paul gave his life trying to save Felix's estranged wife, Maria, and her three children. He and Catalina both died as heroes: laying down their lives to save others.

Less than a month later, I visited Martinez, CA, during a planning meeting for a Family Justice Center in nearby Richmond, CA. I went to pull Maria's restraining order application at the courthouse. In her declaration, months before she died, she described a history of domestic violence including prior strangulation assaults by Felix. It was not the first time I had seen cases where an abuser had strangled his partner and then later killed a police officer. But I could not get this case out of my head.

National studies have found that 14% of officers killed in the line of duty are killed in domestic violence or "domestic dispute" incidents.<sup>1</sup> But what if we have been asking the wrong question? Instead of asking how many officers die in domestic violence incidents, perhaps we should be asking, what is the relationship history of the cop killer? What are his prior relationships like? Is there a correlation between domestic violence history and later homicide of law enforcement officers? And because of our focus at the National Family Justice Center Alliance on the lethal nature of strangulation assaults, why not look at the cop killer's relationship history and see if we can find strangulation in his history? We know that a man who strangles a woman once is 800% more likely to later kill her.<sup>2</sup> What if men who "choke" women are most

dangerous to police officers as well? What if a strangulation assault is not only a lethality marker for female victims, but is also a lethality marker for police officers?

It was time to challenge friends to look at the issue. First, Nampa Police Chief Craig Kingsbury agreed to look at the last ten officer-involved critical incidents in Nampa, Idaho. Thankfully no officer died in those incidents, but each involved the shooting of an officer or the shooting of a criminal suspect by an officer. He recruited a graduate student at Boise State to pull the last ten incidents where an officer shot someone or someone shot an officer. They asked two questions:

*What if a strangulation assault is not only a lethality marker for female victims, but is also a lethality marker for police officers?*

(1) how many of the criminal suspects had a public records act history of domestic violence; and (2) how many of the criminal suspects had a public records act history of non-fatal strangulation assault against a prior partner? The results got our attention: 80% of the criminal suspects had a prior domestic violence history and 30% had a prior history of non-fatal strangulation against a partner. And this was only a public records act check. We did not have a social or relationship history of the perpetrator. We did not interview all his prior partners. But clearly those willing to attack a police officer or pull a gun on an officer had a substantial history of violence against women.

Soon after the Nampa review was completed, Supervising Riverside County Deputy District Attorney Jerry Fineman called to say he was going to conduct a public records act check of the killers of law enforcement officers in Riverside County California. Jerry has a long history of specialized prosecution work around gender-based crimes and has served as the Chair of

the California District Attorneys Association's Domestic Violence Legislative Committee. He is a true advocate and zealous prosecutor. Jerry's review is now complete and posed on the Training Institute for Strangulation Prevention's online Resource Library.<sup>3</sup> The findings clearly show the danger to law enforcement officers of men who strangle women and should promote more research on this topic.

Jerry Fineman identified eight law enforcement officers who died in the line of duty from intentional homicide between 1993 and 2013. His review of the killers' histories was limited to public records. Significantly, he found that 50% of them had a public records

act history of strangulation assault and each of them had a history of domestic violence. A fifth officer was killed by a man with a history of domestic violence but no public record was found to document strangulation history. A sixth officer was killed by a man whose prior girlfriend had warned other women to stay away from him, but there was no public records act history of domestic violence or strangulation. The five officers killed by men with a history of domestic violence and/or strangulation assault deserve to be remembered:

1993: Deputy Kent Hinnergard  
1997: Deputy James Lehmann, Jr.  
1999: Deputy Eric Thach  
2001: Officer Doug Jacobs III  
2010: Officer Ryan Bonaminio

Fineman concluded that there does appear to be a link between strangulation assault and intentional homicide of police officers. Though the sample size for research purposes was small, he also pointed out that these numbers

See MEN WHO STRANGLE, page 97

## Law Reform Targets the Crime of Strangulation

by Casey Gwinn, J.D., Gael Strack, J.D., and Melissa Mack

*"Actually, when I came out of that [strangulation incident], I was more submission—more terrified that the next time I might not come out—I might not make it. So I think I gave him all my power from there because I could see how easy it was for him to just take my life like he had given it to me."*

—Former San Diego Family Justice Center Client (2010)

Survivors of non-fatal strangulation have known for years what prosecutors and civil attorneys are only recently learning: Many domestic violence offenders and rapists do not strangle their partners to kill them; they strangle them to let them know they can kill them—any time they wish. Once victims know this truth, they live under the power and control of their abusers day in and day out. This complex reality creates challenges for prosecutors who have to decide whether to prosecute non-fatal strangulation cases

as attempted murders, serious felony assaults, or misdemeanors.

For many years in California and across the country, prosecutors have failed to treat non-fatal strangulation assaults as serious crimes, due to lack of physical evidence. Today, because of (1) involvement of the medical profession, (2) specialized training for police and prosecutors, and (3) ongoing research, strangulation has become a focus area for policymakers and professionals working to reduce intimate partner violence and sexual assault.

As of May 2014, 37 states and one territory (U.S. Virgin Islands) have passed strangulation laws that provide clear legislative definitions of the violent, life threatening assault now properly referred to as "strangulation."<sup>1</sup> One state, Utah, passed an "Intent of the Legislature" resolution, which made legislative findings to help

See LAW REFORM, next page

### About This Issue . . .

We are delighted to present this special issue on Strangulation, a topic of great interest because of the importance of the issue today, particularly in light of the high lethality of these cases, the profound consequences for survivors, and the challenges for law enforcement. We are especially pleased that Gael Strack and Casey Gwinn are Guest Editors. These two former prosecutors are leading national experts on strangulation as well as founders of the Family Justice Center movement.

D. Kelly Weinberg, Editor, Domestic Violence Report

### ALSO IN THIS ISSUE

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## Strangulation and Domestic Violence: The Edge of Homicide

by Gael Strack, J.D. and Casey Gwinn, J.D.

In March 1995, as San Diego's coordinated community response to domestic violence was getting national attention with a 50% drop in domestic violence homicides since 1985, Sgt. Anne O'Dell, the founder of the Police Department's specialized Domestic Violence Unit, called us as the founders of the City Attorney's specialized Child Abuse/Domestic Violence Unit to question whether any of us were treating so called "choking" cases seriously. Her soul searching, and soon ours, came from the first two domestic violence homicides of 1995: two teenagers with small children who lost their lives after a history of domestic violence and reports of being "choked" by their boyfriends. The City Attorney or the District Attorney prosecuted none of the reported cases. And then both Casandra Stewart and Tamara Smith were murdered.

The deaths of Casandra Stewart and Tamara Smith triggered profound changes in San Diego and ultimately around the world, but such profound change started with Gael Strack going into the file room of the San Diego City Attorney's Child Abuse/Domestic Violence Unit and reviewing every case where

See EDGE OF HOMICIDE, page 90

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**In aggressors, loss of hope  
often leads to...**



Mohamed  
Lahouaiej  
Bouhlel – July  
2016 – Nice,  
France –  
Killed more  
than 80  
including 10  
children



# Mass Killings have a connection to IPV and strangulation

THE BODY POLITIC

## What Mass Killers Really Have in Common

By Rebecca Traister

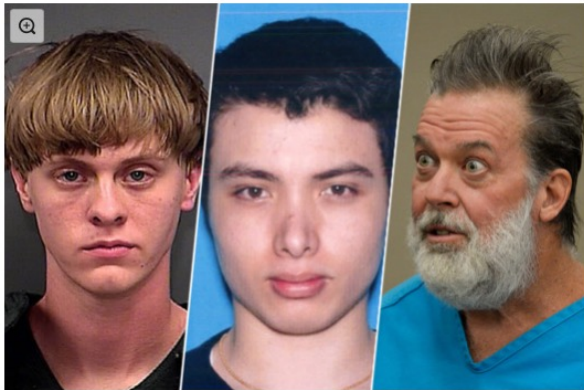


Photo: Getty; AP; Getty

In the wake of the terrorist attack in Nice, France, on Thursday, Republican Newt Gingrich, perhaps still hoping (in vain, it turns out) to be tapped by Donald Trump as a vice-presidential nominee, amplified Trump's past calls to round up Muslim suspects in an effort to stop future terrorist violence. Gingrich said that "Western civilization is in a war," and suggested that "we should frankly test every person here who is of a Muslim background, and if they believe in Sharia, they should be deported." Muslims who do not believe in Sharia law, Gingrich continued, would be welcome.

- Mohamed Lahouaiej Bouhlel – 80 killed in Nice – criminal history of DV (2016)
- Omar Mateen – 49 killed in Orlando, 53 injured. Ex-wife was strangled. (2016)
- Robert Lewis Dear – killed 3, wounded 9 at Colorado Springs Planned Parenthood. History of DV with 2 ex-wives; Arrest for Rape (2015)
- NYMag.com, July 15, 2016

# Devon Patrick Kelly – 2017



- He was in the Air Force. Prosecuted for fracturing his baby stepson's skull, animal cruelty arrest and domestic violence.
- He was confined for a year, given a bad conduct discharge and reduced in rank to E-1, or airman basic.
- The military failed to enter the domestic violence case into a database that would have made it illegal for him to buy a gun, officials said.
- "He was very sick in the head," Katy Landry, a former girlfriend of Devin Patrick Kelley, told NBC News.

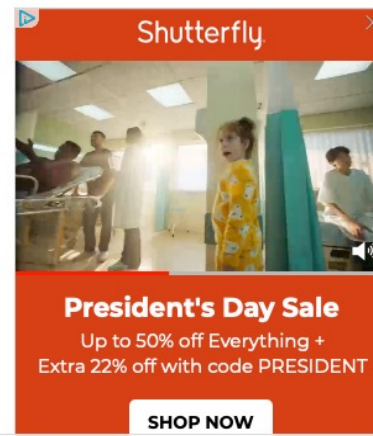
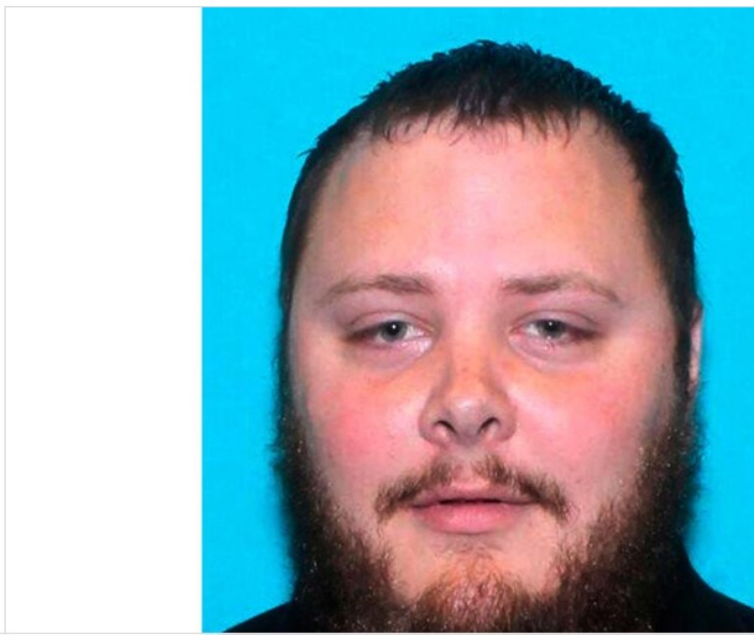
# Air Force Ordered to Pay More Than \$230M in Church Shooting

The U.S. Air Force has been ordered to pay more than \$230 million in damages to survivors and victims' families for a deadly shooting at a Texas church.

By [Associated Press](#) | Feb. 7, 2022, at 8:09 p.m.



Save



And we don't forget the children...



The Dumas Children

# Men Who Strangle, Cop Killers, and Mass Murderers Have One Thing in Common...

Childhood Trauma...

# Latest Research on the Children of Domestic Violence Homes

- Study was based on the National Youth Survey Family Study, a national sample of 1,683 families, and followed 353 second-generation parents and their third-generation offspring over a 20-year period.
- Children from 75% of the families ended up becoming victims as adults
- Children from 78.6% of the families ended up becoming perpetrators as adults
- [http://dev.cjcenter.org/\\_files/cvi/Generation%20Cycles%20IPVforweb.pdf](http://dev.cjcenter.org/_files/cvi/Generation%20Cycles%20IPVforweb.pdf)
- [http://dev.cjcenter.org/\\_files/cvi/Gang\\_Crime\\_Victimization\\_final.pdf](http://dev.cjcenter.org/_files/cvi/Gang_Crime_Victimization_final.pdf)

# By the time they kill a police officer or become mass murderers...

No one cares about their  
childhood trauma but don't forget  
the importance of addressing it in  
your homicide prevention  
strategy...

# THE SCIENCE OF HOPE



Repeated failures at goals result in a general expectation that future goal attainment is not likely – “Why try?”

**HOPE**

**RAGE**

- Goal is significantly blocked.

**DESPAIR**

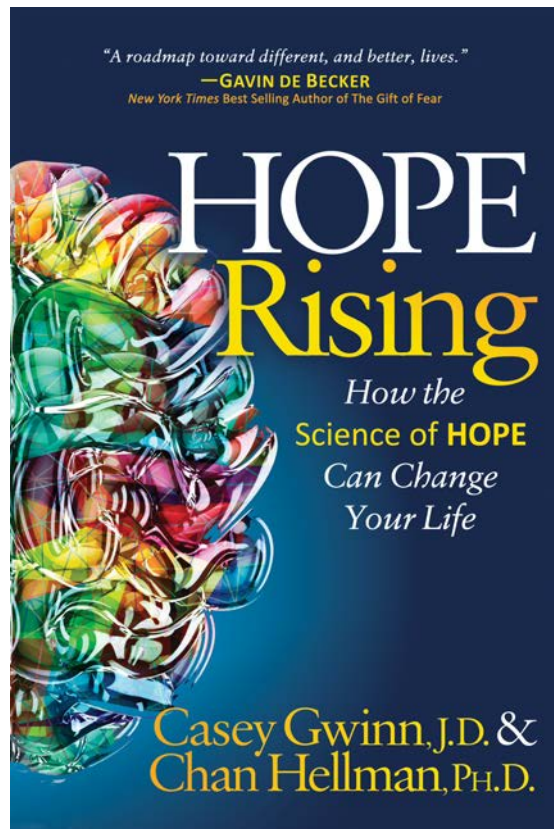
- Unable to adjust goal. Pathways are unavailable.

**APATHY**  
(Hopeless)

- Loss of Motivation

# Hope Rising for Staff, Clients, Partner Agencies – Even a Book Club

Thank you, Mary Murphy, for giving hope...



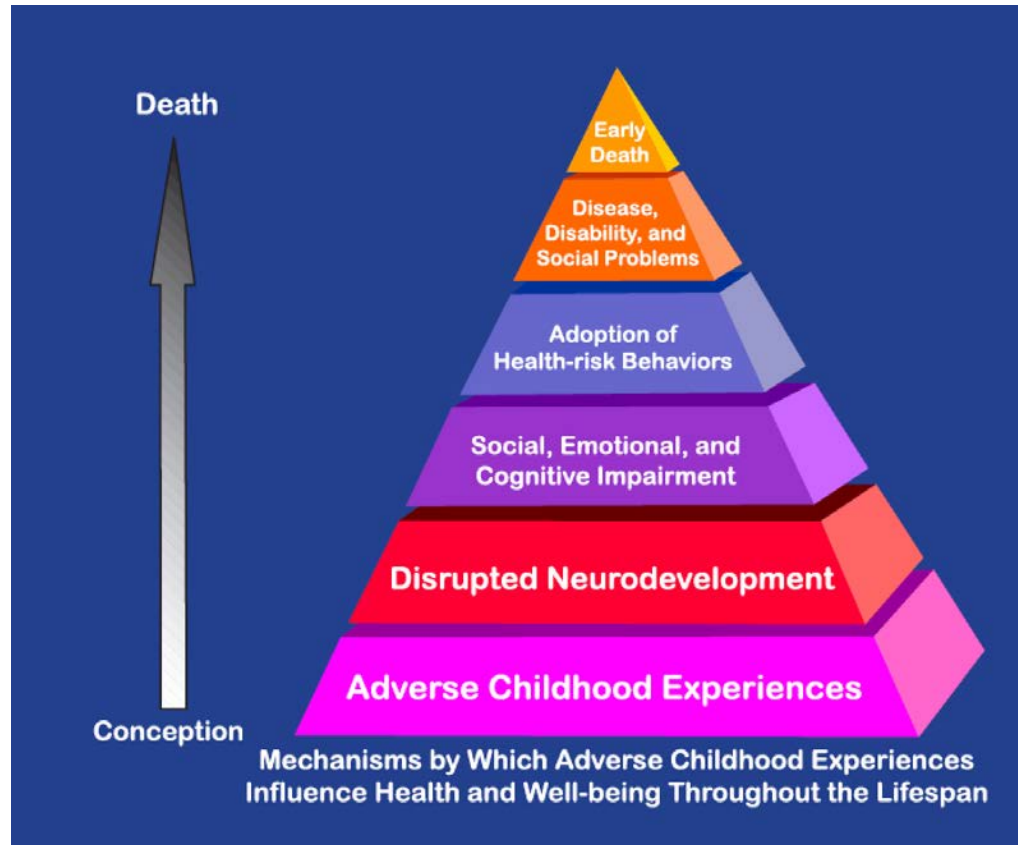
“Meantime, I’ve been buying up “Hope Rising” since hearing you at Brooklyn law school in late 2018. We give them to clients, partners, board members, everybody. Last week, we sent them to the homes of all our staff members working remotely (many of them new hires) and we’re orchestrating a book club to discuss.”



**“In America, we raise our  
criminals at home”**

Casey Gwinn, Esq.





# Adverse Childhood Experiences Study (ACE)

- Ten questions/ten trauma experiences
- Predictive of adult illness, disease, and criminality
- [www.cestudy.org](http://www.cestudy.org)
- [www.cestoohigh.org](http://www.cestoohigh.org)

# Our Language – Childhood Trauma (ACES) + Polyvictimization + Force Multipliers = Complex Trauma

Force Multipliers: Historic  
Oppression; Poverty; Racism;  
Pornography; Community  
Violence; Bullying; etc.

And see: <https://healthfederation.org/ACEs> for the Philadelphia ACE Survey

# Gael Strack, J.D. CEO and Co-Founder



- Project of the Alliance for HOPE International
- Launched October 2011 with support from DOJ/OVW
- Most comprehensive training program in the U.S.
- Fee-based Training for All Professionals

# Agenda



Because we didn't know: Context



If we only knew: Medical



Reflections from the Panel & Questions



Day 2: Investigations



Day 2: How Do you Prove It



Day 2: Advocacy, Understanding ACES and the Science of HOPE

# Goals for the Training Institute

- Increase public **AWARENESS**
- Improve **POLICY** and **PRACTICE** among legal, medical, and advocacy communities;
- Improve **OUTCOMES** for victims
  - Immediate Safety,
  - Long Term Health
  - Offender Accountability to Prevent Homicides
- **EDUCATE** professionals working with strangled victims
- **MULTIPLY** field's capacity and expertise;

# strangulationtraininginstitute.com



ALLIANCE for  
**HOPE**  
INTERNATIONAL



ESCAPE 



RESOURCE LIBRARY

UPCOMING TRAININGS

NEWS

FREE **ONLINE TRAINING**

**LEARN MORE**

RESOURCE **LIBRARY**

**LEARN MORE**

LEGISLATION **MAP**

REQUEST **TRAINING**

[www.strangulationtraininginstitute.com](http://www.strangulationtraininginstitute.com)

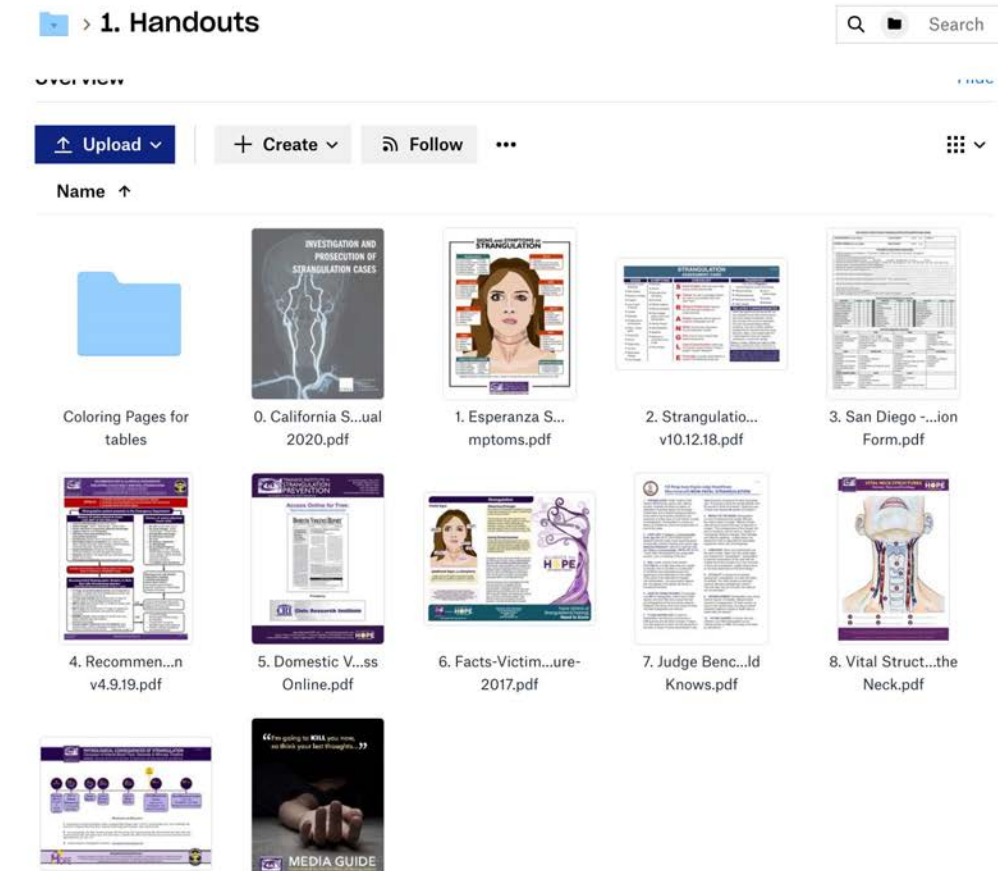
ALLIANCE for  
**HOPE**  
INTERNATIONAL

CREATING PATHWAYS TO HOPE



**Materials have already been sent to you. Link will also be posted in the chat.**

# The Handouts: They are print worthy



# Lessons Learned – In Memory of Casondra Stewart & Tamara Smith



# Strangulation is the last warning shot before a murder

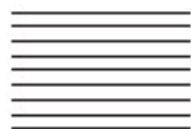
#LastWarningShot

# Strangulation is a Red Flag...

- When battered women were asked what made them believe they were in danger or not -- the majority of women perceiving a great amount of danger in both a shelter & a hospital study mentioned **“choking”** as a tactic used against them that made them believe their partner might kill them.
  - Stuart & Campbell, 1989



doi:10.1016/j.jemermed.2007.02.065



## ***Violence: Recognition, Management and Prevention***

### **NON-FATAL STRANGULATION IS AN IMPORTANT RISK FACTOR FOR HOMICIDE OF WOMEN**

Nancy Glass, PHD, MPH, RN,\* Kathryn Laughon, PHD, RN,† Jacquelyn Campbell, PHD, RN,\*  
Carolyn Rebecca Block, PHD,‡ Ginger Hanson, MS,§ Phyllis W. Sharps, PHD, RN,\*  
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Oregon, and ||Health After Trauma Project, Creekside Communications, Half Moon Bay, California  
Reprint Address: Nancy Glass, PHD, MPH, RN, School of Nursing, Johns Hopkins University, 525 N. Wolfe Street, Room 439, Baltimore,  
MD 21205

**□ Abstract**—The purpose of this study was to examine non-fatal strangulation by an intimate partner as a risk factor for major assault, or attempted or completed homicide of women. A case control design was used to describe non-fatal strangulation among complete homicides and attempted homicides ( $n = 506$ ) and abused controls ( $n = 427$ ). Interviews of proxy respondents and survivors of attempted

**□ Keywords**—intimate partner violence; strangulation; risk of homicide

### **INTRODUCTION**

The 1993 National Mortality Followback Survey of

# Key findings from 2018 Oklahoma Lethality Assessment Study of 1008 LAP Victims

- 79.66% reported some form of strangulation
  - 11.70% reported attempted;
  - 30.16% reported completed
  - **37.80 reported multiple**
- Women of all strangulation were more likely to be sexually assaulted.
- Women of multiple strangulations were more likely to report; believed abuser was capable of killing them; suffered a miscarriage; lost consciousness; sought medical treatment and felt powerless.
- **Conclusion: Multiple strangulations mean higher risk of homicide and health consequences**

# Prevalence – Domestic Violence & Strangulation

- 80% - Oklahoma Study
- 68% - Wilbur Study
- 66.7% - New Orleans
- 65% - Fort Worth
- 71% - 2014 Study – Police Departments' Use of the Lethality Assessment Program: A Quasi-Experimental Evaluation



# 2021 report for 2019 Homicides

Ranking	State	Number of Female Homicide Victims	Hor per 100,000 Females
1	Alaska	18	5.14
2	New Mexico	28	2.64
3	Nevada	35	2.28
4	New Hampshire	15	2.19
5	Louisiana	52	2.18
6	South Carolina	57	2.15
7	Missouri	64	2.05
8	Oklahoma	37	1.85
9	Arkansas	28	1.82
10	Tennessee	60	1.72

A password reset request was sent to the location shown below.

# Violence Policy Center 2020:

- “The picture that emerges each and every year from When Men Murder Women is that women face the greatest threat from someone they know, most often a spouse or other intimate acquaintance, who is armed with a gun. For women in America, guns are not used to save lives, but to take them.”



# What is the Law?

What evidence do you need to prove strangulation or suffocation?

In the US, 48 States, 20 Tribes, 2 Territories, Federal and Military have passed felony strangulation Laws.  
Around the world, Australia, New Zealand, Canada & UK have joined.



# Federal 18 USC 113 – VAWA 2013

- b) Definitions.--In this section—
- (4) the term “strangling” means intentionally, knowingly, or recklessly **impeding the normal breathing or circulation of the blood of a person** by applying pressure to the throat or neck, **regardless of whether that conduct results in any visible injury or whether there is any intent to kill or protractedly injure the victim**; and
- (5) the term “suffocating” means intentionally, knowingly, or recklessly impeding the normal breathing of a person by covering the mouth of the person, the nose of the person, or both, **regardless of whether that conduct results in any visible injury** or whether there is any intent to kill or protractedly injure the victim.

# Federal Sentencing Guidelines

- “Comment and testimony that the Commission received indicated that strangulation and suffocation in the domestic violence context is serious conduct that **warrants enhanced punishment** regardless of whether it results in a provable injury that would lead to a bodily injury enhancement; **this conduct harms victims physically and psychologically** and can be a predictor of future serious or lethal violence.
- 79FR25996, doc No. 2014-10264

# SB40 (Roth) enrolled 9-1-17 as California Penal Code 13701

- **DUTY TO WARN:** New law requires a statement informing the victim that strangulation may cause internal injuries and encouraging the victim to seek medical attention.
- **DUTY TO TRACK:** New law requires documenting when the incident involves strangulation or suffocation.

# Congratulations to Washington for passing the first strangulation DV exam law!!!!!!

**WASHINGTON STATE LEGISLATURE**

**Legislature Home**

- House of Representatives
- Senate
- Find Your District
- Laws & Agency Rules
- Bill Information
- Agendas, Schedules, and Calendars
- Legislative Committees
- Coming to the Legislature
- Legislative Agencies
- Legislative Information Center
- Email Updates (GovDelivery)
- View All Links

**Bill Information > SB 5183**

Search for another bill or initiative:

5183 **Bill** Initiative 2021-2022 Search

## SB 5183 - 2021-22

**Concerning victims of nonfatal strangulation.**

Sponsors: Nobles, Dhingra, Das, Hasegawa, Hunt, Keiser, Kuderer, Liias, Mullet, Nguyen, Rivers, Salomon, Stanford, Wagoner, Wilson

**Bill Status-at-a-Glance** ⓘ

See **Bill History** for complete details on the bill

As of Tuesday, April 6, 2021 05:07 PM

Current Version:	Current Status:
<b>2nd Substitute - 2SSB 5183</b>	<b>HPassed 3rd</b>

**Where is it in the process?**

	Introduced	In Committee	On Floor Calendar	Passed Chamber
In the Senate:	●	●	●	●
In the House:	●	●	●	●
After Passage:	○	○	○	○
	Passed Legislature	On Governor's Desk	Governor Acted	Session Law

[Go to documents](#)

**Comment on this bill**

**Get Email Notifications**

**RSS Notifications**

# Colorado 2021, HB 1165,

- This bill clarifies that a victim of strangulation satisfies the cooperation requirement by undergoing a medical forensic exam under 24-4.1-108
- Great legislative intent language:
- It is difficult for victims of strangulation to seek medical attention
- One barrier is cost
- Crime victims fund should pay for medical forensic exam of a strangled victim that are not covered by other sources
- Medical providers and victim advocacy organizations should work with Victim Compensation board and develop a process to apply for funds before the victims a bill or is required to pay

# Why have all these law passed?

- Rendering a person unconscious, whether by choking, strangulation or suffocation, is an inherently dangerous act that is easily capable of causing death, or brain injury with devastating lifelong consequences.
- The difference in the outcome, between unconsciousness, brain damage and death, may be only a matter of a few additional seconds of pressure.
- In the final analysis, this is an act of cruel domination met by sheer horror and often accompanied by serious physical and psychological harm.
- **R v. Lemmon (2012) 524 A.R. 164**

# Passing a law is easier than implementing it

We need leaders!

# The San Diego Study & Learnings

Our journey to understanding  
strangulation as deadly force

# Findings: Minimization by ALL professionals due to a lack of knowledge

- Dispatchers & paramedics minimized it
- Police officers minimized
- Prosecutors minimized
- Survivors minimized
- Courts minimized
- Don't expect your jurors to understand the seriousness of strangulation
- Without an expert, jurors are likely to think it didn't happen because the injuries were too minor (San Diego Jury)
- With an expert, jurors wanted to know why the case was only prosecuted as a misdemeanor (Orange County Jury)

# Minimization by Victims

Let's listen in...

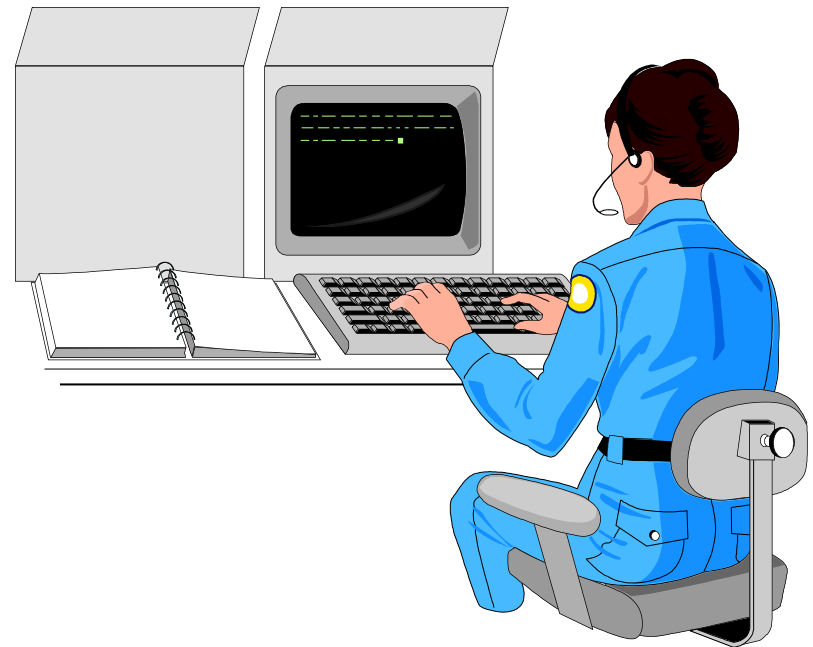
# Minimization by Victims

- Victims may not understand the danger and maybe reluctant to seek medical attention.
- “He didn’t really choke me, he just had me in a headlock and I couldn’t breathe.”
  - Plattsburgh, NY
  - Santa Clara County policy is to roll out the paramedics on each case



# Minimization by Professionals

- Dispatch operators may not realize the danger and trivialize the violence.
- POST



## Realities of Strangulation



50%  
No visible  
injury



PAUSE/PLAY



Back

Continue



# Observations

- 90% of the cases had a DV history
- 50% of the cases, children were present.
- 99% of the suspects were men.
- Only 5% sought medical attention

# Signs and Symptoms documented in Police Reports – Evidence was there!

- Redness to neck
- Scratch marks
- Rope burns
- Thumb print bruising
- Red eyes
- Spasm
- Urination & defecation
- Pain to neck/throat
- Coughing
- Raspy voice
- Nausea or vomiting
- Unconsciousness
- Ears ringing
- Head rush
- Miscarriage



# Dr. Dean Hawley, Forensic Pathologist, Professor University of Indiana Medical School

- “Fatal strangulation can occur without any external evidence of violence on the human body.”
- “The best way to document a strangulation case is still by an autopsy”



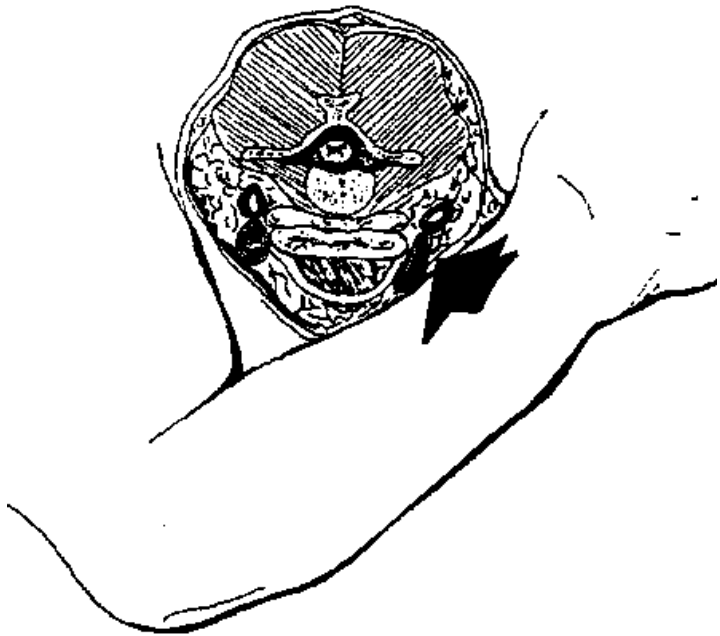
# Why no visible injuries?

## Manual Strangulation - Most Common

- Method is important
- Some methods may not leave a visible external injury “at the time” of the assault or when victims call police
- Single incident may show intent to injury or control
- Multiple strangulations may show intent to kill
- Use of a ligature is recognized as a method of “finishing it” or overkill



# Why no injuries? Police Carotid Restraint (Sleeper Hold, Chokehold)



# **“CHOKE HOLDS”**

## **Strangulation by any other name...**

### **Vascular**

#### **Airway**

- Air Choke
- Arm Bar Choke Hold
- Wind Choke
- Tracheal Choke

#### **Martial Arts:**

- True Choke
- Gogoplata
- North-South Choke

#### **Blood Choke**

- LVNR
- Vascular Neck Restraint
- Carotid Hold
- Bilateral Carotid Compression
- Sleeper Hold

#### **Martial Arts:**

- Rear-Naked Choke
- Anaconda Choke
- Arm Triangle Choke
- Side Choke
- Head and Arm Choke
- D'Arce Choke
- Hell Strangle

#### **Both**

- Strangle Hold
- Neck Hold
- Knee on Neck

#### **Martial Arts:**

- Ezekiel Choke
- Shime-Waza (12 variations)
- Guillotine Choke

# Fast forward...

Our journey to understanding  
strangulation as deadly force



TRAINING INSTITUTE on  
**STRANGULATION  
PREVENTION**

**FOR IMMEDIATE RELEASE**

**“I Can’t Breathe”: It is Time for All Law  
Enforcement Agencies in America to Limit  
Pressure to the Neck to Deadly Force Situations**

**Press Release**

[The Training Institute on Strangulation Prevention](#), a program of [Alliance for HOPE International](#), has taken the position since 2011 that pressure to the neck of a criminal suspect should be reserved for only such situations where deadly (lethal) force is appropriate.

“We have been training on these issues for nearly 25 years now. While our primary focus has been on the use of strangulation by abusive men in intimate relationships, the physiology is the same. Pressure to the neck is life-threatening conduct,” said Gael Strack, Chief Executive Officer of Alliance for HOPE International, and the founder of the Training Institute on Strangulation Prevention. Strack has trained thousands of law enforcement officers in the handling and near and non-fatal strangulation cases for over 20 years.

“Make no mistake about it, pressure on the neck, chest or abdomen can lead to deadly results. Inhibiting a human’s ability to breathe through the application of external pressure results in decreasing oxygen levels in the blood,” said Dr. William Smock, the Medical Director of Alliance for HOPE International.

“While we await the medical examiner’s report to understand the exact cause of death, the videotaped death of George Floyd in Minneapolis has shown the public how vulnerable the neck is and how quickly someone can die when a law enforcement officer applies pressure to the neck,” said Casey Gwinn, President of Alliance for HOPE International. [Gwinn posted a video this morning reacting to the death of George Floyd.](#)

Gwinn, Strack and Smock urge all law enforcement agencies to stop permitting pressure to the neck except in situations where use of a firearm or other deadly force would also be permissible by a law enforcement officer.

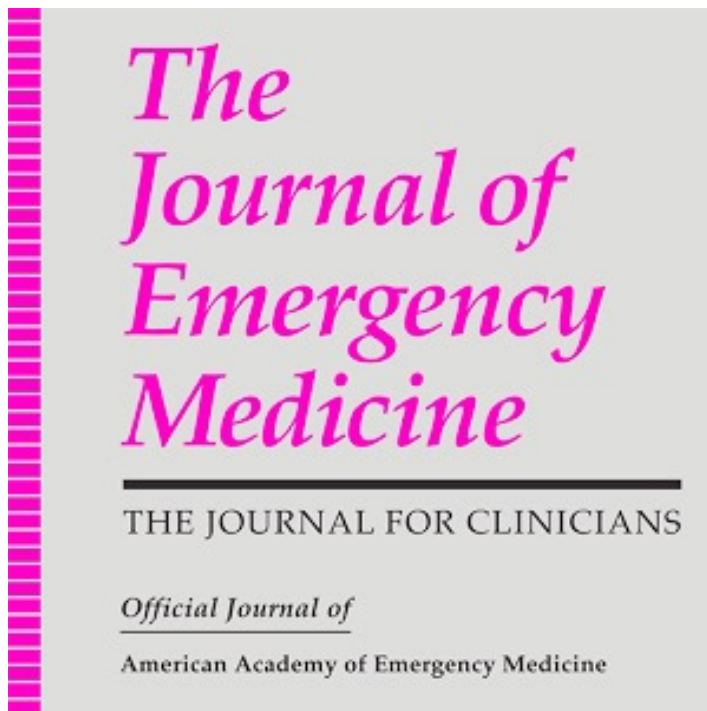
# Today: We have clarity and consistency

The use of the chokehold (by whatever name it is called) is being banned across the United States

# Fast Forward

We have now collected approximately 900 articles related to strangulation in our dropbox/bibliography related to strangulation

# Journal of Emergency Medicine



- Walking and Talking Victims
- Survey Results of Strangled Women
- Review of 300 Cases – Legal Issues
- Review of 300 Cases – Clinical Evaluation
- Review of 300 Cases – Fatal Cases
- Effect of Multiple Strangulation Attacks

# The most recent articles reviewing the strangulation literature

- Pritchard, et al – 2017 (America)
- Dr. Julia Deboos – 2019 (Australia)
- Bichard, et al, - 2020 (Wales)

# Significant Findings:

- **Lack of injuries** caused the entire criminal justice system to minimize the seriousness of strangulation.
- **Lack of Understanding.** Victims didn't understand the danger, the immediate or long term consequences. "I'm fine, I'm fine"
- **Lack of Research** – non-fatal strangulation was neglected by the medical community
- **Lack of laws and protocols** caused suspect to get away with it. They were not being held accountable for the crimes they committed but they knew exactly what they were doing. Strangulation was a clear weapon of choice.
- **Need a System-wide Response.** Multi-disciplinary teams have the best outcomes.

# Questions?

Everyone has an important role to play.

Time for a Break – Imagine the Possibilities





# Kate Davies CBE

NHS England National Director of  
Health and Justice, Armed Forces  
and Sexual Assault Referral Centres

# Dr. Cath White

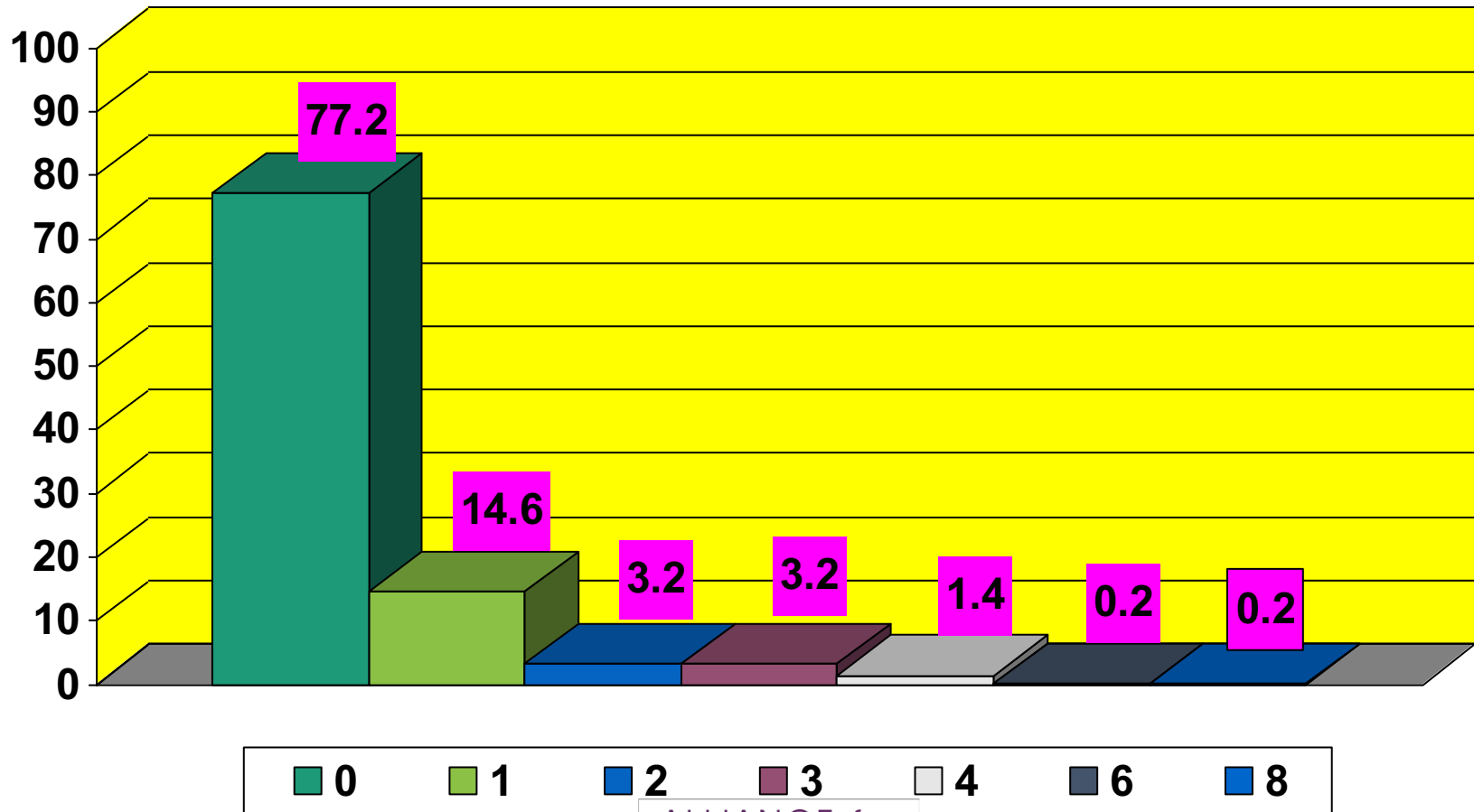
Sexual Offence Medicine Lead,  
Faculty of Forensic and Legal Medicine



# Medical Evidence in Non-fatal strangulation

Dr Catherine White  
June 2022

# Number of genital injuries



# NFS an important risk factor for homicide of women

Nancy Glass

*J Emerg Med* 2008 35(3)

A History of NFS:

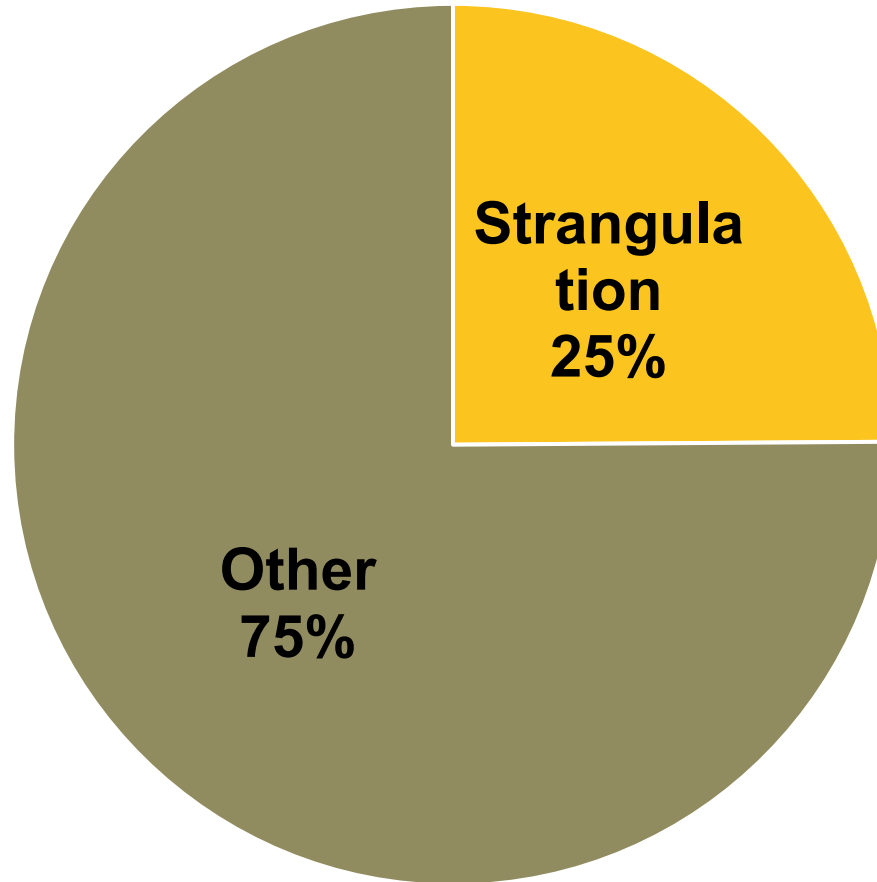
**X 6** times risk of becoming a victim of attempted homicide

**X 7** times risk of becoming a completed homicide

# Nancy Glass Summary

*In summary, non-lethal strangulation is an important predictor for future lethal violence among women who are experiencing IPV. We urgently need to improve the clinical response to women reporting an incident of non-lethal strangulation to improve treatment and enhance safety planning for this high-risk group of abused women. 2008*

# Femicide Census



■ Strangulation ■ Other

# Strangulation

Obstruction of blood vessels and/ or airflow in the neck resulting in asphyxia.

# Choke

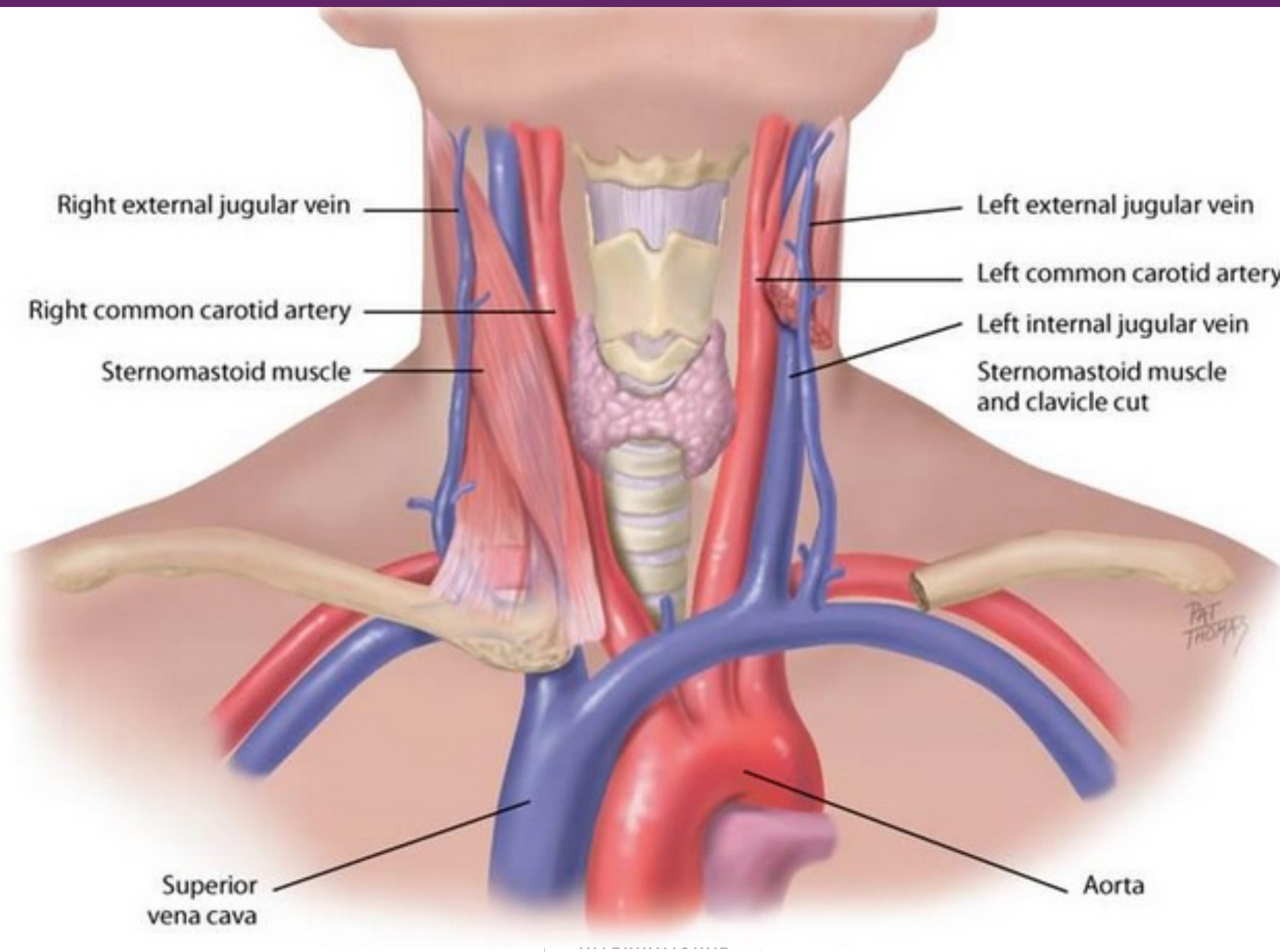
Mechanical obstruction

# Anoxia

Absence of oxygen

# Hypoxia

Decreased oxygen



- **Carotid artery compression**

- **Carotid artery compression**
  - **No blood flow to the brain**

- Carotid artery compression
  - No blood flow to the brain
- **Jugular vein compression**

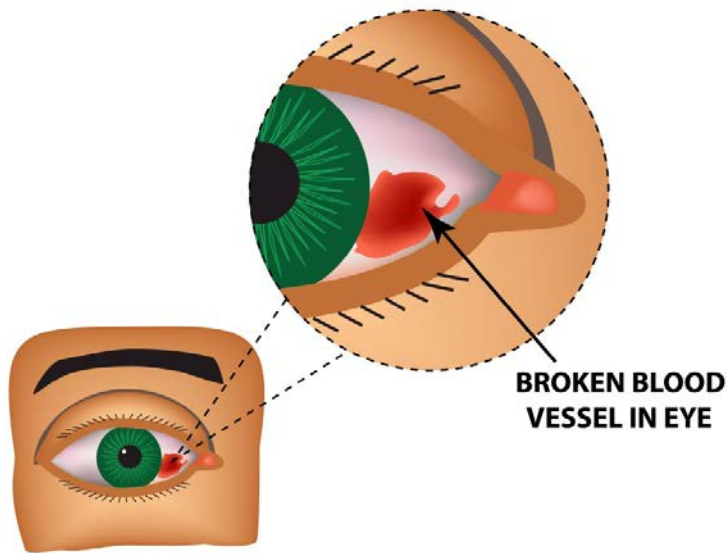
- Carotid artery compression
  - No blood flow to the brain
- **Jugular vein compression**
  - **Stagnant hypoxia**

- Carotid artery compression
  - No blood flow to the brain
- **Jugular vein compression**
  - **Stagnant hypoxia**



# Subconjunctival haemorrhage

SUBCONJUNCTIVAL HEMORRHAGE



- Carotid artery compression
  - No blood flow to the brain
- Jugular vein
  - Stagnant hypoxia
- **Compression +/- fracture of larynx or trachea**

Dr Catherine White

- Carotid artery compression
  - No blood flow to the brain
- Jugular vein
  - Stagnant hypoxia
- Compression +/- fracture of larynx or trachea
  - **No oxygen intake**

- Carotid artery compression
  - No blood flow to the brain
- Compression +/- fracture of larynx or trachea
  - No oxygen intake
- Jugular vein
  - Stagnant hypoxia
- **Pressure on carotid bodies and baroreceptors**

- Carotid artery compression
  - No blood flow to the brain
- Compression +/- fracture of larynx or trachea
  - No oxygen intake
- Jugular vein
  - Stagnant hypoxia
- **Pressure on carotid bodies and baroreceptors**
  - **Bradycardia / asystole**

# Petechial haemorrhage



# Pressure on the neck

Jugular vein	4psi,
Carotid artery	11psi,
Trachea	34 psi.

# Pressure on the neck

Jugular vein	4psi,
Carotid artery	11psi,
Trachea	34 psi.
Opening a can of coke	20psi
Adult male hand shake	80-100psi

# The timeline



**6.8 seconds**

**LOC**

**15 seconds**

**Bladder incontinence**

**30 seconds**

**Bowel incontinence**

**2-3 minutes**

**Cell death**

**4-5 minutes**

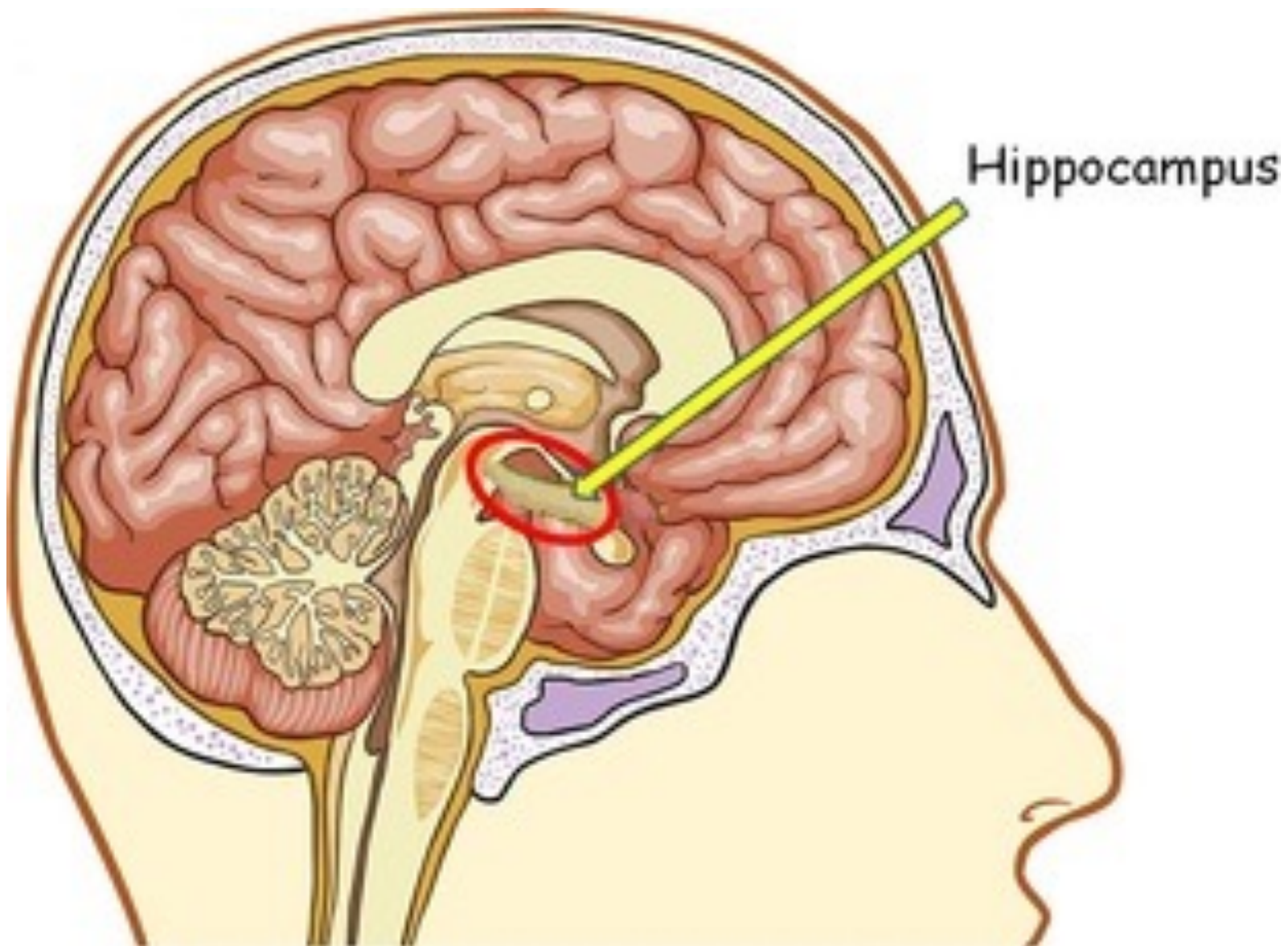
**Brain death**



Dr Catherine White







# No oxygen = no memory

# St Mary's NFS Proforma

The image displays a stack of St Mary's NFS Proforma forms. The top form is the 'Management' section, which includes a flowchart for 'NFS with current signs of strangulation' and 'NFS with other presentations'. Below this is the 'Symptoms at the time of presentation' section, which includes a table for 'History from' with columns for 'Symptoms', 'Signs', and 'Details'. The 'Details' section includes a table for 'Symptoms' with columns for 'Symptoms', 'Signs', and 'Details'. The 'Strangulation Incident' section includes a table for 'History from' with columns for 'Symptoms', 'Signs', and 'Details'. The forms are stacked, showing multiple copies of the same document.

# JFLM 79 (2021) 102128

Journal of Forensic and Legal Medicine 79 (2021) 102128



Contents lists available at ScienceDirect

Journal of Forensic and Legal Medicine

journal homepage: <http://www.elsevier.com/locate/yjflm>



Research Paper

'I thought he was going to kill me': Analysis of 204 case files of adults reporting non-fatal strangulation as part of a sexual assault over a 3 year period






Catherine White<sup>a,\*</sup>, Glen Martin<sup>b</sup>, Alice Martha Schofield<sup>a</sup>, Rabiya Majeed-Ariss<sup>a</sup>

<sup>a</sup> Saint Mary's Sexual Assault Referral Centre, Oxford Road, Manchester, M13 9WL, UK

<sup>b</sup> The University of Manchester, Vaughan House, Manchester, M13 9GB, UK

<https://authors.elsevier.com/a/1ccS3,dssAKy-7>

# It happens a lot

	1 in 11 for all adults
	1 in 5 where alleged perpetrator is a partner or ex-partner
	1 in 15 where alleged perpetrator is not a partner or ex-partner

# Gender

Complainants

**96.6% Female**

Alleged assailants

**98% Male**

“I thought I was going to die”

36.6%

*“I just lay there, I was so scared”*

*“I told him I loved him to try to get him off”*

*“I scratched his ears, grabbing his hands, pushing him away. I thought if I was going to die I might as well leave some marks.”*

*“I thought he was going to kill me.”*

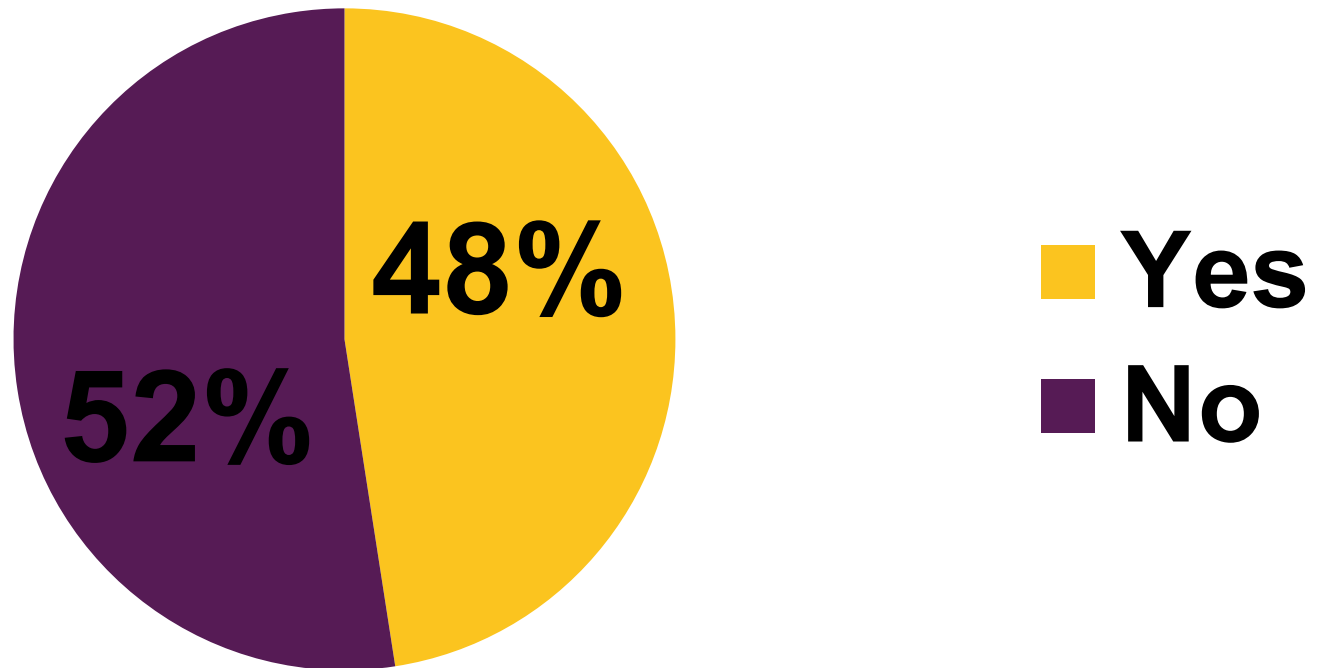
*“I thought I was going to die in front of my kids”.*

# Neck & Head Injuries

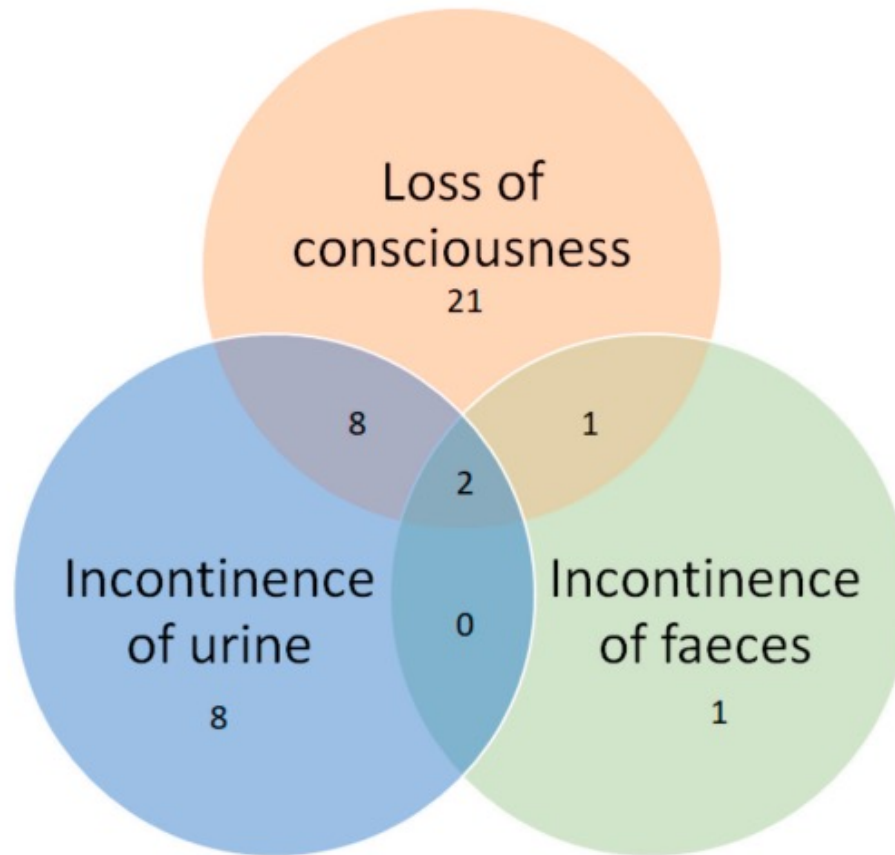
Saint Mary's NFS cases 2017-2019

n=204

**Neck & head injury seen at FME**



# 15.7% LoC



# Neck bruises



# Fitzpatrick Skin Colour Scale



## TYPE I

Light, Pale  
White

Always burns,  
never tans



## TYPE II

White, Fair

Usually burns, tans  
with difficulty



## TYPE III

Medium, White  
to Olive

Sometimes mild  
burn, gradually tans  
to olive



## TYPE IV

Olive Tone

Rarely burns, tans  
with ease to  
moderate brown



## TYPE V

Light Brown

Very rarely burns,  
tans very easily



## TYPE VI

Dark Brown

Never burns, tans  
very easily, deeply  
pigmented

# Consensual??

112 of the 224 cases a DASH was completed.

Dash –average score 15

# Rough sex defence

## The Journal of Criminal Law

### Getting Away With Murder? A Review of the 'Rough Sex Defence'

Hannah Bows, Jonathan Herring

First Published June 29, 2020 | Research Article |

<https://doi.org/10.1177/0022018320936777>

 Check for updates

Article information ▾



## Contextual information

- History of DA
- Where has it happened?
- Injuries

Who needs to  
know?

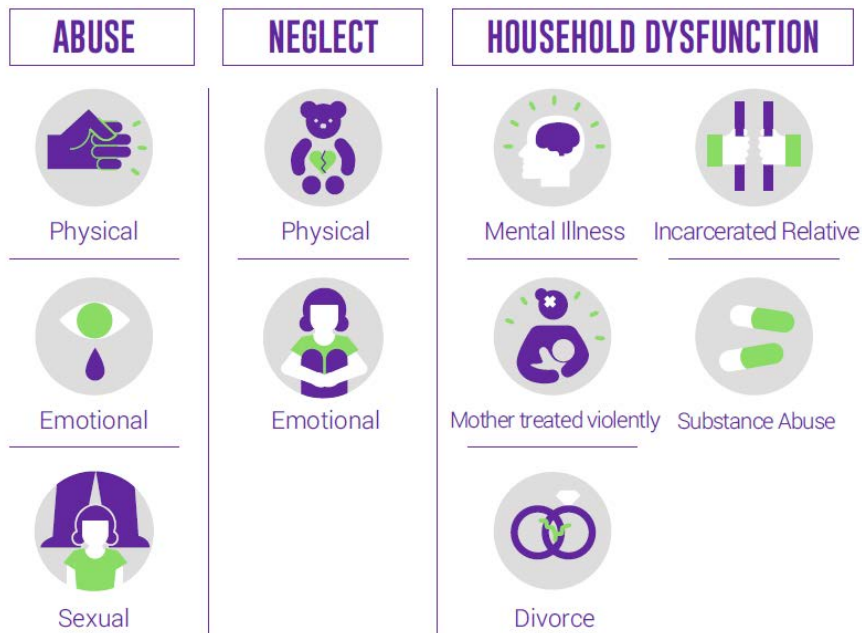
Bail conditions

Charging decisions

Sentencing

# Adverse Childhood Experiences

*The three types of ACEs include*



# Children witnessing NFS

- Saint Mary's 2021 study
  - 40% strangled in their own home
  - 30% had children living at home
- San Diego's 1995 Study
  - Children witnessed the NFS in at least 41% of cases
- Australia's 2022 Study
  - Children witnessed the NFS at least 43% of the cases; strangled 7%-9%



	NFS + sexual assault	NFS but no sexual assault
Specialist ,secure victim focussed centre	✓	✗
Forensic clinician assessment	✓	✗
Crisis worker	✓	✗
Colposcopic images	✓	✗
Forensic samples	✓	✗
ENT Radiology pathway	✓	✗
Forensic report	✓	✗
Shower & clothing	✓	✗
Expert report	✓	✗
Advocacy	✓	✗
Quality assurance & peer review	✓	✗

# THANKYOU

[Catherine.white2@nhs.net](mailto:Catherine.white2@nhs.net)  
[Cath.white@mft.nhs.uk](mailto:Cath.white@mft.nhs.uk)

[www.stmaryscentre.org](http://www.stmaryscentre.org)



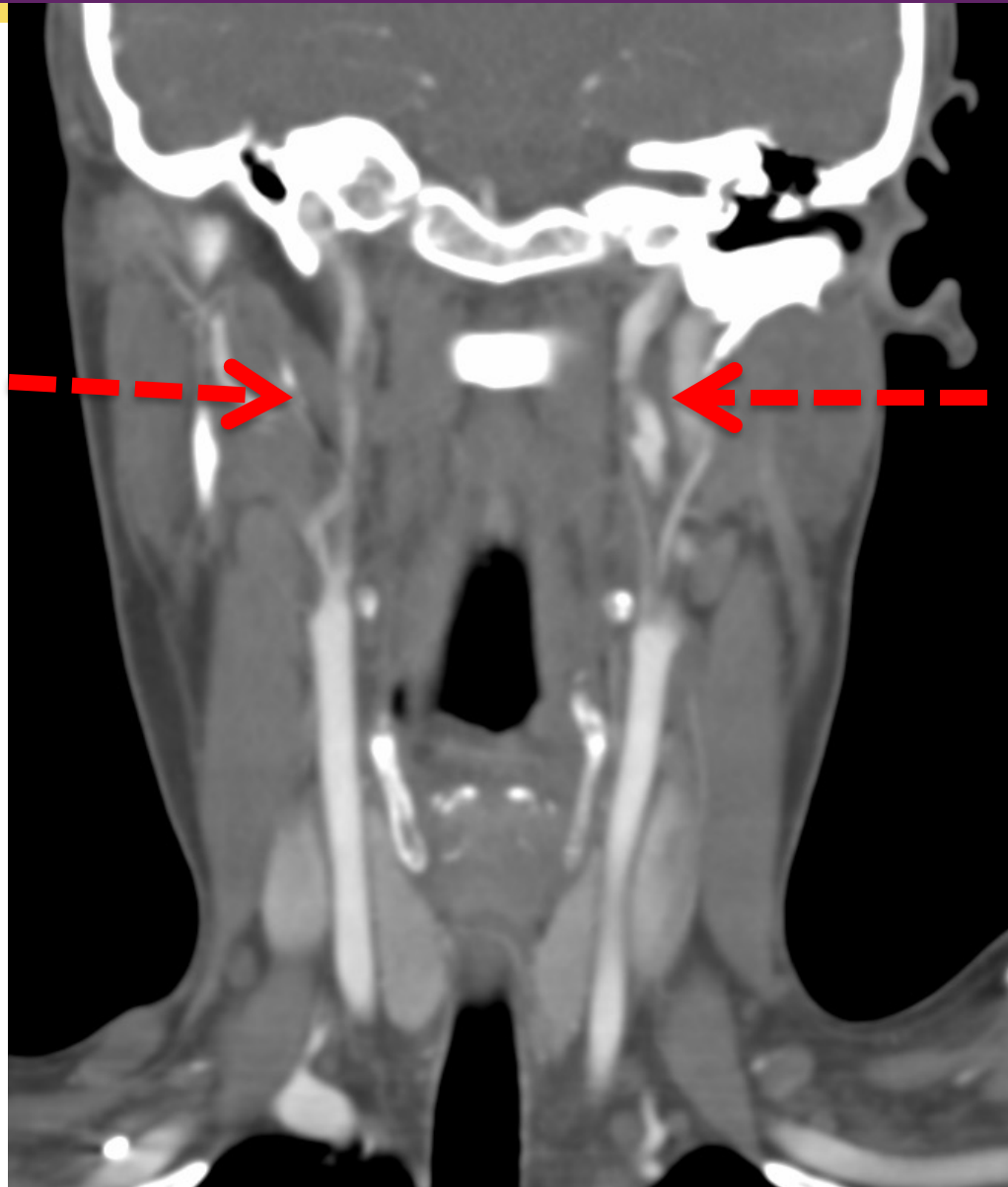
@StmarysSARC

@catherinewhite7

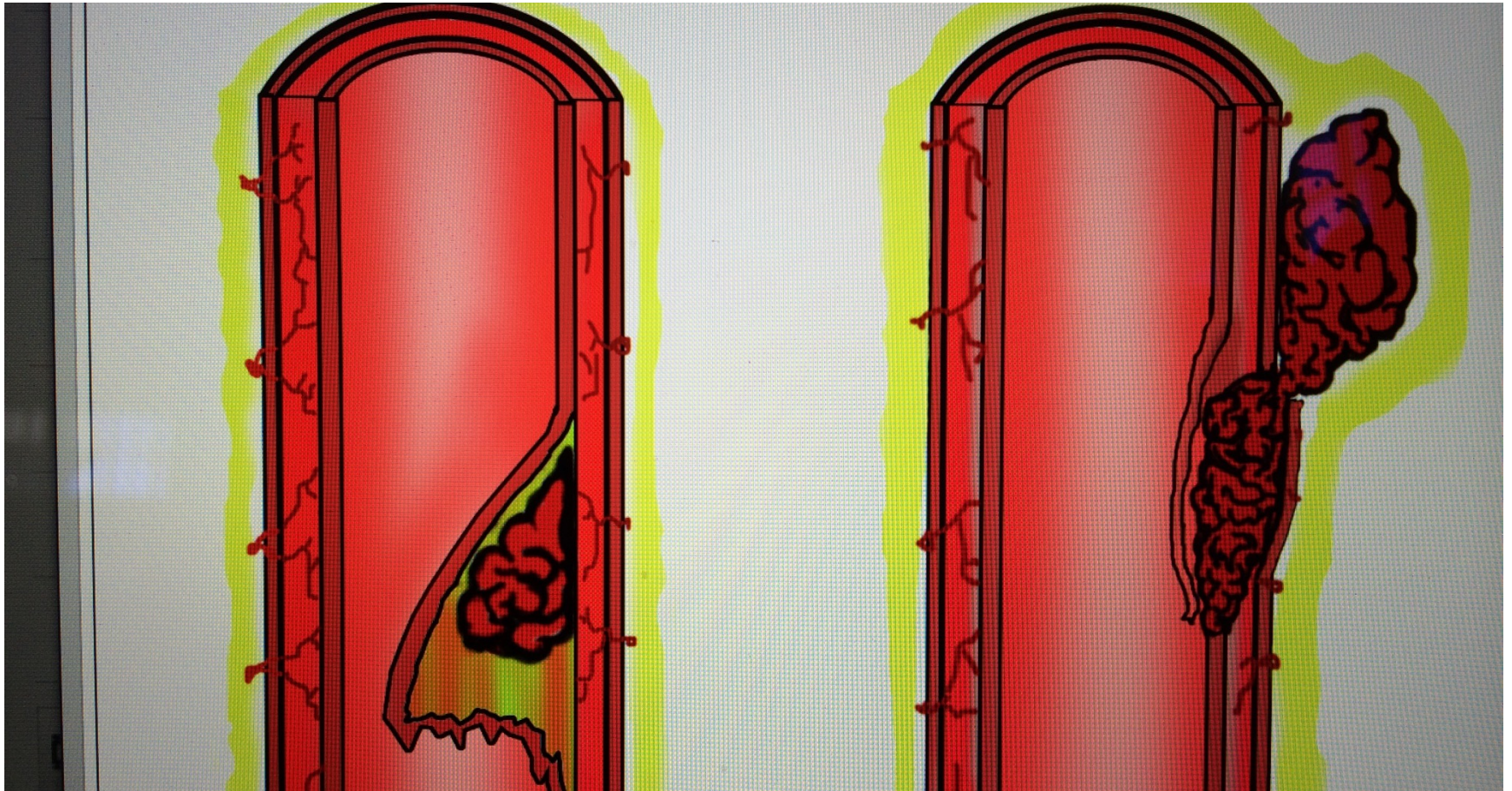
# Tanika: A Case Study



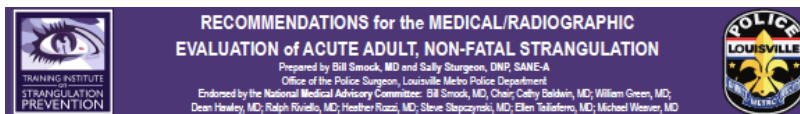




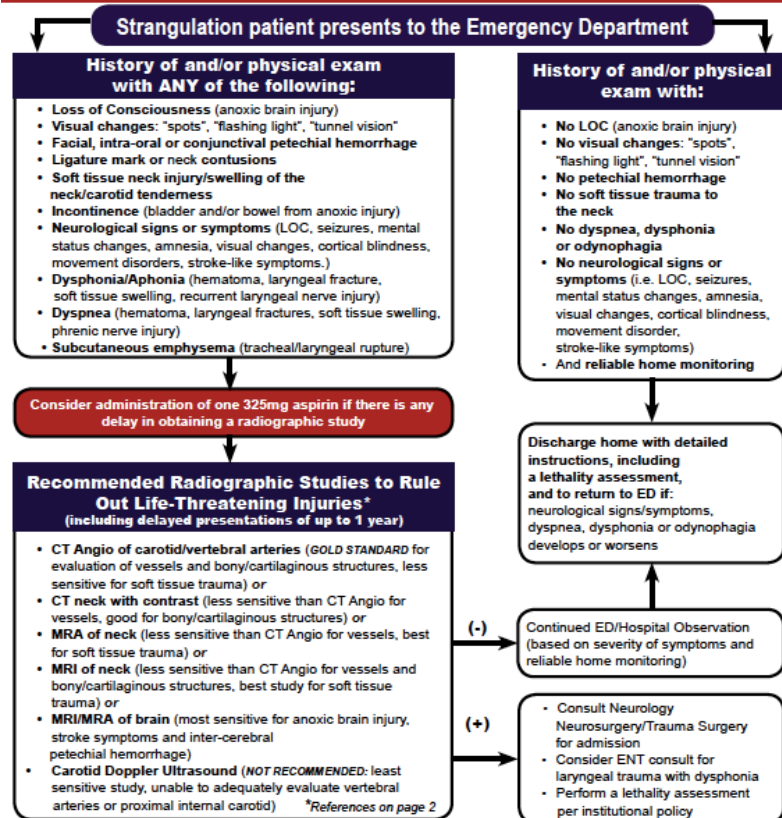
# Carotid Dissection



# Updated Imaging Recommendations (link [here](#))



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



## REFERENCES

(Recommendations based upon case reports, case studies, and cited medical literature)

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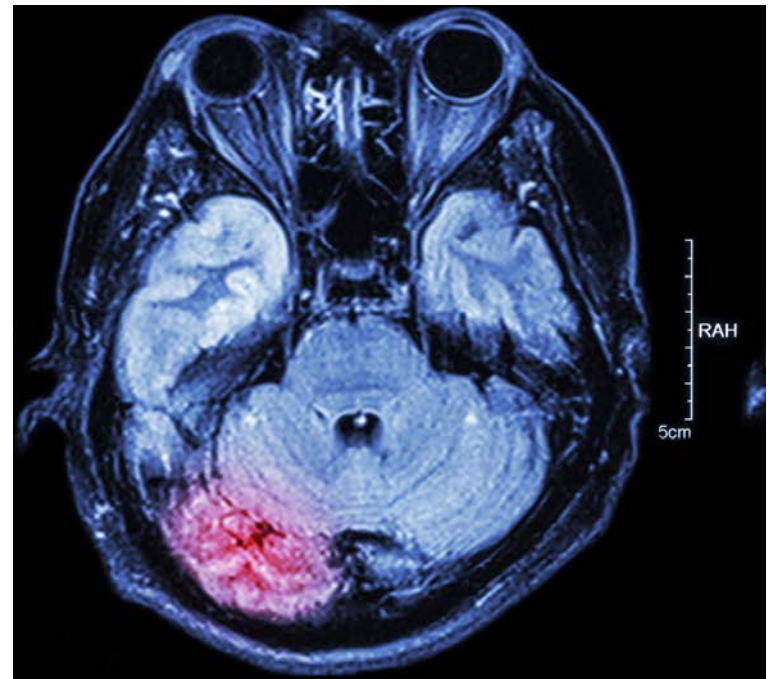
This project is supported all or in part by Grant No. 2016-TA-AX-K067 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Table 1 Literature review of carotid artery dissection.

Case No.	Authors and Year	Age/Sex	Epiology of Dissection	Side	Treatment	Time Interval after Onset	Initial Symptoms
1	Anne et Al, 2002	24/f	motor vehicle accident	bilateral	anticoagulation	1 day	GCS 8,Lt hemiplegia
2	Anne et Al, 2002	25/f	motor vehicle accident	bilateral	anticoagulation	6 days	drowsiness, Rt hemiparesis,Rt Honer
3	Bejjani et Al, 1999	53/m	direct blow	rt	stenting	3 months	Lt hemiparesis
4	Bejjani et Al, 1999	18/m	gunshot	rt	stenting	8 days	Lt hemiparesis
5	Bejjani et Al, 1999	33/f	motor vehicle accident	lt	stenting	1 day	Rt hemiplegia
6	Bejjani et Al, 1999	55/f	lift a heavy load	rt	stenting	2 weeks	Lt neck pain,headache
7	Doi et al., 2004	21/m	motor vehicle accident	rt	stenting	2 hours	GCS 20,Lt hemiparesis
8	Duncan et Al, 2000	39/m	motor vehicle accident	bilateral	anticoagulation	a few hours	Lt hemiplegia
9	Fabrizio et Al, 2004	17/m	motor vehicle accident	bilateral	stenting	?	Lt hemiparesis
10	Khaqan et Al, 1996	41/f	motor vehicle accident	bilateral	anticoagulation	1 day	Lt lower limb paresis
11	Malek et Al, 2000	37/f	domestic abuse	bilateral	stenting	3 months	Rt hand weakness and numbness
12	Malek et Al, 2000	43/f	domestic abuse	bilateral	stenting	3 months	Lt hemiparesis
13	Malek et Al, 2000	24/f	domestic abuse	bilateral	anticoagulation	6 months	GCS 300
14	Malek et Al, 2000	37/f	hanging injury	lt	stenting	3 months Rt	hemiparesis, leg numbness, and dysphagia
15	Malek et Al, 2000	44/f	motor vehicle accident	lt	stenting	4 months	dysphasia, Rt arm weakness, and numbness
16	Noguchi et Al, 1992	50/f	hanging injury	rt	carotidendoarterectomy	2 years	Lt arm 4/5, hypoesthesia
17	Okada et Al, 1999	30/f	motor vehicle accident	lt	bypass surgery	7 months	Rt hemiparesis
18	Okada et Al, 1999	42/f	motor vehicle accident	rt	bypass surgery	2 days	Lt hemiparesis
19	Okada et Al, 1999	58/f	motor vehicle accident	rt	bypass surgery	10 years	Lt hemiparesis
20	Okada et Al, 1999	41/f	hanging injury	rt	bypass surgery	2 years	dizzines
21	Okada et Al, 1999	42/m	direct blow	rt	bypass surgery	2 years	Lt hemiparesis
22	Okuchi et Al, 1999	29/m	motor vehicle accident	rt	anticoagulation	11days	GCS 200
23	Scavee et Al, 2001	53/m	motor vehicle accident	rt	stenting	6 weeks	dizziness,neck pain
24	Stahlfeld et Al, 2002	39/m	ride on a rollar coaster	rt	anticoagulation	3 weeks	headache, Lt eye pain, Lt temporoparietal numbness

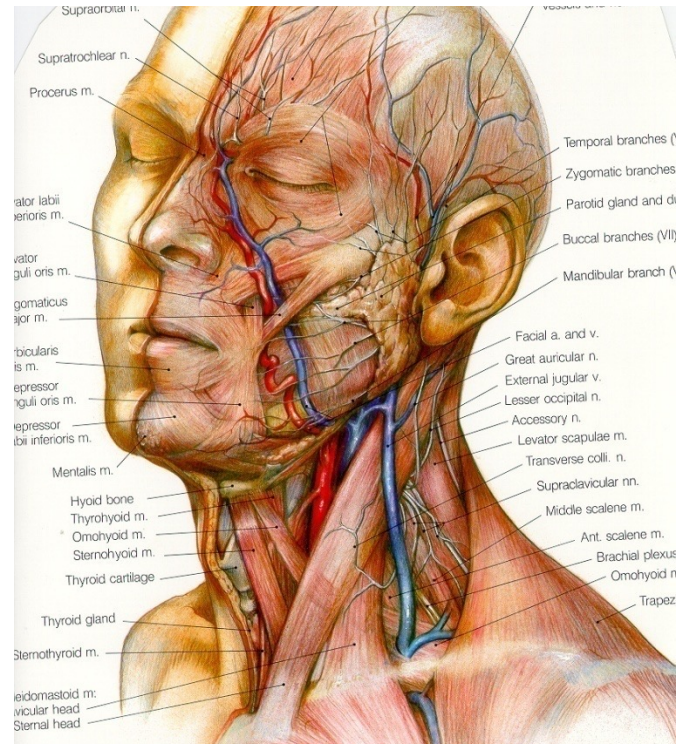
# Conjugal Disharmony: A Hitherto Unrecognized Cause of Strokes (1980)

- Milligan and Anderson, figured it out when they identified two women who were "throttled" by their husbands and subsequently suffered strokes. They reported: "when there are signs of injury to the neck diagnosis is seldom a problem"; However "when there is evidence of injury to the head or to some other part" or "no bruits in the neck" our attention may be diverted. They suggested "in any case of carotid artery occlusion in a young woman in whom a recognized aetiological factor cannot be identified inquiries (necessarily delicate and discreet) should be made to determine whether conjugal discord leading to violence has occurred."



# “A Strangled Wife” Lancet 1999, Malek (et al)

- Cryptogenic strokes among young women
  - Carotid dissection
  - Jugular vein thrombosis
- Maybe connected to prior strangulation
- (TIAs – Traumatic Ischemic Attacks)



# Stroke Facts from the CDC

- Stroke kills about **140,000** Americans each year—that's **1 out of every 20 deaths**.<sup>1</sup>
- Someone in the United States has a stroke every **40 seconds**. Every **4 minutes**, someone dies of stroke.<sup>2</sup>
- Every year, more than **795,000 people** in the United States have a stroke. About 610,000 of these are first or new strokes.<sup>2</sup>
- About 185,000 strokes—**nearly 1 of 4**—are in people who have had a previous stroke.<sup>2</sup>
- **About 87% of all strokes are ischemic strokes, in which blood flow to the brain is blocked.**<sup>2</sup>
- Stroke costs the United States an estimated **\$34 billion** each year.<sup>2</sup> This total includes the cost of health care services, medicines to treat stroke, and missed days of work.
- Stroke is a leading cause of serious long-term disability.<sup>2</sup>
- Stroke reduces mobility in more than half of stroke survivors age 65 and over.<sup>2</sup>

# Strokes & Women from US Dept. of Health & Human Services

## Stroke and women

**Stroke kills about twice as many women as breast cancer each year.<sup>1</sup>** In fact, stroke is the third leading cause of death for women.<sup>2</sup>

Stroke also kills more women than men each year.<sup>3</sup> A stroke can leave you permanently disabled. But many strokes are preventable and treatable. Every woman can take steps to prevent stroke by knowing her risk factors and making healthy changes.



# Stroke symptoms

- Loss of consciousness or fainting
- General weakness
- Difficulty or shortness of breath
- Confusion, unresponsiveness or disorientation
- Sudden behavioral change
- Agitation
- Hallucination
- Nausea or vomiting
- Pain
- Seizures
- Hiccups

# B E F A S T

## Balance



Does the person have a sudden loss of balance?

## Eyes



Has the person lost vision in one or both eyes?

## Face



Does the person's face look uneven?

## Arms



Is one arm weak or numb?

## Speech



Is the person's speech slurred?  
Does the person have trouble speaking or seem confused?

## Time



Call 9-1-1 now!



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

November 2018

Dear Colleagues:

I hope that you are enjoying the beautiful fall here in New York State. This month, I would like to discuss two important topics with you: non-fatal strangulation and antibiotic resistance.

**Non-fatal Strangulation:** Non-fatal strangulation of an intimate partner is a very common form of domestic violence, and one of the most lethal. In 2016 alone, New York law enforcement made 12,447 arrests for strangulation crimes, and due to underreporting, the number of non-fatal strangulation incidents is likely much higher. However, this is not simply a criminal justice issue, but a public health one as well. Non-fatal strangulation often goes unidentified and untreated, in part because only 50% of strangulation survivors show visible external injuries. These injuries can result in serious, lasting health effects, including delayed death (72 hours or even longer after the assault, caused by injuries such as internal swelling of the throat or neck or carotid artery dissection), traumatic brain injuries, vascular injuries, and neurological system damage.

# You can make the difference!

- Shasta – DA Investigator- Carotid Dissection
- Tulsa FJC – Forensic Nurse - Stroke
- Fort Worth – Detective - Fracture hyoid bone
- OKC FJC – Detective - Carotid Dissection
- Charlotte, NC – Detective - Vertebral dissection
- San Diego – Detective - Carotid Dissection
- San Diego – Forensic Nurse –Dissection
- Virginia – Forensic Nurse – internal swelling
- Missoula, MT – Detective - Vertebral Dissection

# Summary of Key Points

- CTA is the gold standard.
- Not every injury is visible.
- 50% of victims will not have visible injury.
- Victims of strangulation likely have internal injuries.
- Doctors need to order imaging.
- Use the updated Imaging Recommendations
- CTA is cost effective especially if you miss an injury
- New research validates the recommendations – it may even be time to lower the threshold

# Reflections from Panel

Casey Gwinn  
Gael Strack  
Joanne Hopkins  
Rachel Williams  
Dr. Cath White



# Rachel Williams

Survivor and Founder of Stand Up to Domestic Abuse (SUTDA)



# Joanne Hopkins

Director, Adverse Childhood Experiences  
(ACEs), Criminal Justice and Violence  
Prevention, Public Health Wales  
Director of ACE Hub Wales

# Dr. Cath White

Sexual Offence Medicine Lead,  
Faculty of Forensic and Legal Medicine



# Questions?

Thank you for your leadership.

# Collection of Facebook Live Videos

(Available to view on our Facebook Page)



Join us for a

## SNEAK PEEK

from the Institute

THE FIRST WEDNESDAY OF EVERY MONTH

8:00 - 8:15 am PST

 **LIVE**



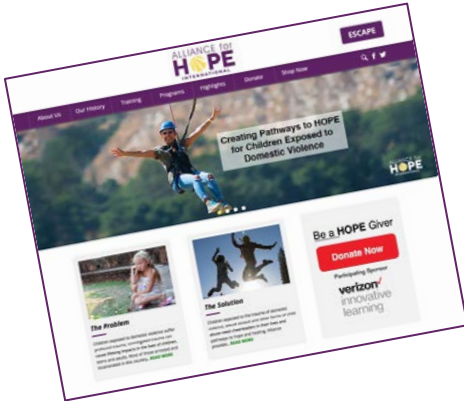
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# Final Comments

Hope is Greater Than Fear.

# Lessons Learned – In Memory of Casondra Stewart & Tamara Smith



# 29th August Advanced Course on Strangulation Prevention

<https://conta.cc/3aWVQXM>



IN-PERSON EVENT  
**AUGUST 16-19, 2022**



*Registration  
Now  
Open*

## ADVANCED COURSE ON STRANGULATION PREVENTION



Thank you for joining us.  
We will start promptly at 1:00.  
The Chat feature has been disabled.



# Welcome Back, Reflections & Overview for Today

Casey Gwinn, Esq., President





## **Strangulation: The Last Warning Shot**

A Joint Collaboration Among Key Organizations  
from the UK, Wales and US to support your  
implementation efforts for your new strangulation  
offence.

# Thank you to our partners:

- NHS England, Probation
- Welsh Partners &
- Planning Team:
  - Julia Drown
  - Dr. Cath White
  - Rachel Williams

# Than you to our Speakers Yesterday

- Nicole Jacobs, Domestic Abuse Commissioner
- Louisa Rolfe, Assist Commissioner Metropolitan Police
- Rachel Williams, Survivor and Founder of Stand Up of Domestic Abuse
- Kate Davies, NHS England National Director of Health and Justice
- Dr. Cath White, Sexual Offence Medicine Lead, Faculty of Forensic and Legal Medicine
- Joanne Hopkins, Programme Director, Criminal Justice and Violence Prevention, Public Health Wales



# Rachel Williams

Survivor and Founder of Stand Up to Domestic Abuse (SUTDA)



# 10 Key Points to Remember



**Congratulations on passing your  
Strangulation and Suffocation  
offence - effective June 7, 2022**

Men who **STRANGLE**  
women are the most  
**DANGEROUS** men  
on the planet.  
- Casey Gwinn



[strangulationtraininginstitute.com](http://strangulationtraininginstitute.com)

# DOMESTIC VIOLENCE REPORT™

LAW • PREVENTION • PROTECTION • ENFORCEMENT • TREATMENT • HEALTH

Vol. 19, No. 6

ISSN 1086-1270

Pages 81 – 100

August/September 2014

August/September 2014

DOMESTIC VIOLENCE REPORT

85

## Strangulation and Domestic Violence: The Edge of Homicide

by Gael Strack, J.D.  
and Casey Gwinn, J.D.

In March 1995, as San Diego's coordinated community response to domestic violence was getting national attention with a 50% drop in domestic violence homicides since 1985, Sgt. Anne O'Dell, the founder of the Police Department's specialized Domestic Violence Unit, called us as the founders of the City Attorney's specialized Child Abuse/Domestic Violence Unit to question whether any of us were treating so called "choking" cases seriously. Her soul searching, and soon ours, came from the first two domestic violence homicides of 1995: two teenagers with small children who lost their lives after a history of domestic violence and reports of being "choked" by their boyfriends. The City Attorney or the District Attorney prosecuted none of the reported cases. And then both Casandra Stewart and Tamara Smith were murdered.

The deaths of Casandra Stewart and Tamara Smith triggered profound changes in San Diego and ultimately around the world, but such profound change started with Gael Strack going into the file room of the San Diego City Attorney's Child Abuse/Domestic Violence Unit and reviewing every case where

See *EDGE OF HOMICIDE*, page 90

## Law Reform Targets the Crime of Strangulation

by Casey Gwinn, J.D., Gael Strack, J.D., and Melissa Mack

*"Actually, when I came out of that [strangulation incident], I was more submission—more terrified that the next time I might not come out—I might not make it. So I think I gave him all my power from there because I could see how easy it was for him to just take my life like he had given it to me."*

—Former San Diego Family Justice Center Client (2010)

Survivors of non-fatal strangulation have known for years what prosecutors and civil attorneys are only recently learning: Many domestic violence offenders and rapists do not strangle their partners to kill them; they strangle them to let them know they can kill them—any time they wish. Once victims know this truth, they live under the power and control of their abusers day in and day out. This complex reality creates challenges for prosecutors who have to decide whether to prosecute non-fatal strangulation cases

as attempted murders, serious felony assaults, or misdemeanors.

For many years in California and across the country, prosecutors have failed to treat non-fatal strangulation assaults as serious crimes, due to lack of physical evidence. Today, because of (1) involvement of the medical profession, (2) specialized training for police and prosecutors, and (3) ongoing research, strangulation has become a focus area for policymakers and professionals working to reduce intimate partner violence and sexual assault.

As of May 2014, 37 states and one territory (U.S. Virgin Islands) have passed strangulation laws that provide clear legislative definitions of the violent, life threatening assault now properly referred to as "strangulation."<sup>1</sup> One state, Utah, passed an "Intent of the Legislature" resolution, which made legislative findings to help

See *LAW REFORM*, next page

### About This Issue . . .

We are delighted to present this special issue on Strangulation, a topic of great interest because of the importance of the issue today, particularly in light of the high lethality of these cases, the profound consequences for survivors, and the challenges for law enforcement. We are especially pleased that Gael Strack and Casey Gwinn are Guest Editors. These two former prosecutors are leading national experts on strangulation as well as founders of the Family Justice Center movement.

D. Kelly Weinberg, Editor, *Domestic Violence Report*

### ALSO IN THIS ISSUE

Investigation and Prosecution of Strangulation Cases . . . . .	83
Men Who Strangle Women Also Kill Cops . . . . .	85
Summary of Recent Strangulation Case Law . . . . .	86
Why Didn't Someone Tell Me? The Consequences of Strangulation Assaults . . . .	87

## Men Who Strangle Women Also Kill Cops

by Casey Gwinn, J.D.

In September 2008, Martinez Police Department Sgt. Paul Starzyk was killed by Felix Sandoval outside the Elegant Hair Salon in Martinez, CA. Paul was 47 years old and married with three children. I did not know Paul, but the story of his tragic death and the death of Catalina Torres, a volunteer advocate at a local domestic violence shelter, came up on a Google Alert I had that documented officers who were killed in the line of duty in domestic violence-related incidents. Paul gave his life trying to save Felix's estranged wife, Maria, and her three children. He and Catalina both died as heroes: laying down their lives to save others.

Less than a month later, I visited Martinez, CA, during a planning meeting for a Family Justice Center in nearby Richmond, CA. I went to pull Maria's restraining order application at the courthouse. In her declaration, months before she died, she described a history of domestic violence including prior strangulation assaults by Felix. It was not the first time I had seen cases where an abuser had strangled his partner and then later killed a police officer. But I could not get this case out of my head.

National studies have found that 14% of officers killed in the line of duty are killed in domestic violence or "domestic dispute" incidents.<sup>1</sup> But what if we have been asking the wrong question? Instead of asking how many officers die in domestic violence incidents, perhaps we should be asking, what is the relationship history of the cop killer? What are his prior relationships like? Is there a correlation between domestic violence history and later homicide of law enforcement officers? And because of our focus at the National Family Justice Center Alliance on the lethal nature of strangulation assaults, why not look at the cop killer's relationship history and see if we can find strangulation in his history? We know that a man who strangles a woman once is 800% more likely to later kill her.<sup>2</sup> What if men who "choke" women are most

dangerous to police officers as well? What if a strangulation assault is not only a lethality marker for female victims, but is also a lethality marker for police officers?

It was time to challenge friends to look at the issue. First, Nampa Police Chief Craig Kingsbury agreed to look at the last ten officer-involved critical incidents in Nampa, Idaho. Thankfully no officer died in those incidents, but each involved the shooting of an officer or the shooting of a criminal suspect by an officer. He recruited a graduate student at Boise State to pull the last ten incidents where an officer shot someone or someone shot an officer. They asked two questions:

*What if a strangulation assault is not only a lethality marker for female victims, but is also a lethality marker for police officers?*

(1) how many of the criminal suspects had a public records act history of domestic violence; and (2) how many of the criminal suspects had a public records act history of non-fatal strangulation assault against a prior partner? The results got our attention: 80% of the criminal suspects had a prior domestic violence history and 30% had a prior history of non-fatal strangulation against a partner. And this was only a public records act check. We did not have a social or relationship history of the perpetrator. We did not interview all his prior partners. But clearly those willing to attack a police officer or pull a gun on an officer had a substantial history of violence against women.

Soon after the Nampa review was completed, Supervising Riverside County Deputy District Attorney Jerry Fineman called to say he was going to conduct a public records act check of the killers of law enforcement officers in Riverside County California. Jerry has a long history of specialized prosecution work around gender-based crimes and has served as the Chair of

the California District Attorneys Association's Domestic Violence Legislative Committee. He is a true advocate and zealous prosecutor. Jerry's review is now complete and posed on the Training Institute for Strangulation Prevention's online Resource Library.<sup>3</sup> The findings clearly show the danger to law enforcement officers of men who strangle women and should promote more research on this topic.

Jerry Fineman identified eight law enforcement officers who died in the line of duty from intentional homicide between 1993 and 2013. His review of the killers' histories was limited to public records. Significantly, he found that 50% of them had a public records

act history of strangulation assault and each of them had a history of domestic violence. A fifth officer was killed by a man with a history of domestic violence but no public record was found to document strangulation history. A sixth officer was killed by a man whose prior girlfriend had warned other women to stay away from him, but there was no public records act history of domestic violence or strangulation. The five officers killed by men with a history of domestic violence and/or strangulation assault deserve to be remembered:

1993: Deputy Kent Hinnergard  
1997: Deputy James Lehmann, Jr.  
1999: Deputy Eric Thach  
2001: Officer Doug Jacobs III  
2010: Officer Ryan Bonaminio

Fineman concluded that there does appear to be a link between strangulation assault and intentional homicide of police officers. Though the sample size for research purposes was small, he also pointed out that these numbers

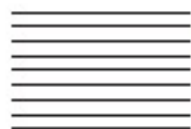
See *MEN WHO STRANGLE*, page 97

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doi:10.1016/j.jemermed.2007.02.065



## ***Violence: Recognition, Management and Prevention***

### **NON-FATAL STRANGULATION IS AN IMPORTANT RISK FACTOR FOR HOMICIDE OF WOMEN**

Nancy Glass, PHD, MPH, RN,\* Kathryn Laughon, PHD, RN,† Jacquelyn Campbell, PHD, RN,\*  
Carolyn Rebecca Block, PHD,‡ Ginger Hanson, MS,§ Phyllis W. Sharps, PHD, RN,\*  
and Ellen Taliaferro, MD, FACEP||

\*School of Nursing, Johns Hopkins University, Baltimore, Maryland, †School of Nursing, University of Virginia, Charlottesville, Virginia,  
‡Illinois Criminal Justice Information Authority, Chicago, Illinois, §School of Nursing, Oregon Health and Science University, Portland,  
Oregon, and ||Health After Trauma Project, Creekside Communications, Half Moon Bay, California  
Reprint Address: Nancy Glass, PHD, MPH, RN, School of Nursing, Johns Hopkins University, 525 N. Wolfe Street, Room 439, Baltimore,  
MD 21205

**□ Abstract**—The purpose of this study was to examine non-fatal strangulation by an intimate partner as a risk factor for major assault, or attempted or completed homicide of women. A case control design was used to describe non-fatal strangulation among complete homicides and attempted homicides ( $n = 506$ ) and abused controls ( $n = 427$ ). Interviews of proxy respondents and survivors of attempted

**□ Keywords**—intimate partner violence; strangulation; risk of homicide

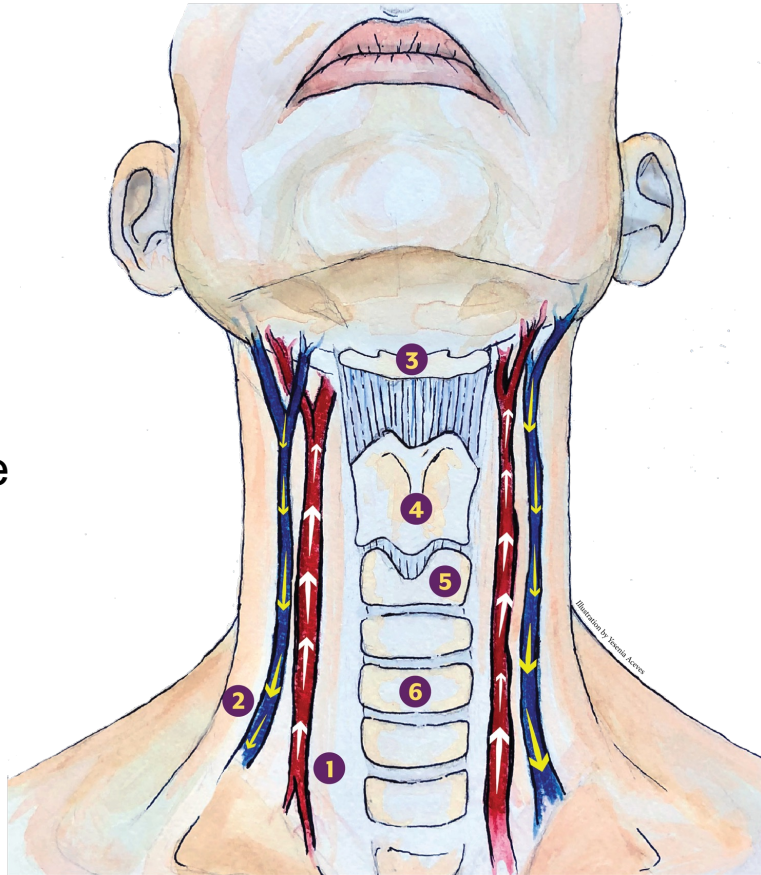
### **INTRODUCTION**

The 1993 National Mortality Followback Survey of

# VITAL NECK STRUCTURES

Arteries, Veins and Cartilage

- 1 Carotid Artery
- 2 Jugular Vein
- 3 Hyoid Bone
- 4 Thyroid Cartilage
- 5 Cricoid Cartilage
- 6 Tracheal Rings



# JFLM 79 (2021) 102128

Journal of Forensic and Legal Medicine 79 (2021) 102128



Contents lists available at ScienceDirect

Journal of Forensic and Legal Medicine

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Research Paper

'I thought he was going to kill me': Analysis of 204 case files of adults reporting non-fatal strangulation as part of a sexual assault over a 3 year period

Catherine White<sup>a,\*</sup>, Glen Martin<sup>b</sup>, Alice Martha Schofield<sup>a</sup>, Rabiya Majeed-Ariss<sup>a</sup>

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<https://authors.elsevier.com/a/1ccS3,dssAKy-7>

# Gender

Complainants

**96.6% Female**

Alleged assailants

**98% Male**

# Children witnessing NFS

- Saint Mary's 2021 study
  - 40% strangled in their own home
  - 30% had children living at home
- San Diego's 1995 Study
  - Children witnessed the NFS in at least 41% of cases
- Australia's 2022 Study
  - Children witnessed the NFS at least 43% of the cases; strangled 7%-9%



# Updated Imaging Recommendations (link [here](#))



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

Prepared by Bill Smock, MD and Sally Sturgeon, DNP, SANE-A  
Office of the Police Surgeon, Louisville Metro Police Department  
Endorsed by the National Medical Advisory Committee: Bill Smock, MD, Chair; Cathy Baldwin, MD; William Green, MD; Dean Hawley, MD; Ralph Rivello, MD; Heather Rizzo, MD; Steve Stapczynski, MD; Ellen Telford, MD; Michael Weaver, MD



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

### Strangulation patient presents to the Emergency Department

#### History of and/or physical exam with ANY of the following:

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

Consider administration of one 325mg aspirin if there is any delay in obtaining a radiographic study

#### Recommended Radiographic Studies to Rule Out Life-Threatening Injuries\* (including delayed presentations of up to 1 year)

- CT Angio of carotid/vertebral arteries (GOLD STANDARD for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) or
- CT neck with contrast (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures) or
- MRA of neck (less sensitive than CT Angio for vessels, best for soft tissue trauma) or
- MRI of neck (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) or
- MRI/MRA of brain (most sensitive for anoxic brain injury, stroke symptoms and inter-cerebral petechial hemorrhage)
- Carotid Doppler Ultrasound (NOT RECOMMENDED: least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid) \*References on page 2

#### History of and/or physical exam with:

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

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

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

- (+)
- Consult Neurology Neurosurgery/Trauma Surgery for admission
  - Consider ENT consult for laryngeal trauma with dysphonia
  - Perform a lethality assessment per institutional policy

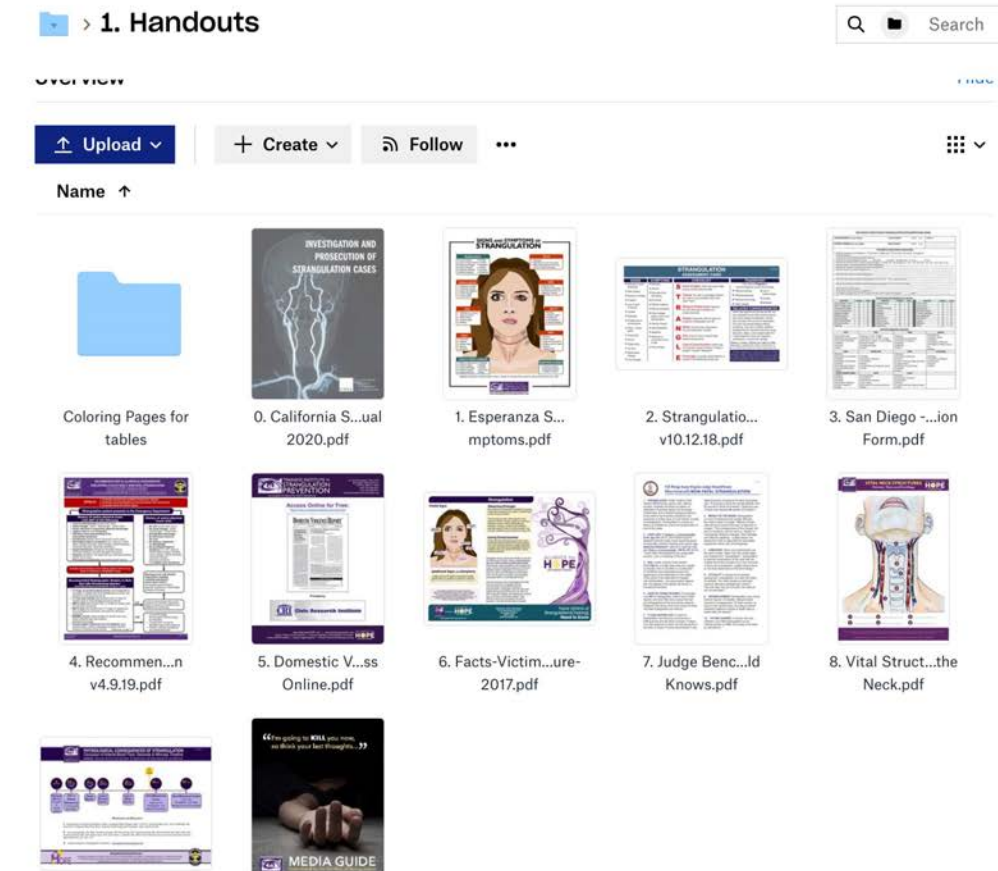
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This project is supported all or in part by Grant No. 2016-TA-AX-K067 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

# The Handouts: They are print worthy



# Best Practice Resources



[Home](#) [Shop](#) [Rachel Williams](#) [Petitions](#) [Events](#) [Services](#) [Strangulation and Suffocation](#) [Media](#) [Gallery](#) [Contact](#)

## STRANGULATION AND SUFFOCATION: USEFUL RESOURCES

Please find below a variety of resources which organisations may want to use in preparing for the new offence of Strangulation and Suffocation which will come into force in on 7th June 2022.

To register for the on-line free training event (details in the flyer and programme at the bottom of this page) on the afternoons of 28<sup>th</sup> and 29<sup>th</sup> June click here: [Register here](#)

Please distribute/print out the **flyer** and **programme** to advertise this as widely as possible.

Most of these resources refer to strangulation as it occurs more frequently and it is this that is assessed in much of the research referred to here. However some of the behaviours and results for suffocation can be similar, so the two should be considered seriously and responded to appropriately. Some staff working in this area use the term 'strangulation' informally to cover both strangulations and suffocations.

We want to do all we can to tackle this violence and prevent it happening so if you have any resources you'd like to share please get in touch and if you have any feedback on these please contact [julia.drown@aafda.org.uk](mailto:julia.drown@aafda.org.uk)

By using this website, you agree to the use of cookies as described in our Privacy Policy.

# Gael Strack, J.D. CEO and Co-Founder



- “Our study proved it – most victims of strangulation will not have visible external injuries. The lack of injuries and the lack of training caused the criminal justice system to minimize strangulation. We failed victims. But now we know – it’s lethal. There are serious immediate and long-term health consequences.”

# Lessons Learned – In Memory of Casondra Stewart & Tamara Smith



# Agenda Adjustments: 1 Break

- 1 to 1:10: Welcome, Reflections & Overview
- 1:10 to 2:45: Strangulation Investigations
- 2:45 to 3:00: BREAK
- 3:00 to 4:00: Prosecution & Reflections from the UK and Wales
- 3:00 to 4:00: Advocacy & HOPE

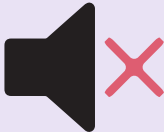
# A few ZOOM tips to help make this training enjoyable:

## BE ON TIME



- We are committed to starting and ending on time, including breaks.
- Agenda are guidelines.
- We will display a timer during breaks.

## MUTE YOURSELF



- We are using ZOOM webinar which means everyone will be muted and we cannot see you.

## UTILIZE CHAT



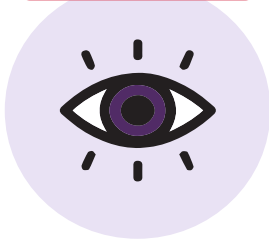
- Please use of the chat feature to send comments.
- Please use the Q/A to ask questions.

# Thank you for Your Questions

- We are very grateful for your questions.
- Our course has been designed to anticipate your questions.
- Most of your question will be addressed during the presentation.
- We still encourage you to continue to ask questions
- Due to the volume of questions, our team will work with the planning team to answer all of your questions.
- Please give us a week to organize them in a meaningful way.

# A few ZOOM tips to help make this training enjoyable:

BE PRESENT



PRACTICE  
SELF-CARE



- We are all in this together.
- Virtual training is not ideal but it is still a gift. Throw yourself in, ask questions and learn as much as you can.
- During this presentation, we will share sensitive information, play some 911 tapes, videos, photos and discuss case studies. This information may be difficult and/or cause you some discomfort. We understand. Please take good care of yourself.



# The Institute Team



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PROGRAM ASSISTANT

# 29th August Advanced Course on Strangulation Prevention

<https://conta.cc/3aWVQXM>



IN-PERSON EVENT

**AUGUST 16-19, 2022**



*Registration  
Now  
Open*

## ADVANCED COURSE ON STRANGULATION PREVENTION

# Kate Brown

Chief Crown Prosecutor (South East) and  
National Domestic Abuse Champion



# Crown Prosecution Service

Kate Brown, Chief Crown Prosecutor and National Domestic Abuse Lead



# Crown Prosecution Service

- The Crown Prosecution Service (CPS) prosecutes criminal cases that have been investigated by the police and other investigative organisations in England and Wales.
- The CPS is independent, and we make our decisions independently of the police and government.
- It is the CPS's ambition is to secure justice in every possible domestic abuse case, we are responsible for making sure the right person is prosecuted for the right offence



# Offences of non-fatal strangulation and non-fatal suffocation

Section 70(1) DA Act 2021 inserted section 75A into part 5 of the Serious Crime Act 2015 creating an offence of non-fatal strangulation (s75A(1)(a)) and a separate offence of non-fatal suffocation (s75A(1)(b))

The legislation states the following:

Section 75A(1) a person (“A”) commits an offence if-

- A intentionally strangles another person (“B”), or
- A does any other act to B that –
  - affects B’s ability to breathe, and
  - constitutes a battery of B



# Definitions

The legislation does not provide a definition of strangulation or suffocation. Prosecutors should give the word(s) its ordinary meaning

- Strangulation – The obstruction or compression of blood vessels and/or airways by external pressure to the neck impeding normal breathing or circulation of the blood.
- Suffocation - to deprive a person of air which affects their normal breathing. This definition is wider than that of non-fatal strangulation which requires pressure to the neck.

**NOTE** – these offences are applicable to all cases not just those involving DA. It should therefore be considered in every case where there is evidence of non-fatal strangulation or non-fatal suffocation.



# Some factors to consider when looking at the evidence of the Victim

- ✓ Their physical reaction such as: any difficulty breathing, hyperventilating or chest pain.
- ✓ Any difficulty or pain such as: pain when swallowing, any nausea or vomiting and throat/neck pain or stiffness.
- ✓ Whether the victim's voice was affected such as: hoarseness, coughing and difficulties with speech.
- ✓ Whether the victim's hearing was affected such as: deafness or ringing in the ears.
- ✓ Whether the victim suffered any damage to their larynx – such as a fracture – or any injury to the mouth and tongue due to direct pressure on the teeth.

# Charge Selection

- Code For Crown Prosecutors Part 6 deals with general guidance on selection of charges.
  - NFS or Assault / Battery S.39 CJA 1988
  - NFS or ABH – S.47 OAP 1861
  - NFS or GBH / Wounding S.18 OAP 1861
- Multiple Elements to the Assault - The guidance is to lay a separate charge in order to reflect the strangulation in the offence and give the Court appropriate sentencing powers.

# How Do You Know:

## Conducting the Strangulation Investigation

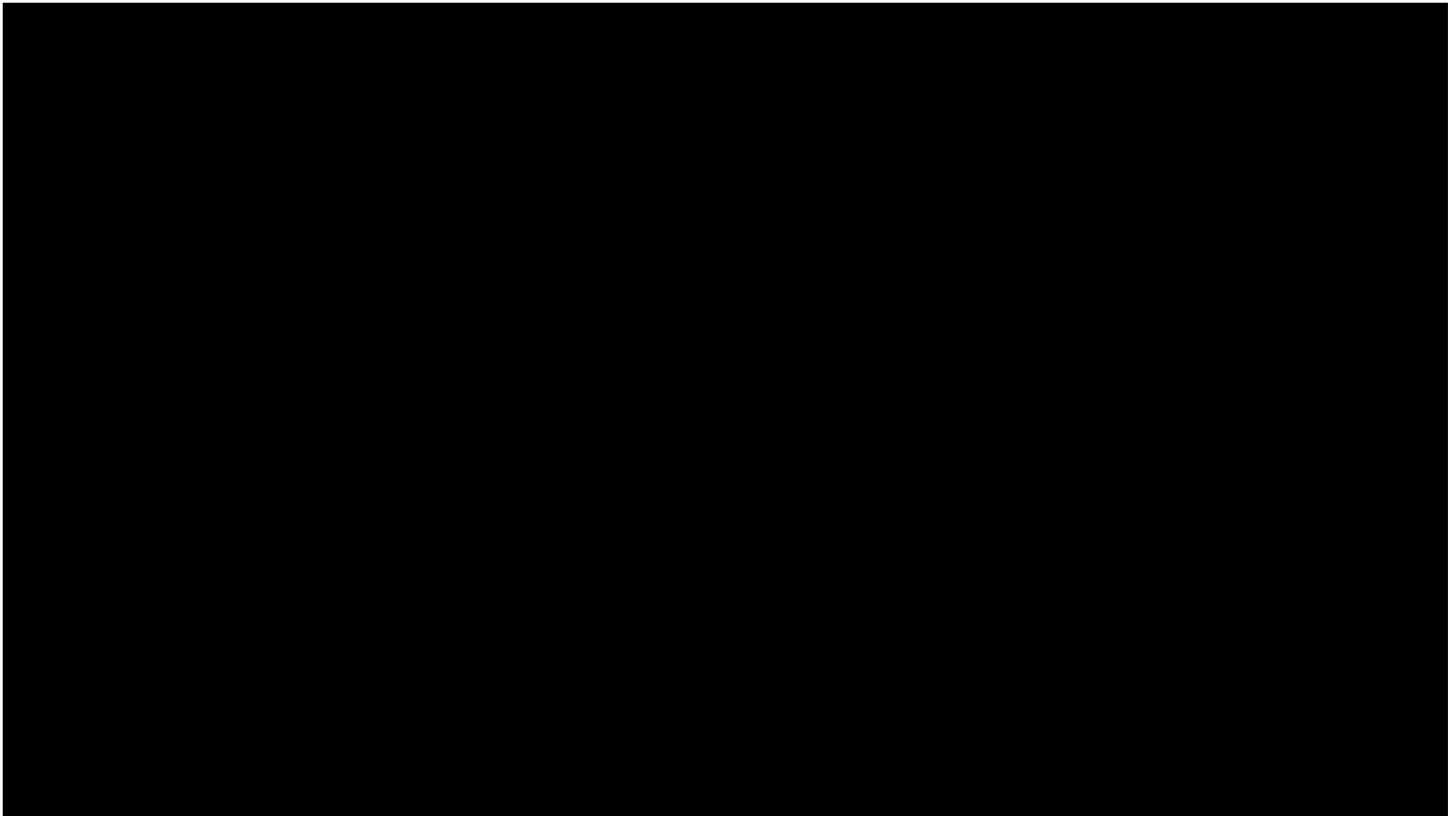
A black and white portrait of Maya Angelou. She is wearing a beaded headband with large circular ornaments, a large hoop earring, and a large ring on her finger. She has her hand near her mouth in a thoughtful pose. The background is a soft, out-of-focus grey.

“Do the  
best you  
can until  
you know  
better.  
Then when  
you know  
better, do  
better.”

- *Maya Angelou*

# How you approach your interview is important.

# Trauma & the Brain

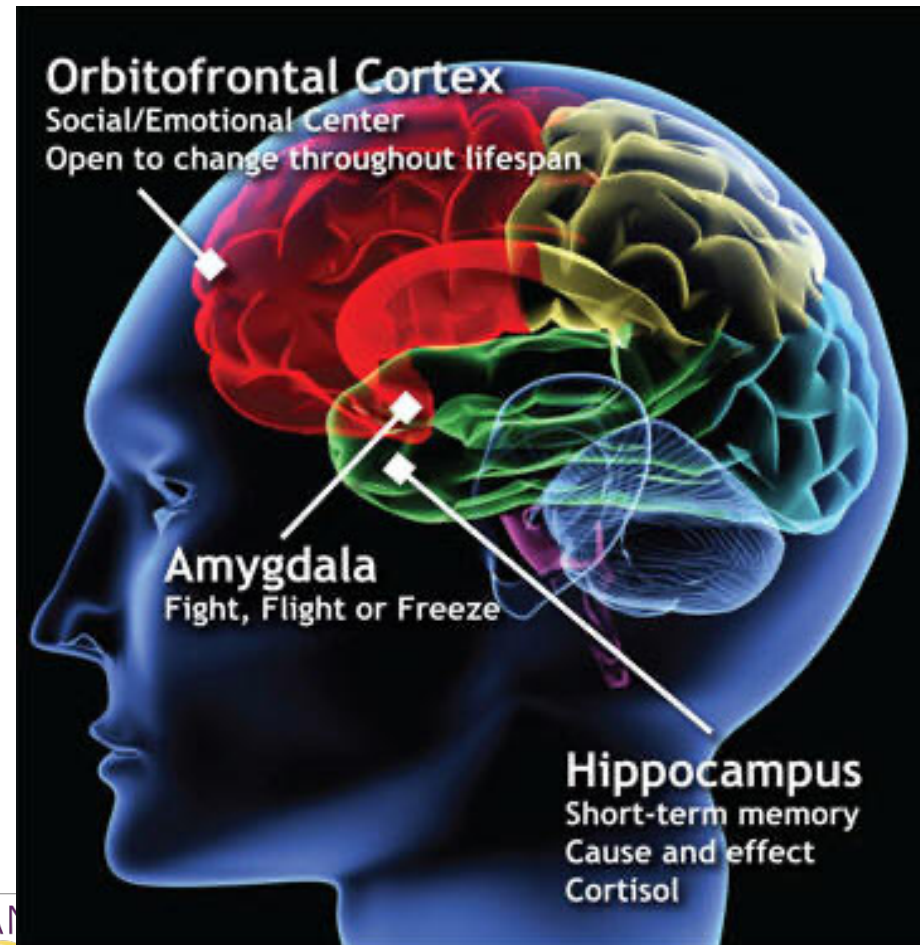


# Defining Trauma

- Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.

# Impact of Trauma on Memory

- Amygdala activated
- Stress hormones are released
- Functioning of hippocampus impeded – making it hard to record information in chronological order



# This is not trauma-informed interviewing



# Approach and Rapport Building

- ▣ Interested
- ▣ Concerned
- ▣ Empathetic
- ▣ Non-judgmental



# Approach and Rapport Building

- ▣ **Non-judgmental**
- ▣ **Interested**
- ▣ **Concerned**
- ▣ **Empathetic**



# Give Permission to be confused and recall details later...

You have been through a really difficult experience. Things may be confused and fuzzy so just do the best you can. You may remember other things later after some rest so just do the best you can for now...

Following the victims uninterrupted narrative. What did you.....

See

Hear

Feel

Think

Taste

Smell

# You need the right tools.

Training, resources and  
compassion.

# Two self-assessment tools:

## Effective Response to Strangulation

Agency Assessment

Name: \_\_\_\_\_

State: \_\_\_\_\_

Please answer as completely as possible

- 1) In your jurisdiction, what is the average monthly number of reported strangulation cases?
- 2) How does your jurisdiction handle crimes that involve strangulation (felony or misdemeanor)?
- 3) Are your officers instructed to routinely inquire about strangulation behaviors while on the scene of:
  - Domestic violence? Yes No
  - Sexual assault? Yes No
- 4) Do your responding officers receive training regarding:
  - Prevalence of strangulation? Yes No
  - The use of strangulation to exert power and control and cause fear and intimidation? Yes No
  - Victim references to 'choking' and documenting cases as 'strangulation'? Yes No
  - Potential lethality of strangulation? Yes No
  - Questions to ask victims to determine if strangulation has occurred? Yes No
  - Symptoms of strangulation? Yes No
  - Visible and non-visible injuries from strangulation? Yes No
  - Indicators that a loss of consciousness occurred? Yes No
  - Possible internal injuries? Yes No
- 5) Are your officers trained to ask about a prior history of strangulation? Yes No
- 6) Do your officers routinely inquire about property damage that can occur during the act of strangulation (i.e. cracked drywall by the victims head)? Yes No
- 7) Documentation
  - What technological resources does your department have to thoroughly investigate these crimes?
  - Do your officers routinely take photos when strangulation has occurred? Yes No
    - Do they routinely take follow-up photos? Yes No
  - Does your agency partner with forensic nurses to capture evidence of strangulation? Yes No
  - Do your officers encourage victims to document/log all signs and symptoms? Yes No
  - Are audio recordings used (or 911 tapes) to capture voice changes that occurred due to strangulation? Yes No
  - Does your department have a specialized police reporting form to help document strangulation assaults? Yes No
- 8) Does your agency policy mandate that medical staff be called to the scene when strangulation is reported?
- 9) Do your supervisors regularly audit reports to ensure information about strangulation is effectively captured and articulated? Yes No
- 10) Are your department members trained on identifying defensive injuries on the aggressor? Yes No
- 11) Does your agency collaborate with the following partners to provide department training:
 

Advocates? Yes No	Prosecutors? Yes No
Medical staff? Yes No	Other experts? _____
- 12) Do your officers utilize threat/risk assessment tools with victims? Yes No With perpetrators? Yes No
  - If yes, which assessment tool?
  - According to your protocols, which cases require an assessment be conducted?
- 13) Do your officers provide victims with names/contact information for local victim service providers in cases of strangulation? Yes No
- 14) Are dispatch/communications members trained ask about the commission of strangulation? Yes No
  - Are your dispatch/communications members trained about the severity of strangulation? Yes No



## Training Institute on Strangulation Prevention

a program of the National Family Justice Center Alliance

### Strangulation Response – Self-Assessment

Please place a checkmark ✓ next to the most appropriate answer for your community.

Question	Yes	No	Not Sure
<b>General</b>			
Does your state have a strangulation law?			
<b>Training &amp; Education</b>			
Do you know if you have a Multidisciplinary Team (MDT) response to handle local strangulation?			
Do you know if you have any local trainers on strangulation?			
Do you know if you have a team of special investigators?			
Do you know if professionals receive training on strangulation?			
Dispatchers?			
Prosecutors?			
Advocates?			
DA investigators?			
Paramedics?			
Probation?			
Parole?			
Sexual Assault/Forensic Nurses?			
Criminal Court Personnel?			
Juvenile Court Personnel?			
Child Protective Services?			
Adult Protective Services?			
Animal Protection?			
Civil/legal attorneys?			
Therapists/Counselors?			
Do you know if strangulation training is being included in the police academy?			
Do you have a strangulation brochure for:			
Victims?			
Police Officers?			
Community Members?			
Are experts being used in court to educate the court or jury?			
Are you working with:			
Civil attorney?			
CPS?			
Elder Abuse?			
Animal Abuse Professionals?			

This project is supported all or in part by Grant No. 2016-TA-AX-K008 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

# Best Practices Report Card

**BEST PRACTICES REPORT CARD**


Back to school time...  
because lives depend on what you know!

We like to believe our domestic violence response is the best of the best. Maybe it is. Maybe it could be better. Take a moment to reflect on ways to improve your response. Here is a list of some of the best practices in place in various parts of the country (there are more than 10, but we picked these).

- 1 Do your dispatchers receive ongoing specialized training in handling domestic violence/strangulation cases?  
☐ YES ☐ NO/UNSURE
- 2 Are all your sworn law enforcement personnel training on investigating strangulation cases and does their training include a duty to warn victims about the potential dangers of strangulation? You can answer yes if all your cases are handled by a DV Response Team that uses a duty to warn.  
☐ YES ☐ NO/UNSURE
- 3 Are your paramedics specially trained in responding to strangulation cases?  
☐ YES ☐ NO/UNSURE
- 4 Are all your assigned prosecutors trained on investigating and prosecuting strangulation cases?  
☐ YES ☐ NO/UNSURE
- 5 Do strangulation victims receive forensic exams, imaging, and medical evaluation in all strangulation cases?  
☐ YES ☐ NO/UNSURE
- 6 Do you have a strangulation response protocol in your jurisdiction?  
☐ YES ☐ NO/UNSURE
- 7 Do you have expert testimony available for your strangulation cases?  
☐ YES ☐ NO/UNSURE
- 8 Do you implement risk assessments and safety planning with survivors? Do you have a good working relationship with your non-governmental advocates (whether through a Family Justice Center or otherwise)?  
☐ YES ☐ NO/UNSURE
- 9 Are the other members of the criminal justice system (court/defense bar/probation) trained in understanding the significance of strangulation?  
☐ YES ☐ NO/UNSURE
- 10 Do you have a mechanism for victims to provide feedback on your response (survivor groups, etc.)?  
☐ YES ☐ NO/UNSURE

YOU GET 10 POINTS PER QUESTION. TOTAL SCORE: 0

Scoring low does not necessarily make your program bad, it just suggests there are other best practices to explore. If you would like information on best practices, please email us at [institute@allianceforhope.com](mailto:institute@allianceforhope.com)

  
a program of Alliance for HOPE International  
[allianceforhope.com](http://allianceforhope.com) | [strangulationtraininginstitute.com](http://strangulationtraininginstitute.com)

This project is supported all or in part by Grant No. 2016-TA-AK-0067 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Figure out your grade, like in school:

90-100	A
80-90	B
70-80	C
60-70	D

# Free On Line Training for the First Responders

TRAINING INSTITUTE on  
STRANGULATION PREVENTION

a program of  
ALLIANCE for  
HOPE  
INTERNATIONAL

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## Online Strangulation Training

**pavtn.net**  
Training for officers by officers.

**Investigating Strangulation** [Help](#)

### Introduction | STRANGULATION—OBJECTIVES

This module will enhance your response to calls involving strangulation by providing methods to:

- Explain the dangers of strangulation
- Recognize the various signs and symptoms of strangulation
- Apply victim interview questions to your investigation of strangulation
- Identify and implement the actions to help a strangulation victim

[Back](#) [Continue](#)

To view the Investigating Strangulation Course, click [here](#).

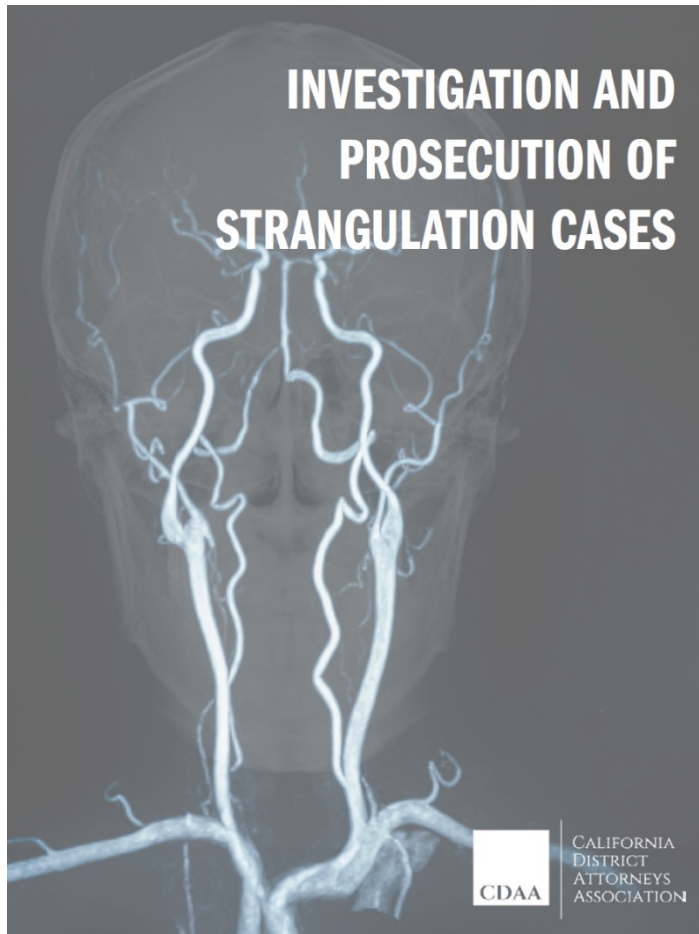
# Law Enforcement Roll Call Video

<https://www.youtube.com/watch?v=cOiYd6UOeko>



Strangulation Roll Call Video

# Newest Resource:



1. Overview
2. Strangulation & the Law
3. **Investigations**
4. Prosecution
5. Medical – Non-Fatal
6. Medical – Fatal
7. Use of Experts
8. Advocacy
9. Conclusion

# 2017 San Diego Countywide Protocol on Strangulation

Strack, Gael 1/9/2020  
For Educational Use Only

SAN DIEGO COUNTY'S STRANGULATION PROTOCOL:..., 52-OCT Prosecutor 14

## 52-OCT Prosecutor 14

Prosecutor  
October, 2018

Domestic Violence  
Tracy Prior<sup>al</sup>

Copyright © 2018 by National District Attorneys Association; Tracy Prior

## SAN DIEGO COUNTY'S STRANGULATION PROTOCOL: IMPROVING EVIDENCE COLLECTION TO WIN THE WAR

ANA'S STORY--"My former boyfriend was constantly jealous, controlling, and isolated me from the world. He would beat me, threaten me with weapons, destroy my property, and abuse my children. He would often strangle me to the point that I would lose consciousness. In a final set of incidents, he ended up strangling me with a television cord and he lifted me by my hair, breaking my neck, and causing me to be quadriplegic. I now require around-the-clock care. I wish someone had realized sooner that I needed help. I feel fortunate to be alive today."

### PROSECUTING STRANGULATION TAKES A TEAM

Every minute after a domestic violence incident matters and the skills and resources of local law enforcement and healthcare providers can help us win the battle in holding offenders accountable in the courtroom. Strangulation is a serious warning sign in domestic violence relationships that should never be ignored.

With over 17,000 domestic violence incidents in San Diego County and an increase of 63 percent in defendants charged for domestic violence over the past two years, the San Diego County District Attorney's Office has been working hard to put into place new strategies for prosecuting smarter. A few years back, we began delving into our crime data to see where we could make a difference. What leaped out was that few strangulation cases were being filed on and even less were being filed as felonies. We also started educating ourselves about the complexities of strangulation cases and thinking differently about how we filed, negotiated, argued, and proved these cases.

Strangulation is an important indicator for future lethal domestic violence. During strangulation, external pressure put on the neck can result in a lack of oxygen to the brain. Loss of consciousness may result, and if continued, ultimately death. Female survivors of non-fatal strangulation are 600 percent more likely to become a victim of attempted homicide and more than 700 percent more likely to become a victim \*15 of homicide.<sup>1</sup> Fifteen percent of the DV homicides in our county are the result of strangulation or suffocation and strangulation accounts for about 10 percent of all violent deaths in the U.S.<sup>2</sup>

Improved detection and documentation of strangulation is critical for holding domestic violence offenders accountable for these serious criminal acts. Through collaborative efforts across the twelve law enforcement agencies in our county and prosecution, we have been able to move the mark. The San Diego County DA's Office has experienced a 34 percent increase in felony filings

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1

2017

San Diego County

Approved by the Chiefs of Police, Sheriff, San Diego District Attorney and San Diego City Attorney on February 1, 2017

## STRANGULATION PROTOCOL

Developed and approved in collaboration with criminal justice, healthcare, and social service staff from organizations throughout San Diego.

# STRANGULATION/SUFFOCATION INVESTIGATIVE WORKSHEET

AGENCY NAME: \_\_\_\_\_

**VICTIM/OFFENDER/WITNESS INFORMATION** **REPORT NUMBER:** \_\_\_\_\_

Victim's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Offender's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of relationship: \_\_\_\_\_ Relationship status: \_\_\_\_\_

History of D.V.: \_\_\_\_\_

Is there an active Order of Protection? ☐ Yes ☐ No If so, issue date: \_\_\_\_\_ Court: \_\_\_\_\_

Who else was present during the attack? \_\_\_\_\_

Who have you called, texted or spoken with about this incident? \_\_\_\_\_

**MEDICAL**

Was the victim transported to the hospital? ☐ Yes ☐ No ☐ Refused Transporting EMS: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_ Medical Professional: \_\_\_\_\_

Medical Release obtained? ☐ Yes ☐ No Is the victim pregnant? ☐ Yes ☐ No If so, how far along? \_\_\_\_\_

Recent Hospital, ER, or Urgent Care visits? \_\_\_\_\_

**MANNER AND METHOD OF STRANGULATION/SUFFOCATION**

CHECK ALL THAT APPLY: ☐ One Hand (L or R) ☐ Two Hands ☐ Forearm ☐ Knee/Foot ☐ Strangulation Hold

☐ Object over Nose & Mouth (Manual or Object) ☐ Ligature ☐ Pressure to Chest/Abdomen ☐ Other: \_\_\_\_\_

Describe: \_\_\_\_\_

Duration the victim was strangled/suffocated: ☐ Sec. ☐ Min. ☐ Unsure Multiple times? ☐ Yes ☐ No Do you have pain now? ☐ Yes ☐ No

Describe: \_\_\_\_\_

Were you simultaneously shaken while being strangled? ☐ Yes ☐ No ☐ Unsure Was your head hit in any way? ☐ Yes ☐ No ☐ Unsure

Pressure exerted on your neck/nose/mouth. Select one (1=Weak 10=Very Strong): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Extent of pain experienced during strangulation/suffocation. Select one (1=Weak 10=Very Strong): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Did you lose of consciousness? ☐ Yes ☐ No ☐ Unsure Have there been prior incidents of strangulation/suffocation? ☐ Yes How many times? ☐ \_\_\_\_\_

Describe: \_\_\_\_\_

**VICTIM'S BREATHING:**

Was there a time when you could not talk or scream while being strangled? ☐ Yes ☐ No Was it difficult for you to breathe? ☐ Yes ☐ No

Describe your ability to breathe. Select one (1=Normal 10=Unable to breathe): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Pain while breathing? ☐ Yes ☐ No Shallow breathing? ☐ Yes ☐ No Clearing of the throat? ☐ Yes ☐ No Rapid breathing? ☐ Yes ☐ No

Any other changes to your breathing? ☐ Yes ☐ No Describe: \_\_\_\_\_

**INTENTION/OFFENDER MENTAL STATE**

What did the offender say during/after the attack? \_\_\_\_\_

What did you think was going to happen to you? \_\_\_\_\_

What caused the attack to stop? \_\_\_\_\_

Describe the offender's demeanor and facial expressions during the attack: \_\_\_\_\_

**INVESTIGATIVE/CRIME SCENE/ADVOCACY**

☐ Lethality/Risk/Danger Assessment completed ☐ DV Forensic Exam completed by a Forensic Nurse Examiner

Does the Offender have access to firearms? ☐ Yes ☐ No Location of firearms: \_\_\_\_\_ Firearms seized? \_\_\_\_\_

Photographs of all injuries and physical evidence: ☐ Victim ☐ Suspect ☐ Scene(s). Taken by: \_\_\_\_\_

Audio Recordings of all interviews ☐ Body-worn Camera Recording

Evidence Collection (ligature, weapon, soiled clothing, surveillance videos, cell phone messages/voice recordings, etc.)

Detective notified or responded: \_\_\_\_\_

Victim Advocate notified: \_\_\_\_\_ DV Pamphlets/Crisis/Referral Information given to the victim

strangulationtraininginstitute.com | institute@allianceforhope.com | (888) 511 3522

This project is supported all or in part by Grant No. 2016-BA-AE-K05-7 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/information are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.



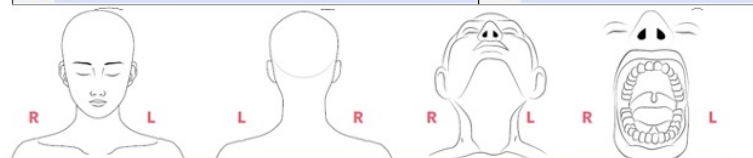
## SYMPTOMS

SYMPTOMS	DURING	AFTER	UNSURE	NO	DESCRIPTION
Headache					
Disorientation					
Loss or changes in vision					
Loss or changes in hearing					
Raspy/hoarse Voice					
Difficulty Speaking					
Unable to Speak					
Painful to Swallow					
Trouble Swallowing					
Sore Throat					
Neck Pain					
Coughing					
Nausea					
Vomiting/Dry Heaving					
Physical Pain					
*Involuntary Urination					
*Involuntary Defecation					
Other:					

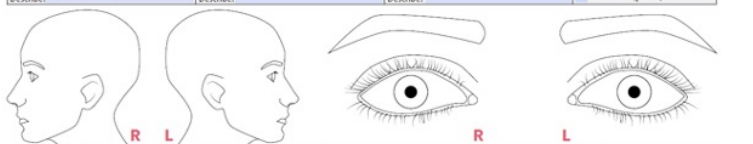
\*Is the victim wearing the same clothes that they were wearing during the attack? Did they change clothes?

## VISIBLE SIGNS

NECK		HEAD	
Redness or Bruising Location:		Bumps	Hair pulled
Scatches/Abrasions	Impression marks Location:	Petechiae on scalp	Hair missing
Ligature Marks	Petechiae Location:	Scatches/Abrasions	Laceration(s)
Describe:		Describe:	



CHEST	SHOULDERS	UNDER CHIN	MOUTH
Redness or Bruising	Redness or Bruising	Redness or Bruising	Swollen Lips
Scatches/Abrasions	Scatches/Abrasions	Scatches/Abrasions	Abrasions/Lacerations
Laceration(s)	Laceration(s)	Laceration(s)	Swollen tongue
Describe:	Describe:	Describe:	Petechiae (palate)



FACE	EARS	NOSE	EYES & EYELIDS	
Redness or Flushed	Swelling	Scatches/Abrasions	Petechiae in eye(s)	Right Left
Scatches/Abrasions	Bruising	Swelling	Petechiae in eyelid(s)	Right Left
Petechiae	Petechiae	Nasal fracture	Blood in eyeball(s)	Right Left
Bruising	Bleeding from ear(s)	Petechiae	Orbital fracture(s)	Right Left

# Other Jurisdictions are reporting similar findings:

- Increased felony filings
- Increased convictions
- Increased sentencing
- Improved teamwork
- Increased knowledge and expertise
- Growing number of experts
- However ... we will see the impact of COVID

# New article on MDT approach resulted in improvement in case outcomes.

The current issue and full text archive of this journal is available on Emerald Insight at:  
[www.emeraldinsight.com/1363-951X.htm](http://www.emeraldinsight.com/1363-951X.htm)

## Improving law enforcement's response to non-fatal strangulation

Amy Reckdenwald, Ketty Fernandez and Chelsea L. Mandes  
*Department of Sociology, University of Central Florida, Orlando, Florida, USA*

Improving law  
enforcement's  
response

### Abstract

**Purpose** – The purpose of this paper is to evaluate a coordinated effort to improve the law enforcement response to non-fatal strangulation in the context of domestic violence.

**Design/methodology/approach** – The authors compare law enforcement identification and documentation of strangulation in domestic violence cases before and after the implementation of a strangulation-specific training program in one Central Florida County.

**Findings** – The results indicate preliminary support for the effectiveness of training law enforcement, suggesting that the response to strangulation can be improved with comprehensive law enforcement training. **Practical implications** – An improved response by law enforcement may have the potential to increase offender accountability of non-fatal strangulation – a potentially deadly assault.

**Originality/value** – The study is the first to evaluate strangulation-specific training efforts of law enforcement. Results point to opportunities that can be taken to improve law enforcement's response to non-fatal strangulation in domestic violence.

**Keywords** Criminal justice system, Evaluation, Domestic violence, Intimate partner violence, Strangulation

**Paper type** Research paper

Received 23 December 2008  
Revised 17 April 2009  
Accepted 20 May 2009

Non-fatal strangulation use within domestic violence has recently emerged as a critical concern for the criminal justice, medical and legal systems (Pritchard *et al.*, 2017). Though domestic violence advocates have long recognized this type of violent behavior, it has only been in the last two decades that researchers and policy makers have begun to devote attention to the issue. Prior to this awareness, research was typically conducted postmortem and very little was known about surviving victims of strangulation (Iserson, 1984; for review see Pritchard *et al.*, 2017).

Strangulation is a common tactic of violence used in domestic abuse situations (Glass *et al.*, 2008; Joshi *et al.*, 2012; McClane *et al.*, 2001; Nemeth *et al.*, 2012; Smith *et al.*, 2001; Strack *et al.*, 2001; Thomas *et al.*, 2014; Wilbur *et al.*, 2001) and is considered a gendered crime with victims overwhelmingly female and offenders male (Nath, 2007; Pritchard *et al.*, 2018; Strack *et al.*, 2001; Joshi *et al.*, 2012). Recent research has highlighted how common the use of strangulation is in abusive relationships, often emerging late in the progression of a violent relationship and occurring multiple times over the course of the relationship (Wilbur *et al.*, 2001). The offender uses strangulation as an ultimate form of control, to demonstrate that they have the power to decide if the victim lives or dies (Nemeth *et al.*, 2012; Pritchard *et al.*, 2017; Thomas *et al.*, 2014). Likewise, the victim's resulting pain and fear allows the offender to maintain control in the relationship even after just one attack (Thomas *et al.*, 2014). Additionally, research has shown the serious impact of experiencing strangulation on victims' physical and mental health (Smith *et al.*, 2001) as well as their future risk of homicide (Glass *et al.*, 2008).

Awareness of the gravity of strangulation has resulted in many states across the USA, including Florida, passing specialized laws making non-fatal strangulation a separate criminal felony (Pritchard *et al.*, 2017). Despite this increased response, efforts to hold offenders accountable for non-fatal strangulation is challenging (Douglas and Fitzgerald, 2013; Laughon *et al.*, 2009; Strack *et al.*, 2001). In an effort to improve the response to non-fatal strangulation in domestic violence situations, a coordinated-community response involving law enforcement, medical, legal and shelter personnel, and victim advocates – the



Publishing An International Journal  
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1363-951X  
DOI: 10.1108/JPS-02-2009-0086

# Our top 20 questions to ask

# 1. Did anyone place any pressure on or around your neck by any means?

Assume every DV victim has been strangled.

2. Find out the Method of Strangulation  
and 3. How many times pressure was  
applied?



# Was it one hand?



# Was it two hands?



# From the front or behind?

- Front



- Back





# One arm?



# Was it a neck restraint of some type?

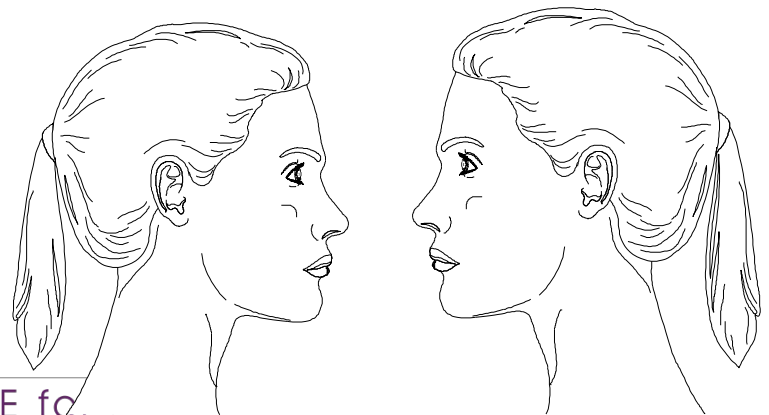


# Was a ligature used?



## 4. Ask the victim if you can look for injuries?

- Carotid restraint: shoulders
- One hand, C-clamp: neck
- Two hands: neck, chest, behind the ear, jaw
- Ligature



# Look for swelling or lumps to neck

- Especially if victim reported multiple attacks or prior strangulation assaults.
- **Ask victim to look in the mirror.**
- Ask victim if her neck looks swollen?
- If so, call paramedics immediately and insist on medical attention immediately.
- Do not ask.

Trauma will impact an individual's ability to tell distance and time.

# To determine intent:

5. Can you tell me how long pressure was applied?

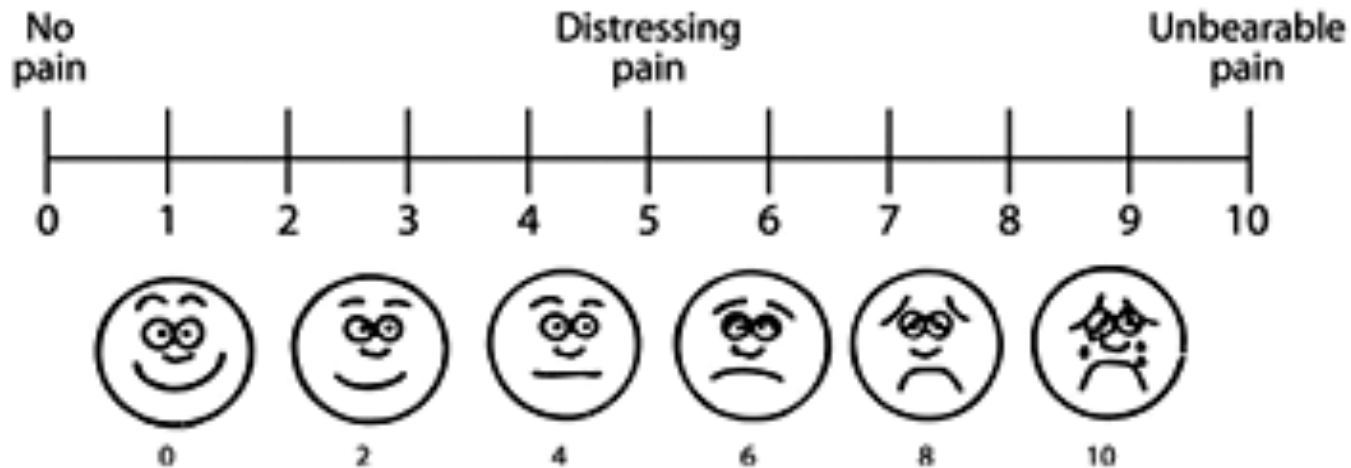
- To avoid: “he grabbed me briefly”
- Det. Agnew suggests to ask the victim to close her eyes and tell you “when” to indicate how long the defendant applied pressure to her neck. The officer then monitors the time.

6. How hard, on a scale from 0 to 10 with 10 being the hardest?

- “it must have been 9, otherwise I would be dead right now.”

## 7. Are you or were you in pain?

- Use the scale below to better estimate the level of the pain you are experiencing:



# Evidence of cerebral hypoxia

- Detective Joey Bianco:
- Victim reported her husband applied pressure to her neck.
- On a scale from 1 to 10, it was a 10.
- He would not let go. It was continuous pressure.
- Could not remember for how long but it felt like forever.
- At first she was in a panic. She could not breathe.
- Then she began to feel really calm. She thought she was going unconsciousness.
- She heard people on the other side cheering for her.

## 8. Tell me about your ability to breathe?

- Did you have any difficulty breathing?
- Were you able to breathe normally?
- Were you able to talk? scream?
- Are you having any difficulty or discomfort breathing now?
- On a scale from 0 to 10, with 0 meaning normal breathing and 10 being unable to breathe? Tell me your level of breathing

## 9. Did anyone have any Jewelry?

- The Victim?
- The Suspect?
- Still on the victim? Suspect?
- Broken?
- Where was it located?
- Photographed?

## 10. What did you see when this was happening to you?

- He looked like death, as if he wanted me to stop breathing with big, red evil eyes. His eyes were crazy. They were big. They were open and wobbling back and forth.
- I saw the devil.
- I saw death.
- I knew he was going to kill me

# Asking and documenting loss of consciousness

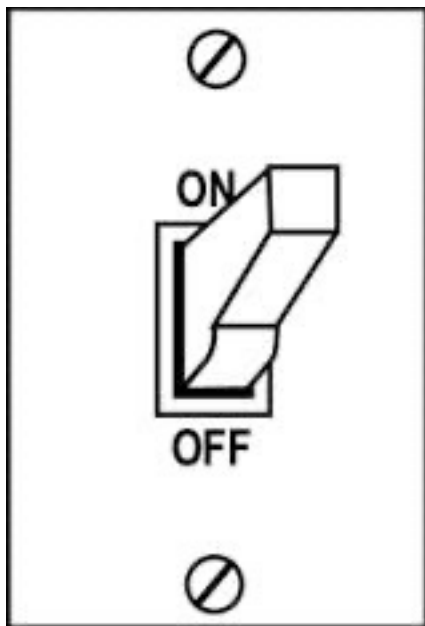
# 11. How did you feel when pressure was being applied (and after)?

- “fuzzy,” “dizzy”
- “head rush”
- “I saw stars.”
- “I saw black and white.”
- “I couldn’t breathe”
- “I passed out”
- “I vomited several times”
- “I had trouble swallowing”
- “I felt like my head was going to explode”
- “I felt a rush of blood to my head”



# Unconsciousness

- It's not an on or off switch
- It's more of a dimmer switch



# The Crime Scene

## 12. Where did it happen?



# Where Did it Happen?

70% of DV victims are also sexually assaulted.



# 13. Any discarded clothing?

Are the clothes you're wearing the same clothes you were wearing when you were strangled?



# Semen Glows. Urine Glows.

- Make good use of ultra violet lights.

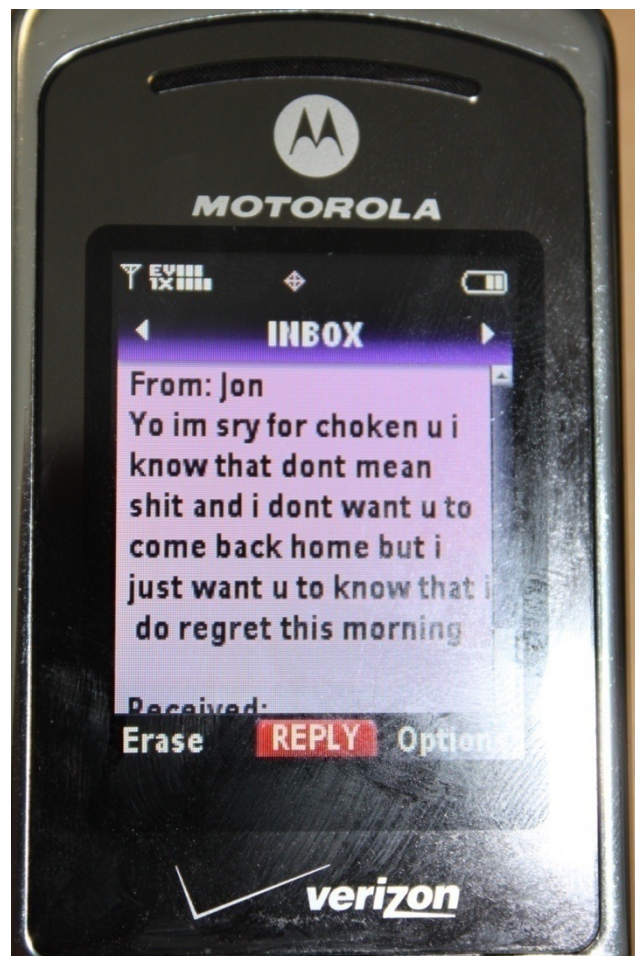




# 14. What did he say before, during or after?

- “I’m going to kill you, you fucking bitch”
- “Die Bitch die”
- “No judge, no cop, no attorney will keep you safe”
- “I’m going to pop your neck”
- “I’m going to do an OJ and leave no evidence”
- “I didn’t mean to squeeze so tight”
- “I don’t need a fucking gun to kill you”

# 15. Ask Victim about Text Messages.



## 16. What did you think was going to happen?



- “I thought I was going to die.”
- “I was afraid he would kill me. He wouldn’t mean to kill me, but it was getting worse, he wouldn’t know when to stop.”
- “I began saying “Hail Mary’s” ... I thought I was going to be seeing my mother who died two weeks ago”

# 17. How did it stop?

- I escaped.
- I passed out
- My kids started screaming.
- Police arrived.



# 18. What did you say when this was happening?

- I can't breathe.
- Let me go.
- Stop, you're killing me.
- ?

## 19. What is the last thing you remember from that incident?



## 20. Ask about prior witness intimidation?

- Start building your forfeiture by wrong doing case now.
- Anticipate she will recant.
- Has he ever kept you from calling the police?
- Has he ever told you what would happen if you call the police?
- In most states, it is a crime to **intimidate, or discourage**, a witness or victim from either:
  - reporting a crime, or testifying about a crime.

# Final tips

Anticipate the suspect will likely have more injuries than the victim. Identification of dominant aggressor is going to be key.

# Take Plenty of Photographs

- Victim:
  - Full body
  - From head to toe
- Defendant:
  - Full body
  - From head to toe



# Make Good Use of Bodycams

# Look for other Injuries



Most strangled victims are also assaulted by other means – 84.1% (MCEDV, Survivor Survey 2011)



# Ask victim to remove makeup



# Any hair pulling?



# Any pulling of the ears?



# Any poking or punching to the Chest?



# Follow-up Photos



# Take Follow-up Photos



# Dream Big. Start Small.

# Get your Crime Scene Investigators involved

- San Diego, CA

"If you treat every strangulation crime scene as a homicide, you will likely prevent one". Joe Berner, Supervisor, Crime Scene Specialist.



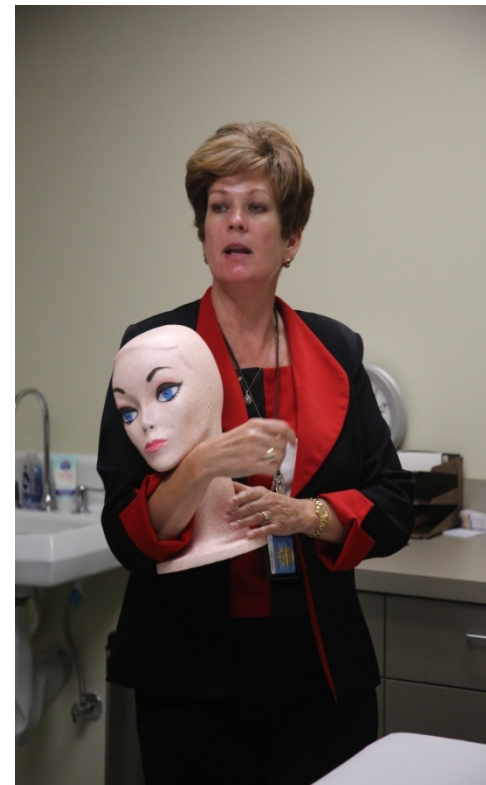
- Charlotte-Mecklenburg PD, NC – Katherine Scheimreif



# Recommendations:

- Detectives Should Be Assigned to Follow Up with All Cases
- Specialized Domestic Violence and/or Sexual Assault Unit
- Or identify one or more officers and/or Detectives to become an expert in strangulation

- Detective Sylvia Vella



# Lessons Learned

# Do Not Apply Pressure to the Victim's Next to Recreate the Method

- Ask victim to demonstrate how she was strangled & look for injuries at those pressure points.
  - Take photos of injuries or lack of injuries









13 2:40 PM

# The Results after Training... Det. Bill Puentes

- “She had small red spots on her forehead and around her eyes that appeared to be small broken capillaries. This has been described to me in the past during training. The condition has been described as petechiae spots and are caused by tiny capillaries bursting from pressure of a chokehold. She also complained of a sore throat and a hoarse voice. I encouraged her to seek medical attention. This was the first time he choked her.”

# Reach out to your Dispatchers & Paramedics

Everyone has an important role to play. Strangulation poses an emergency medical condition.

November 2017



## FIRST RESPONDERS TO THE LAST WARNING SHOT: THE CRITICAL ROLE OF DISPATCHERS IN NON-FATAL STRANGULATION CASES



Gael Strack, CEO, Alliance for HOPE International

Casey Gwinn, President, Alliance for HOPE International

Sarah Sherman Julien, Program Manager, Training Institute on Strangulation Prevention

Yesenia Aceves, Graphic Designer, Alliance for HOPE International

*This project is supported all or in part by Grant No. 2016-TA-AX-K067 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.*

March 2018



## "DO YOU NEED A PARAMEDIC?" THE ROLE OF EMERGENCY MEDICAL SERVICES (EMS) IN NON-FATAL STRANGULATION CASES



Gael Strack, CEO, Alliance for HOPE International

Casey Gwinn, President, Alliance for HOPE International

Dr. Ralph Riviello, American College of Emergency Physicians (ACEP)

Sarah Sherman Julien, Program Manager, Training Institute on Strangulation Prevention

Michael Burke, Director of Community Engagement, Alliance for HOPE International

Yesenia Aceves, Graphic Designer, Alliance for HOPE International

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# Updated IACP DV Model Policy



## Model Policy

Updated: April 2019

## Domestic Violence

### I. PURPOSE

The purpose of this policy is to establish agency priorities, guidelines, and procedures to be followed by law enforcement officers in response to domestic violence calls, to include when the subject is a law enforcement officer.<sup>1</sup>

### II. POLICY

It is the policy of this law enforcement agency to provide a proactive, victim-centered approach when responding to domestic violence. Additionally, it is the policy of this law enforcement agency to take a position of zero tolerance on domestic violence. Any domestic violence incident will be thoroughly investigated, to include when law enforcement officers or individuals in positions of power or influence are involved.

### III. DEFINITIONS

**Domestic Violence:** Abusive behavior in any relationship, as defined by law, that is used to gain or maintain power and control over an intimate partner or family or household member.<sup>2</sup>

**Intimate Partners or Family or Household Members:** Persons who are married, in a domestic partnership, or in a romantic or dating relationship; have a child in common; have been intimately involved in some way; are related by blood, adoption, or legal custody; or reside in the same home.

**Predominant Aggressor:** The individual who poses the most serious ongoing threat who might not necessarily be

**Preferred Arrest Response:** Law enforcement officers are expected to arrest any person who commits a crime related to domestic violence as defined by law, unless there is a clear and compelling reason not to arrest, such as self-defense or lack of probable cause, after a comprehensive investigation to identify the predominant aggressor.

**Protection Order:** Any injunction or other court order issued for the purpose of preventing violent or threatening acts or harassment against, contact or communication with, or physical proximity to another person, including any permanent, temporary, or emergency order issued by a civil or criminal court (other than a support or child custody order issued pursuant to state divorce and child custody laws, except to the extent that such an order is entitled to full faith and credit under other federal law) whether obtained by filing an independent action or as a pendente lite order in another proceeding so long as a civil order was issued in response to a complaint, petition, or motion filed by or on behalf of a person seeking protection.

### IV. PROCEDURES

#### A. Communications Personnel Response

When a caller reports a domestic violence incident, communications personnel should follow standard agency protocols. In addition, communications personnel shall do the following:

1. Dispatch a minimum of two officers whenever possible.

- Strangulation language has been modified to:
- “7. Summons EMS at the request of the victim or suspect or if it appears that strangulation has occurred.
- Alliance Recommendation:
- All police and sheriff’s department should update their protocols to include strangulation.

# STRANGULATION ASSESSMENT CARD

## SIGNS

- Red eyes or spots (Petechiae)
- Neck swelling
- Nausea or vomiting
- Unsteady
- Loss or lapse of memory
- Urinated
- Defecated
- Possible loss of consciousness
- Ptosis – droopy eyelid
- Droopy face
- Seizure
- Tongue injury
- Lip injury
- Mental status changes
- Voice changes

## SYMPTOMS

- Neck pain
- Jaw pain
- Scalp pain (from hair pulling)
- Sore throat
- Difficulty breathing
- Difficulty swallowing
- Vision changes (spots, tunnel vision, flashing lights)
- Hearing changes
- Light headedness
- Headache
- Weakness or numbness to arms or legs
- Voice changes

## CHECKLIST

- S Scene & Safety.** Take in the scene. Make sure you and the victim are safe.
- T Trauma.** The victim is traumatized. Be kind. Ask: what do you remember? See? Feel? Hear? Think?
- R Reassure & Resources.** Reassure the victim that help is available and provide resources.
- A Assess.** Assess the victim for signs and symptoms of strangulation and TBI.
- N Notes.** Document your observations. Put victim statements in quotes.
- G Give.** Give the victim an advisal about delayed consequences.
- L Loss of Consciousness.** Victims may not remember. Lapse of memory? Change in location? Urination? Defecation?
- E Encourage.** Encourage medical attention or transport if life-threatening injuries exist.

## TRANSPORT

If the victim is **Pregnant** or has life-threatening injuries which include:

- Difficulty breathing
- Difficulty swallowing
- Petechial hemorrhage
- Vision changes
- Loss of consciousness
- Urinated
- Defecated

## DELAYED CONSEQUENCES

Victims may look fine and say they are fine, but just underneath the skin there would be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated. The victim may develop delayed swelling, hematomas, vocal cord immobility, displaced laryngeal fractures, fractured thyroid bone, airway obstruction, stroke or even delayed death from a carotid dissection, bloodclot, respiratory complications, or anoxic brain damage.

Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009), Strangulation in Intimate Partner Violence. *Intimate Partner Violence: A Health-Based Perspective*. Oxford University Press, Inc.

This project is supported all or in part by Grant No. 2014-TA-AX-K008 awarded by the Office on Violence Against Women, U.S. Dept. of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

## ADVISAL TO PATIENT

- After a strangulation assault, you can experience internal injuries with a delayed onset of symptoms. These internal injuries can be serious or fatal.
- Stay with someone you trust for the first 24 hours and have them monitor your signs and symptoms.
- Seek medical attention or call 911 if you have any of the following symptoms: difficulty breathing, trouble swallowing, swelling to your neck, pain to your throat, hoarseness or voice changes, blurred vision, continuous or severe headaches, seizures, vomiting or persistent cough.
- The cost of your medical care may be covered by your state's victim compensation fund. An advocate can give you more information about this resource.
- The National Domestic Violence Hotline number is **1-800-799-SAFE**.

## NOTICE TO MEDICAL PROVIDER

- The Medical Advisory Board of the Training Institute on Strangulation Prevention has developed recommendations for the radiologic evaluation of the adult strangulation victim. In patients with a history of a loss of consciousness, loss of bladder or bowel control, vision changes or petechial hemorrhage, medical providers should evaluate the carotid and vertebral arteries, bony/cartilaginous and soft tissue neck structures and the brain for injuries. A list of medical references is available at [www.strangulationtraininginstitute.com](http://www.strangulationtraininginstitute.com)
- Life-threatening injuries include evidence of petechial hemorrhage, loss of consciousness, urination, defecation and/or visual changes. If your patient exhibits any of the above symptoms, medical/radiographic evaluation is strongly recommended. Radiographic testing should include: a CT angiography of carotid/vertebral arteries (most sensitive and preferred study for vessel evaluation) or CT neck with contrast, or MRA/MRI of neck and brain. Strangled patients with arterial injuries can present with strokes months or years post-strangulation.
- ED/Hospital observation should be based on severity of symptoms and reliable home monitoring.
- Consult Neurology, Neurosurgery and/or Trauma Surgery for admission.
- Consider an ENT consult for laryngeal trauma with dysphonia, odynophagia, dyspnea.
- Discharge home with detailed instructions to return to ED if neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens.



[StrangulationTrainingInstitute.com](http://StrangulationTrainingInstitute.com)

# Typical Defenses

- Denial – I didn't touch her
  - Solution: Swab for DNA on hands and neck
- Self Defense – If I did, it was in self defense
  - Solution: Need training on identification of the dominant aggressor
- Sex Defense – Autoerotic Asphyxia or Consent
  - Solution: Know the law and the evidence.
- It was an Accident or she died from a seizure.
  - Solution: Know the medical research
- She committed suicide.
  - Solution: Treat every suicide as a homicide but we have some tips.

# Self-Defense: 67% (Harm, 1981): No. 1 Backs of Hands; No. 2 Face/Shoulder



# Who is the dominant aggressor?



# State v. Crudup (Self-Defense)

- Judge refused to give jury self-defense instruction. Defendant appealed. Trial Judge Ruling Upheld.
- The trial court must submit a self-defense instruction when it is supported by substantial evidence.
- To claim self-defense, a defendant:
  - must not have been the aggressor in the assault;
  - must have reasonable grounds for the belief that he is faced with immediate danger of serious bodily injury;
  - must not use more force than that which appears reasonably necessary; and
  - must do everything in his power consistent with his own safety to avoid the danger
- Defendant's Self Defense Argument Not Warranted (State v. Crudup, 415 S.W.3d 170 (Mo. Ct. App. 2013)).

# Predominant Aggressor is often:

- The person who is most responsible for the abuse
- Uses the highest level of abuse
- has an established history of abuse in the relationship, and
- Who represents the more serious present threat of abuse, even when both parties
- have committed some sort of abuse toward each other.
- Is not fearful of the true victim.

## 35 States with Primary Aggressor Laws as of 2018

- Alabama, Alaska, Arizona, Arkansas, California, **Colorado**, Connecticut, Florida, Georgia, Iowa, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, and Wisconsin

# Self-Inflicted Injuries

- She lied.
- Injuries are self-inflicted.
- It's a set up.
- Jealous of the new girlfriend.



# No Petechiae, No Strangulation



*Courtesy of West Covina Police Dept,  
Thank you Detective Gary Christensen*

# Look for Petechiae or Subconjunctival Hematoma



# The Consent Defense

Congratulations on your handling of this issue much better than the US.



# **Rough Sex Defense has been banned in the UK (April, 2021)**

# At least 60 UK women have been killed – this website is tracking cases



[THE WOMEN](#) [ACT NOW](#) [OUR STORIES](#) [PRESS](#) [BLOG](#) [ABOUT](#) [STORE](#)



## We Can't Consent To This



This is a response to the increasing use of “rough sex” defences to the killing or violent injury of women and girls. There are at least 60 UK women killed and many more injured. We are extremely concerned by normalised violence against women in sex.

Read the stories of the women, below.

We made incredible steps forward this year: but still need your help to change this

[ACT NOW](#)

# The Lived Experiences of IPV Victims: Results from 500 Surveys in the UK

## Non-Fatal Strangulation

A summary report on data collected from SUTDA survey

Completed by Dr Jane Monckton Smith University of Gloucestershire



This report summarises a survey conducted by Stand up to Domestic Abuse (SUTDA) into the effects of Non-Fatal Strangulation (NFS) and makes the argument that it should be a stand-alone offence.

# The Killing of Women in “Sex Games Gone Wrong”: An Analysis of Femicides in Great Britain 2000–2018

Violence Against Women

1–22

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DOI: 10.1177/1077801220966956

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Elizabeth Yardley<sup>1</sup> 

## Abstract

This research investigated cases of femicide in Great Britain where perpetrators claimed that victims died in “sex games gone wrong.” Forty-three femicides that resulted in a conviction for murder, manslaughter, or culpable homicide were examined in relation to victim–perpetrator sociodemographic characteristics, victim–perpetrator relationship, homicide details, and criminal justice outcomes. Key patterns within the data were identified. The research highlights that the “sex game gone wrong” narrative has gained traction against a cultural backdrop of normalized bondage, domination,

# Impact of social media:

When he asks if you're sure you want him to choke you harder b/c he's worried that you might die



## Porn & Fifty Shades:

- Normalize Abuse
- Romanticize Aggression
- Minimize or Ignore Consent
- Encourage Unequal Power Dynamics

## Healthy Relationships:

- Build Trust
- Prioritize Safety
- Respect Consent
- Value Equality

.38

#FIFTYSHADESOFLove

FTND.ORG

Fifty  
— Shades  
of Love

DISCOVER THE HARMFUL EFFECTS OF PORNOGRAPHY  
A THREE-PART DOCUMENTARY SERIES BY: FIGHT THE NEW DRUG  
[WWW.BRAINHEARTWORLD.ORG](http://WWW.BRAINHEARTWORLD.ORG)

[VIEW DOCUMENTARY SERIES →](#)

### MOST RECENT ARTICLES



10 Public Figures Who Have  
Joined the "Porn Kills Love"  
Movement



Struggling with Porn? Try  
Quitting Alongside This  
Supportive Community



Raphaël's Story: What  
Convinced Me to Join the "Porn  
Kills Love" Community in  
Québec



This Organization's Plan to  
Erase Child Porn from the  
Internet Might Actually Work



10 Things Everyone Needs to  
Know about Fight the New Drug

A close-up of a woman's face with blonde hair, looking directly at the camera. She is wearing a black strapless top and a dark, beaded necklace. The background is a blurred image of a Cosmo magazine cover. In the top left corner, there is a yellow square followed by the word 'OPINION'. The main headline is in large white letters. Below it, there is a quote in italics. On the right side, there is a red circular graphic with white text. At the bottom left, there is more text from the magazine cover.

■ OPINION

# Cosmo offers choking as a sexy way to relieve boredom of quarantine

*"Breath play," otherwise known as "depriving your partner of oxygen during sex," has led to death by asphyxiation, strangulation, and choking injuries.*

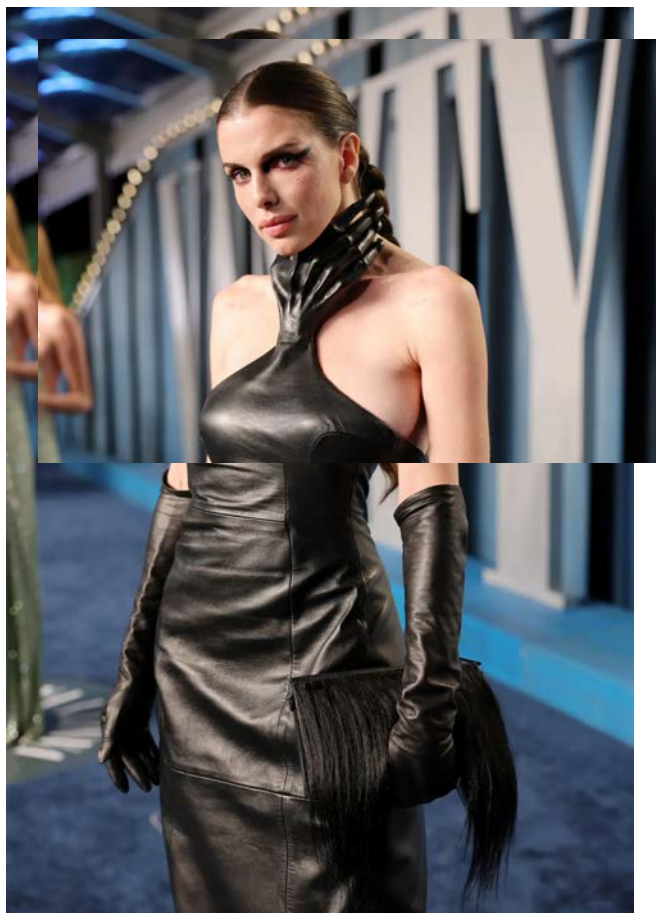
**Just Us: You'll Be the First Girl Naughty Enough to Try #43 on Him**

**5v**  
**That**  
**Tru**  
**o**

**K**

**How**

# The Grip Dress at the Oscars worn by Julia Fox at the Vanity Fair Oscar Party



# Seven New Articles:

- Diverse Sexual Behaviors in Undergraduate Students, (Herbenick, et al, 2021)
  - 43% had choked a partner, 47.3% had been choked
- Non-Fatal Strangulation/Choking During Sex and Its Associations with Mental Health, (Herbenick, et al, 2021)
  - Reports of depression or poorer mental health
- What is Rough Sex, Who Does it, and Who Likes it? (Herbenick, et al, 2021)
  - Most common behaviors – choking, hair pulling and spanking.
- Pornography Consumption and Sexual Choking, (Wright, et al, 2021)
  - Porn leads to exposure of sexual choking which leads to sexual choking and the belief it is safe and consent is not necessary

# Seven New Articles:

- “If their Face Starts Turning Purple, You are Probably Doing Something Wrong”: Young Men’s Experiences with Choking During Sex” (Herbenick, et al, Dec 2021)
  - Learning it from porn, partners, friends and media
  - Choking is associated with sex & they think its safe
  - Some like the power, others uncomfortable
  - They know when something is wrong and could go wrong
  - Unaware of the long-term health consequences
- Prevalence and characteristics of choking/strangulation during sex: Findings from a probability survey of undergraduate students” (Herbenick, et al, July 2021)
- “It Was Scary, But Then It Was Kind of Exciting”: Young Women’s Experiences with Choking During Sex” (Herbenick, et al, May 2021)

# How Victims of Strangulation Survived: Enhancing the Admissibility of Victim Statements to the Police When Survivors are Reluctant to Cooperate

Patrick Q. Brady<sup>1</sup>, Ashley K. Fansher<sup>2</sup>,  
and Sara B. Zedaker<sup>2</sup>

Violence Against Women  
1–26

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DOI: 10.1177/10778012211022772

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# Key & New Findings

- 130 Cases of NFS were analyzed
- Only 6% of perpetrators stopped strangling victims on their own which suggests that strangulation should be investigated as an attempted homicide until evidence proves otherwise
- 39.3% involved multiple strangulations in the same incident
- .8% involved strangulation during sex
- 35.8% felt the urge/lost control of bodily functions
- 29.1% recanted/refused to cooperate
- 48.9% had no visible injuries



# **Working on a New PSA to educate public about the dangers of strangulation**

# Was it suicide or homicide?



# Some key considerations:

- Body
  - Type of ligature marks?
  - Other injuries?
  - Evidence of being dragged
- Relationship
  - Current and past
  - History of abuse?
- Victimology
  - History of suicide
  - Currently depressed
- Statistics on Suicides
  - Suicides by females – drug overdose
- Scene
  - Who reported the incident?
  - Suicide note?
  - Who's handwriting?
  - DNA on ligature?
  - ASSUME IT'S A HOMICIDE until proven otherwise
  - Medication, drugs or alcohol?
  - Seize computer and phone
- Family & Friends:
  - Talk to them
  - Was the victim looking forward to something?
  - Planning something?

# Questions?

Please use the Q & A Feature.  
We will create a FAQ for you.

Now is the Time.

# Break:

Be Bold. Try New Things

# Welcome

## Joanna Evans

Barrister, Deputy District Judge  
and Recorder of the Crown Court

# Virginia— Thank you Judge Chitwood



## 12 Things Every Virginia Judge Should Know When Faced with NON-FATAL STRANGULATION

**1 VIRGINIA CODE.** Under Virginia Code Section **18.2-51.6** any person who, without consent, impedes the blood circulation or respiration of another person by knowingly, intentionally, and unlawfully applying pressure to the neck of such person resulting in the wounding or bodily injury of such person is guilty of strangulation. Strangulation is a class six felony, punishable by a term of imprisonment of one to five years.

**2 CASE LAW.** In *Dawson v. Commonwealth*, **63 Va. App. 429** (2014), the Virginia Court of Appeals held that bodily injury should be given its everyday, ordinary meaning and means **"any bodily hurt whatsoever"**-internal or external. See also *Ricks v. Commonwealth*, **290 Va. 470** (2015). "Victim need not experience any observable wounds, cuts, or breaking of the skin."

**3 BAIL.** Under Virginia Code Section **19.2-120B.14**, a Judge shall presume, subject to rebuttal, that no condition or combination of conditions will reasonably assure the appearance of the defendant or the safety of the public if the defendant is charged with strangulation - the presumption against bail only applies if the parties are family or household members.

**4 LACK OF VISIBLE INJURIES.** On average, only **50%** of strangulation victims have visible injuries, and only **15%** have injuries that can be photographed at the time police respond.<sup>1</sup> Research has shown that most victims of adult non-fatal strangulation are women.<sup>2</sup>

**5 IT CAN HAPPEN FAST.** A victim of strangulation can become unconscious in **5-10** seconds and die within minutes.<sup>3</sup> It takes very little pressure to block off vital structures in the neck. A study in France documented it only

takes **4** pounds of pressure to block the jugular vein, **11** pounds to block the carotid arteries, and **33** pounds to block the trachea.<sup>4</sup> Opening a can of soda only requires **20** pounds of pressure.<sup>5</sup>

**6 IMPACT TO THE BRAIN.** Strangulation is a form of asphyxia that usually deprives the victim's brain of oxygen. Millions of brain cells die every second the brain is deprived of oxygen.<sup>6</sup> The consequences of this include, but are not limited to, loss of memory, inability to concentrate, behavior changes, brain damage, and difficulty speaking.<sup>7</sup> Judges should not expect the victim to describe this near-death experience calmly and chronologically.

**7 LANGUAGE.** Many court participants use the word "choke" rather than the correct legal and medical term "strangulation." Strangulation is external compression of the neck that can impede blood flow (oxygen) to or from the brain or direct air compression. Judges should focus on the facts described-not the terminology.<sup>8</sup>

**8 LETHALITY.** In almost every lethality assessment, strangulation is a high-risk factor for lethality. The most dangerous domestic violence offenders strangle their victims.<sup>9</sup> The next step may be homicide; the violence will not decrease.<sup>10</sup>

**9 HIDDEN DANGER.** Strangulation may cause internal injuries: immediate, delayed and/or long-term consequences. Of most concern, is injury to the carotid artery, including a carotid dissection leading to stroke or death days or weeks after the assault.<sup>11</sup>

**10 FUTURE DANGER.** A woman who has suffered a non-fatal strangulation by her intimate partner is **750%** more likely to be killed by that partner.<sup>12</sup>

**11 MEDICAL ATTENTION:** Victims often do not seek medical attention for their injuries and may be unaware of any internal injuries. In the event the victim is exhibiting any signs or symptoms of injuries consistent with strangulation, you may want to encourage the victim to seek medical attention.

**12 QUESTIONS TO CONSIDER ASKING IN COURT.** The victims of strangulation often minimize what occurred. You might want to ask additional questions, including, but not limited to:

- Did the attack happen from the front or back?
- Did the attacker use one hand or two?
- Did the attacker use a ligature?
- How long did it last? (Trauma may impact a victim's ability to tell time.)
- Did you have marks or bruises on your neck at the time of assault or after?
- Did you have trouble breathing or swallowing?
- Did you have a sore throat?

- Did your voice change? Did you have trouble speaking?
- How did you feel when pressure was being applied?
- Is it possible you may have lost consciousness? Any vision changes? Did you see stars? (The victim may not know.)
- What did the attacker say before, during, and after the attack?
- Did you have small red spots (petechia) anywhere-eyeballs, eyelids, inside throat, scalp, behind ears?
- On a scale of 1-10, how much pressure did the attacker use?
- On a scale of 1-10, how much did it hurt?
- Why and how did it stop?
- Where did the attack occur?
- Did you change clothes after the attack? (Victim may have urinated or defecated.)
- And, what did you think was going to happen? Did you think you would die?

## REFERENCES

- 1 Strack, McClane & Hawley, A review of 300 attempted strangulation Cases: Part 1: Criminal Legal issues, *Journal of Emergency Medicine*, 21(3), 303-309, (2001).
- 2 Note: This document is gender-neutral, but strangulation is an extremely gendered crime. Pritchard, et al, *Nonfatal Strangulation as part of domestic violence: a review of research*, *Trauma, Violence & Abuse*, 1-18, (2015). 99% of stranglers were men in the San Diego Study (Strack, et al, 2001).
- 3 Stacyszynski, *Strangulation Injuries*, *Emergency Medicine Reports* (2010).
- 4 Armstrong & Strack, *Recognition and Documentation of Strangulation Crimes*, *JAMA Otolaryngology-Head & Neck Surgery*, 142(9):891-7 (2016)
- 5 Smock, *Strangulation Presentation in Pulaski, Virginia*, 2019.
- 6 Saver, *Time is Brain - Quantified*, *Stroke*, 37: 263-266 (2006).
- 7 Valera, *Brain injury in women experiencing intimate partner-violence: neural mechanistic evidence of an "invisible" trauma*, *Brain Imaging and Behavior*, 11:1664-1677, 2017; Rosenthal, *Three Ways Trauma Affects Your Brain*, *Healthyplace.com*.
- 8 Strack and Gwinn, *On the Edge of Homicide: Strangulation as a Prelude*, *ABA Criminal Justice*, 26:3 (2011).
- 9 Gwinn, *Men who strangle women also kill cops*, *Domestic Violence Report*, *Civil Research Institute* (2014).
- 10 Glass, et al, *Non-Fatal Strangulation is an Important Factor for Homicide of Women*, *35 Journal of Emergency Medicine*, 3:329 (2008).
- 11 Claret, et al, *Fatal and non-fatal bilateral delayed carotid artery dissection after manual strangulation*, *Forensic Science International* 149 (2005).
- 12 Glass, et al, *Non-Fatal Strangulation is an Important Factor for Homicide of Women*, *35 Journal of Emergency Medicine*, 3:329 (2008).



This bench card is a product of the Pulaski County Domestic Violence Committee and was created by Judge Lee Chitwood with the assistance of Jaime Clevener, Domestic Violence Coordinator of the Pulaski County Juvenile and Domestic Relations District Court, Madelyn Herman, Senior Domestic Violence Program Analyst, Department of Judicial Planning, Supreme Court of Virginia and Gael Strack and Kessia Azores from the Training Institute on Strangulation Prevention. (5/7/20). This project is supported all or in part by Grant No. 2016-0A-K067 and STOP Grant No. 20-0416161W awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/information are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

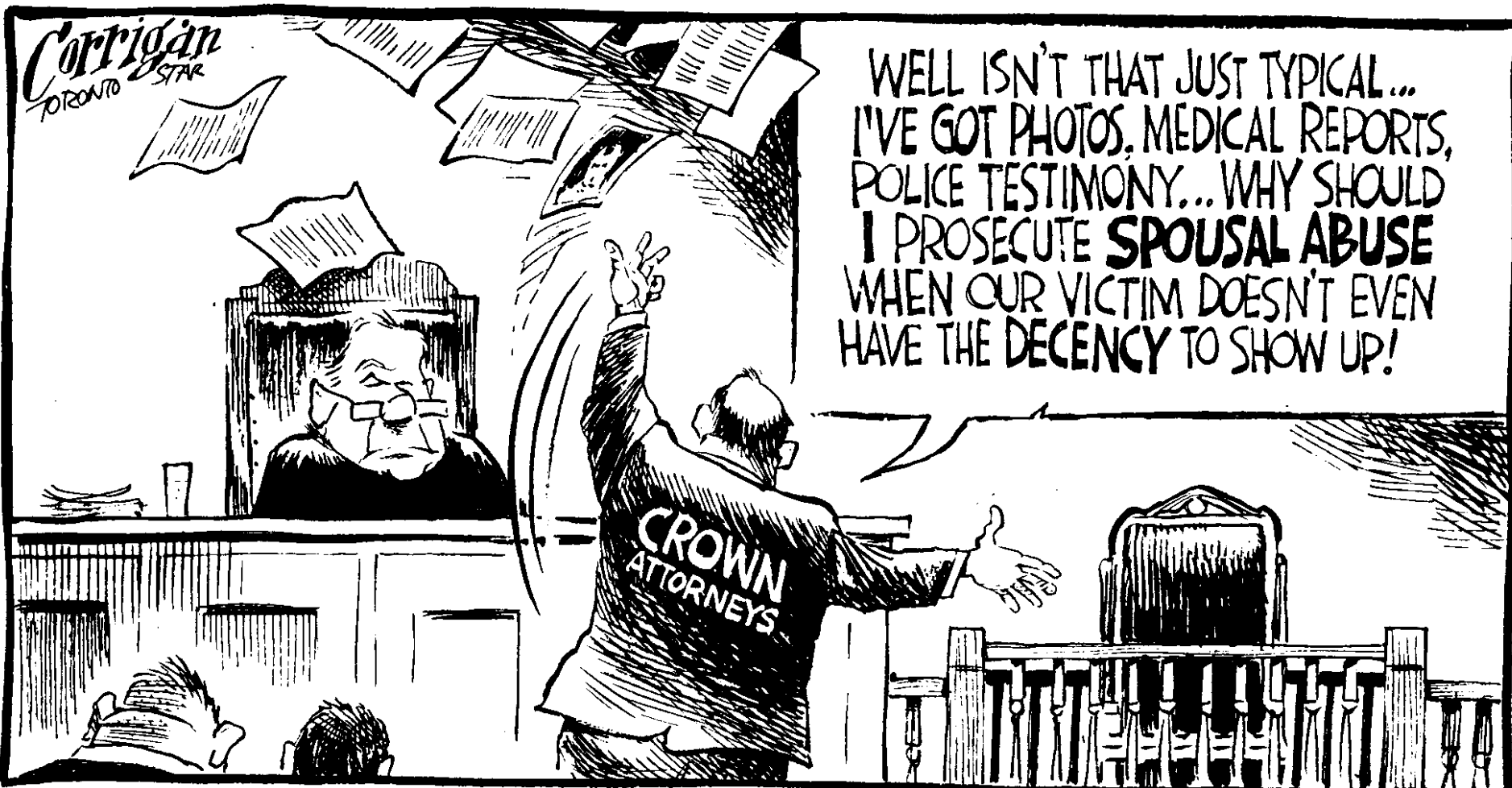
# How do you prove strangulation cases?

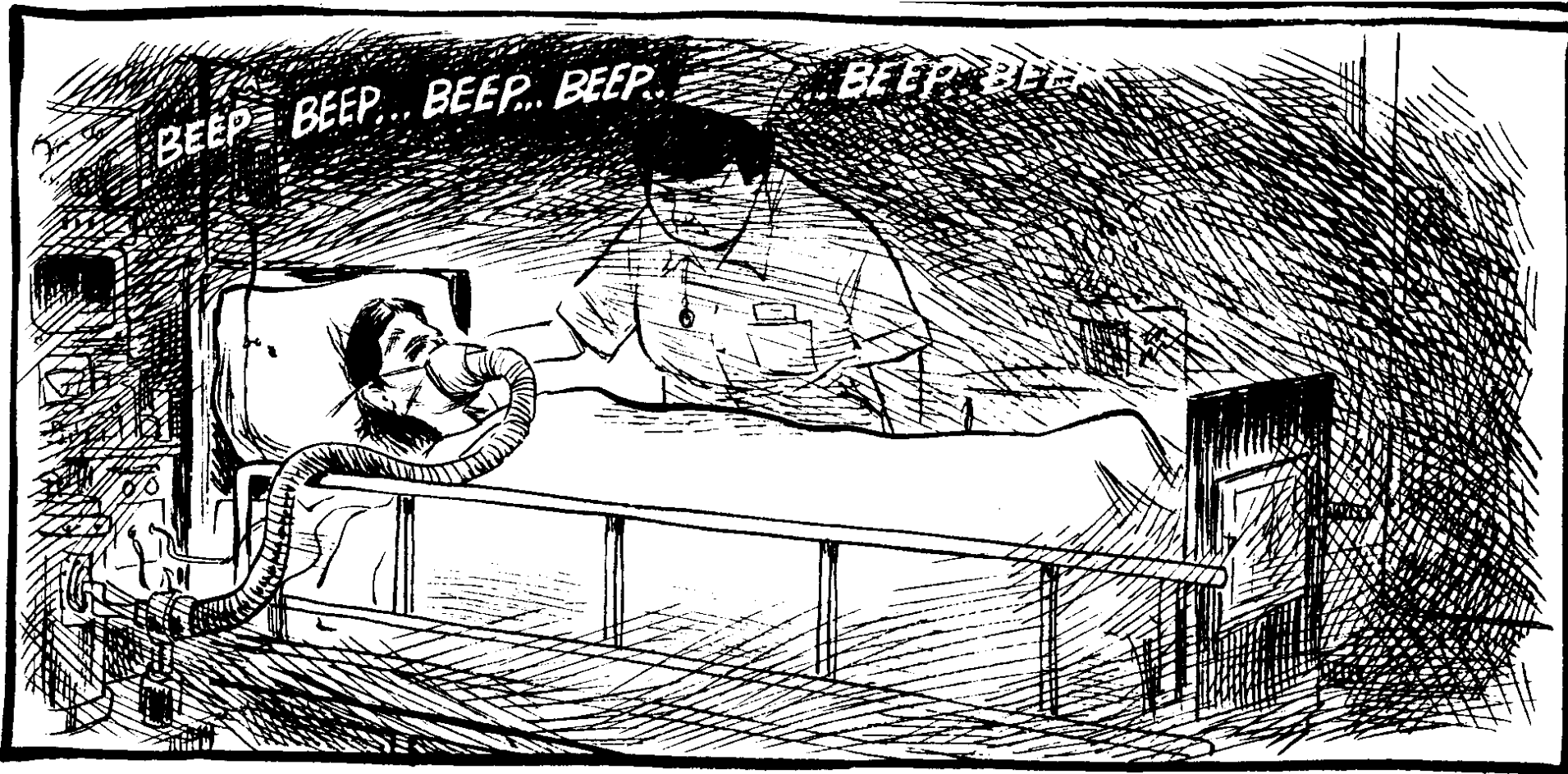
# Overview:

- Prosecution Strategies
- Use of Experts
- Emerging Strangulation Law

# Winning in Court







# Prosecution Strategies:

- Start with a baseline
- Prosecute Strangulation Cases in the Context of Domestic Violence
- Use Expert Witnesses
- Know the Law, even from other jurisdictions
- Collaborate with others & support victim with wrap-around services
- Try new ways to prosecute cases Post-Crawford

# Thank you, Sherry Clester – Pinellas County, Florida

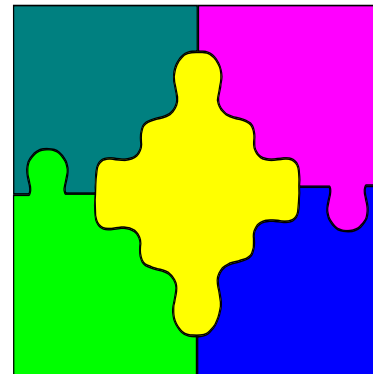
- Audit the Cases in Your Community
- **January 2015 - September 2015 out of 197 arrests for strangulation, only 25 cases were filed as strangulation, (144 cases were completely dropped or not filed, and the remaining 28 were filed as a lesser charge). Additionally, there have only been 4 prison sentences out of the 25 cases filed as strangulation.**
- **“We looked deeper into the police reports that were not filed, and the evidence was there on many cases (independent witnesses, photos of injuries, written witness statements, medical treatment, some defendants even admit or partially admit to some violence.”**

# Common methods of prosecution

- With victim participation
- Without victim participation
- Forfeiture by Wrongdoing
- Everyone does a great job

# Evidence-Based Prosecution

- 911 tapes and printouts
- Child witness statements
- Neighbor witness statements
- Medical records
- Paramedic/EMT statements
- Prior police reports/Prior Incidents
- Restraining order declarations
- Booking records/Jail Calls
- **Communications from the suspect**
- Videotaped/Audio taped interviews with the victim
- Don't Forget the Defendant's...



# The Use of Experts

# Lessons Learned from Vinny



# Growing List of Experts

- Emergency room physician - Specialist
- Medical Examiner
- Certified Forensic Pathologist
- Forensic/SANE nurse
- Paramedic
- DV Detectives/Law enforcement officers
- Advocates

# Review of National Case Law

It is all GOOD.

Extremely short version.

# Special Edition of the Family & IPV Quarterly on Strangulation



- Trends in Strangulation Case Law

# Emerging Law

- Visible injury is not required.
- Medical treatment is not required but helpful
- Medical experts are not required but helpful
- Complete obstruction of airflow or blood flow is not necessary
- No durational requirement for the length of pressure
- The act of strangulation is viewed as inherently dangerous
- Loss of consciousness amounts to GBI and/or Substantial risk of death
- Prosecutors are proving strangulation cases without the victim's testimony
- Winners: good investigation & specialized training



The Doctrine of Forfeiture by Wrongdoing

# 400 years ago....

- In 1603, famed English explorer Sir Walter Raleigh was accused of plotting against the King.
- During his trial for treason, the prosecutors relied on written testimony by Raleigh's supposed co-conspirator, Lord Cobham.
- Raleigh demanded Cobham be brought to the courtroom so he could confront his accuser... a demand the judge rejected. Raleigh was convicted and sentenced to death.
- 400 years later, Michael Crawford found himself in a similar situation.
- **Crawford v. Washington, 541 U.S. 36 (2004)**

# Everyone Does a Great Job

Don't wait.

# Strangulation charged as Attempted Manslaughter

- **State v. Diaz (2017, LA) 2017 WL 3887341 unpublished**
- V choked twice, causing her to lose consciousness. Second incident he stuffed a plastic bag down her throat. V ran out of the house. Called 911 from a bus.
- The 911 operator told the V to get off the bus because she just called paramedics and she needed to be examined. 😊
- The paramedics tracked down the V and convinced her to be transported to the hospital. 😊
- The officers met the victim at the hospital. After they interviewed the victim (on body cam), they changed the dispatch from domestic abuse battery to attempted murder. 😊
- They also called out crime lab to photograph the victim. 😊
- The officers then searched, located and arrested the suspect. 😊

# Strangulation charged as Attempted Manslaughter

- **State v. Diaz (2017, LA) 2017 WL 3887341 unpublished**
- The doctor ordered a CAT scan despite NO visible injuries. 😊
- The prosecutor called Dr. Heather Murphy-Lavoie as the treating physician and an expert. 😊
- Dr. testified that “there were no observable injuries to the victim neck, nor did the V report any problems with her breathing or ability to swallow. 😊
- Dr. Murphy-Lavoie explained, however, that external injuries are commonly NOT observed in cases of strangulation, which was the basis to order a vascular CAT scan for the victim.” 😊
- Despite the v recanting, the prosecutor continued with the case and won. 😊
- The judge sentenced D to 8 year for strangulation and 10 years for attempted manslaughter. 😊

# Reflections on Prosecution

You're here for a reason.

# Joanna Evans

Barrister, Deputy District Judge  
and Recorder of the Crown Court

# Advocacy & HOPE

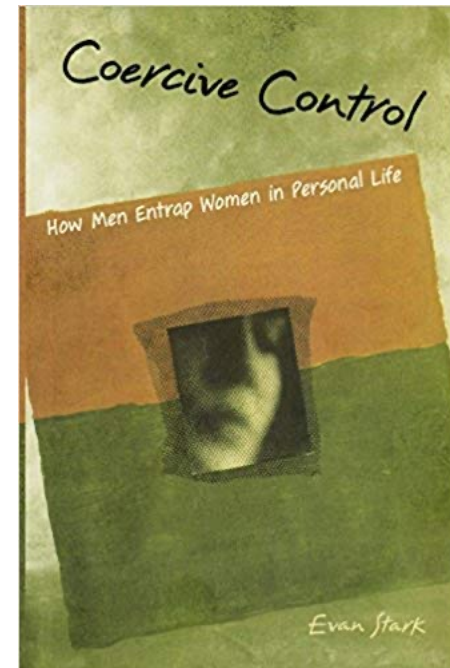
# Jo Silver

Director of Quality and Innovation  
Safelives



# Coercive Control Laws

- England – 2015
- Wales - 2015
- Ireland – 2018
- Northern Ireland - 2019
- Scotland – 2019



# Criminal Justice and Behavior (2019) Western Australia

## NONFATAL STRANGULATION IN A SAMPLE OF DOMESTICALLY VIOLENT STALKERS

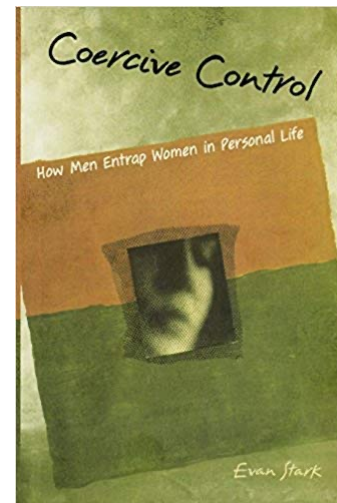
### The Importance of Recognizing Coercively Controlling Behaviors

MARTYNA BENDLIN 

LORRAINE SHERIDAN  
*Curtin University*

# Coercive Control Laws

- Georgia – 2020
  - Pre-marital fact sheet
- Hawaii - 2020 Civil
- Ohio – 2021 Civil
  - No Mediation if CC exists
- Arkansas – 2021 Civil
  - Course of Control
- California – 2022 Civil
- Connecticut– 2022 Civil



# Victim Advocacy

DO MORE

# Domestic Shelters

What Every Advocate Needs to Know About Strangulation

The video player shows a thumbnail with a woman's face and hands near her neck, with a red glow indicating strangulation. The title 'What Every Advocate Needs to Know About Strangulation' is overlaid in white text on a purple background. Below the video, there are logos for 'domesticshelters.org' and 'TRAINING INSTITUTE ON STRANGULATION PREVENTION'. The video has 2,075 plays and 23 likes.

What Every Advocate Needs to Know About Strangulation

Watch later Share

What Every Advocate Needs to Know About Strangulation

domesticshelters.org  
A service of Theresa's Fund

TRAINING INSTITUTE  
ON  
STRANGULATION  
PREVENTION

Watch on YouTube

Victims of one episode of strangulation are 750% more likely of becoming a victim of homicide at the hands of the same partner than a woman who is assaulted but not strangled. In this webinar,...

Show More

Like it Like Share it

Plays 2,075 Likes 23

# Always ASK and DO MORE

When assisting someone who has suffered domestic violence or sexual assault

**ALWAYS ASK**  
IF ANY PRESSURE HAS BEEN APPLIED TO THE NECK

AND...

**D**

Help **DOCUMENT** the abuse

**O**

Take the time to **OBSERVE** the victim for subtle signs and symptoms of strangulation and suffocation

**M**

Encourage the victim to seek **MEDICAL ATTENTION**

**O**

**OFFER HOPE** by educating victims about their rights, local resources, and the science of Hope

**R**

Make sure to conduct a **RISK ASSESSMENT**

**E**

**EDUCATE** the victim and others about the seriousness, lethality and long-term consequences of non-fatal strangulation assault

- You may be the first responder. Eventually, documentation will be critical.
- Victims may be too traumatized to tell you, worried about other things or simply can't remember.
- Victims don't know how to navigate the medical or legal system. Help them. Offer information & tell them their rights.
- Help victims and others understand their level of risk
- Educate victims and others.

# A Survivor's Toolkit

Take these resources with you  
when you seek medical attention

---

## DANGER ASSESSMENT-5

Jacquelyn C. Campbell, Ph.D., R.N.  
Copyright, 2015; [www.dangerassessment.com](http://www.dangerassessment.com)

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This brief risk assessment identifies women who are at high risk for homicide or severe injury by an intimate partner.<sup>1, 2</sup>

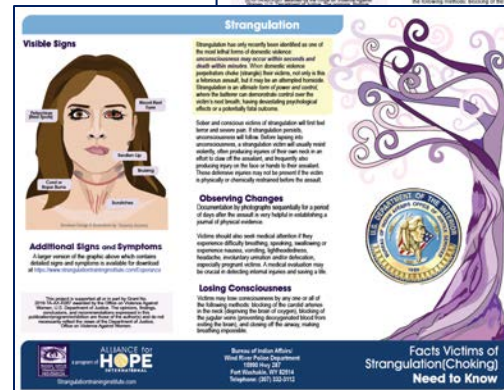
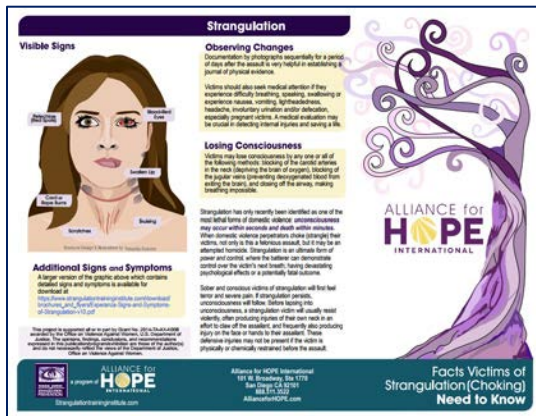
Mark **Yes** or **No** for each of the following questions. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- ☐ 1. Has the physical violence increased in frequency or over the past year?
- ☐ 2. Has he ever used a weapon against you or threatened you with a weapon?
- ☐ 3. Do you believe he is capable of killing you?
- ☐ 4. Does he ever try to choke you?
- ☐ 5. Is he violently and constantly jealous of you?

# Duty to Warn:

- *"I have a duty to warn you that strangulation is serious and can cause internal injuries, brain damage and/or delayed health consequences such as strokes, thyroid issues, miscarriage and/or death. Research shows that if you strangled even one time, you are 750% more likely to be killed by your partner. We strongly encourage you to seek immediate medical attention at an emergency department and ask for support from an advocate."*

# Custom Victim Brochures



As of June 2021 – we have customized **640** brochures

# How to get your own brochure:

- Email [fernanda@allianceforhope.com](mailto:fernanda@allianceforhope.com) the following:
  - **High resolution** color logo in png, eps or jpeg (not a scanned logo or downloaded logo from the internet). Send your **Contact information** that you want to appear on the brochure (i.e. for victims to get help)
- You can also access a digital copy of the Alliance Brochure from our website or in the dropbox.

## STRANGULATION ASSESSMENT CARD

### SIGNS

- Red eyes or spots (Petechiae)
- Neck swelling
- Nausea or vomiting
- Unsteady
- Loss or lapse of memory
- Urinated
- Defecated
- Possible loss of consciousness
- Ptosis – droopy eyelid
- Droopy face
- Seizure
- Tongue injury
- Lip injury
- Mental status changes
- Voice changes

### SYMPTOMS

- Neck pain
- Jaw pain
- Scalp pain (from hair pulling)
- Sore throat
- Difficulty breathing
- Difficulty swallowing
- Vision changes (spots, tunnel vision, flashing lights)
- Hearing changes
- Light headedness
- Headache
- Weakness or numbness to arms or legs
- Voice changes

### CHECKLIST

- S Scene & Safety.** Take in the scene. Make sure you and the victim are safe.
- T Trauma.** The victim is traumatized. Be kind. Ask: what do you remember? See? Feel? Hear? Think?
- R Reassure & Resources.** Reassure the victim that help is available and provide resources.
- A Assess.** Assess the victim for signs and symptoms of strangulation and TBI.
- N Notes.** Document your observations. Put victim statements in quotes.
- G Give.** Give the victim an advisal about delayed consequences.
- L Loss of Consciousness.** Victims may not remember. Lapse of memory? Change in location? Urination? Defecation?
- E Encourage.** Encourage medical attention or transport if life-threatening injuries exist.

### TRANSPORT

If the victim is **Pregnant** or has life-threatening injuries which include:

- Difficulty breathing
- Difficulty swallowing
- Petechial hemorrhage
- Vision changes
- Loss of consciousness
- Urinated
- Defecated

### DELAYED CONSEQUENCES

Victims may look fine and say they are fine, but just underneath the skin there would be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated. The victim may develop delayed swelling, hematomas, vocal cord immobility, displaced laryngeal fractures, fractured thyroid bone, airway obstruction, stroke or even delayed death from a carotid dissection, bloodclot, respiratory complications, or anoxic brain damage.

Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009), Strangulation in Intimate Partner Violence. *Intimate Partner Violence: A Health-Based Perspective*. Oxford University Press, Inc.

This project is supported all or in part by Grant No. 2014-TA-AX-K008 awarded by the Office on Violence Against Women, U.S. Dept. of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

### ADVISAL TO PATIENT

- After a strangulation assault, you can experience internal injuries with a delayed onset of symptoms. These internal injuries can be serious or fatal.
- Stay with someone you trust for the first 24 hours and have them monitor your signs and symptoms.
- Seek medical attention or call 911 if you have any of the following symptoms: difficulty breathing, trouble swallowing, swelling to your neck, pain to your throat, hoarseness or voice changes, blurred vision, continuous or severe headaches, seizures, vomiting or persistent cough.
- The cost of your medical care may be covered by your state's victim compensation fund. An advocate can give you more information about this resource.
- The National Domestic Violence Hotline number is **1-800-799-SAFE**.

### NOTICE TO MEDICAL PROVIDER

- The Medical Advisory Board of the Training Institute on Strangulation Prevention has developed recommendations for the radiologic evaluation of the adult strangulation victim. In patients with a history of a loss of consciousness, loss of bladder or bowel control, vision changes or petechial hemorrhage, medical providers should evaluate the carotid and vertebral arteries, bony/cartilaginous and soft tissue neck structures and the brain for injuries. A list of medical references is available at [www.strangulationtraininginstitute.com](http://www.strangulationtraininginstitute.com)
- Life-threatening injuries include evidence of petechial hemorrhage, loss of consciousness, urination, defecation and/or visual changes. If your patient exhibits any of the above symptoms, medical/radiographic evaluation is strongly recommended. Radiographic testing should include: a CT angiography of carotid/vertebral arteries (most sensitive and preferred study for vessel evaluation) or CT neck with contrast, or MRA/MRI of neck and brain. Strangled patients with arterial injuries can present with strokes months or years post-strangulation.
- ED/Hospital observation should be based on severity of symptoms and reliable home monitoring.
- Consult Neurology, Neurosurgery and/or Trauma Surgery for admission.
- Consider an ENT consult for laryngeal trauma with dysphonia, odynophagia, dyspnea.
- Discharge home with detailed instructions to return to ED if neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens.



[StrangulationTrainingInstitute.com](http://StrangulationTrainingInstitute.com)

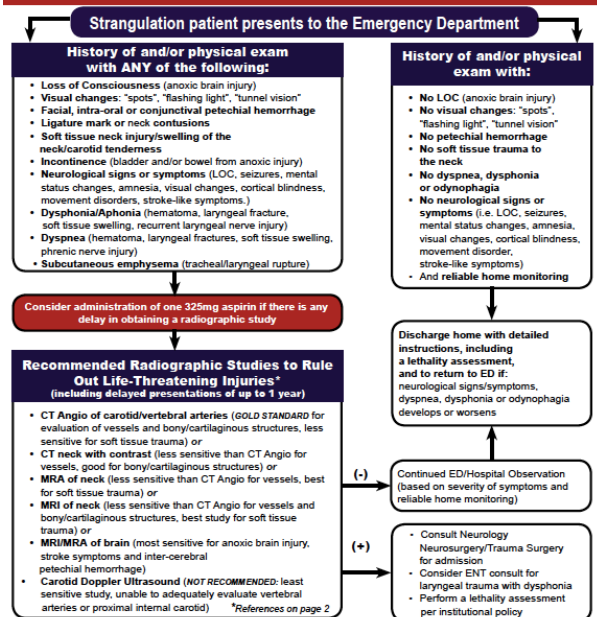
# Updated Imaging Recommendations (link here)



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

Prepared by Bill Smock, MD and Sally Shargren, DNP, SANE-A  
Office of the Police Surgeon, Louisville Metro Police Department  
Endorsed by the National Medical Advisory Committee: Bill Smock, MD, Chair; Cathy Goldstein, MD, William Green, MD, Dean Finley, MD, Ralph Rios, MD, Heather Rios, MD, Steve Stappayama, MD, Ellen Tullamore, MD, Michael Weaver, MD

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



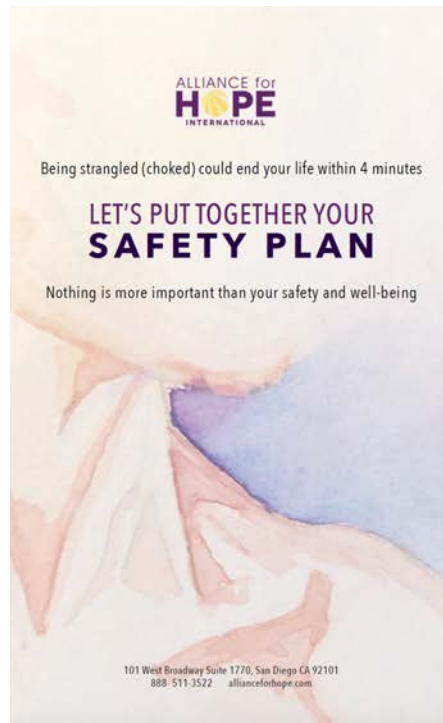
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This project is supported all or in part by Grant No. 2016-TA-AK067 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

# New Safety Planning Brochure



When domestic violence perpetrators strangle (choke) their victims, this could be considered attempted homicide, not only a felonious assault. Strangulation is an ultimate form of power and control, where the batterer demonstrates control over the victim's next breath, having devastating psychological effects and a potentially fatal outcome.

**A SMALL AMOUNT OF PRESSURE AROUND THE NECK CAN RESULT IN LOSS OF CONSCIOUSNESS IN LESS THAN 10 TO 20 SECONDS, AND CAN CAUSE DEATH WITHIN 4 MINUTES.**

Victims of non-fatal strangulation are at a higher risk of being re-assaulted and killed by their abuser/perpetrator. In order for service providers to provide critical services, victims need to know as much as possible about the immediate and delayed health consequences of strangulation to help them understand the need for medical assistance, even when no visible injuries are present.

## Safety BEFORE Strangulation

- Educate yourself on the seriousness of strangulation.
- If your abuser/perpetrator has threatened to strangle, choke or suffocate you in the past, take them seriously. Stopping someone's breathing has serious health consequences and means an abuser/perpetrator is very dangerous.
- If your abuser/perpetrator talks about using strangulation/choking during sex or as "play," take this seriously for the health reasons mentioned previously.
- If strangulation is imminent try to remove scarves, jewelry etc.
- If possible, avoid rooms like the bedroom, and bathroom where the risk for suffocation by pillow or drowning may increase.
- Hide any loose strings or cords that could be easily picked up and used to strangle.
- If comfortable, learn self-defense strategies to try to stop your abuser/perpetrator from strangling, like pressing your chin to your chest to block hands/arms from tightening and kneeling the abuser/perpetrator in the groin.
- If you can sense abuse coming, then you can try to manage it by implementing your safety plan (i.e. leave the home, tell someone you trust, ask someone to check on you, leave the room etc.)
- Know the triggers.
- Remain calm and trust your judgment.
- If you have more questions connect with a victim advocate for additional support and safety planning.
- Keep this document in a safe place away from the abuser/perpetrator.

# New Safety Planning Brochure

### Safety DURING Strangulation

- Comply with abuser/perpetrator if necessary to stay alive.
- Leave if possible. Your life is at risk.
- Keep pressure off at least one side of your neck in order to keep from losing consciousness.
- If the abuser/perpetrator relaxes their hold, try to escape if you can.
- Trust your instincts, whether fighting back or not is most effective.

**CAUTION:** It is a natural instinct to want to defend yourself when being threatened however, remember fighting back could escalate things.

Often survivors are reluctant to tell anyone about the abuse. However, IF SOMEONE HAS STRANGLED/CHOKED YOU, OR IF ANYONE HAS EVER CAUSED YOU TO BE UNABLE TO BREATHE, YOU MUST SHARE THIS PIECE OF YOUR STORY; IT IS MOST IMPORTANT TO TELL BECAUSE IT CAN SAVE YOUR LIFE.

If a woman is strangled once by their intimate partner, they are over 700% more likely to be killed.

### Safety **AFTER** Strangulation

- Get away immediately, call for help, and go to a safe place.
- Seek medical attention or call 911 if you have difficulty breathing, trouble swallowing, swelling to your neck, pain to your throat, hoarseness or voice changes, blurred vision, headache, or other issues.
- Do not be left alone for at least 48 to 72 hours after a strangulation assault.
- Follow-up with medical provider and/or advocate.
- Know that you are not alone and there is **HOPE FOR A BRIGHTER FUTURE**.
- Take photos of your injuries immediately and/or few days afterwards.
- Do not be embarrassed if there was involuntary urination or defecation, as this is a symptom of strangulation.
- Do not wash your clothes (which could be evidence).
- It is important to **FULLY** explain to your medical provider everything that happened to you.
- Give your medical provider the Medical Assessment Card in order to get a complete medical exam.

USE THE CHART BELOW TO KEEP TRACK OF YOUR SIGNS, SYMPTOMS AND ANY OTHER SENSATIONS. IF YOU ARE UNABLE TO MONITOR ON YOUR OWN, ASK SOMEONE CLOSE TO YOU TO DO IT FOR YOU. Please request the [Facts of Strangulation](#) brochure or download it at [www.familyjusticecenter.org/wp-content/uploads/2017/11/Facts-Victims-of-Strangulation-Choking-Need-to-Know-Brochure-2017.pdf](http://www.familyjusticecenter.org/wp-content/uploads/2017/11/Facts-Victims-of-Strangulation-Choking-Need-to-Know-Brochure-2017.pdf)

MONITOR AND JOURNAL SIGNS, INCLUDE DATE/TIME	
Date/Time	Sign(s)

[illegible]

MONITOR AND JOURNAL OTHER SENSATIONS, INCLUDE DATE/TIME	
Date/Time	Other Sensations

NAME AND PHONE NUMBERS OF WHO TO CALL FOR HELP/SUPPORT	
Name	Phone/Email



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institute@allianceforhope.com | strangulationtraininginstitute.com

The production of this document was supported in part with funding from the Office on Violence Against Women in the U.S. Department of Justice. This website and a portion of the documents in this Resource Library are supported in part by Grant No. 2016-0A-R-K367 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/information are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

# HELPS

**H** Have you ever **H**it your **H**ead or been **H**it on the **H**ead? ☐ Yes ☐ No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse. A TBI can also occur from violent shaking of the head, such as whiplash or being shaken as a child.

**E** Were you ever seen in the **E**mergency room, hospital, or by a doctor because of an injury to your head? ☐ Yes ☐ No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

**L** Did you ever **L**ose consciousness or experience a period of being dazed and confused? ☐ Yes ☐ No

Note: While significant in helping to determine the extent of the injury, many people with minor brain injury may not lose consciousness, yet still have difficulties as a result of their injury.

**P** Do you experience any of these **P**roblems in your daily life? ☐ Yes ☐ No

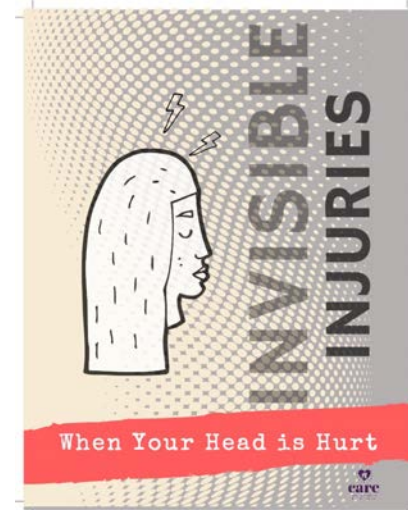
Note: Other problems may include: visual, auditory, sensory impairments, paralysis, weakness of any extremity, balance problems, fatigue, apathy, silliness, impulsivity, mood swings, irritability, decreased self-awareness, decreased ability to learn new information or retrieve old information, shift from one topic to another, set goals or plan tasks, monitor own behavior and difficulty with abstract thinking.

- |   |  |
|---|--|
| <input type="checkbox"/> headaches                | <input type="checkbox"/> difficulty reading, writing, calculating              |
| <input type="checkbox"/> dizziness                | <input type="checkbox"/> poor problem solving                                  |
| <input type="checkbox"/> anxiety                  | <input type="checkbox"/> difficulty performing your job/school work            |
| <input type="checkbox"/> depression               | <input type="checkbox"/> change in relationships with others                   |
| <input type="checkbox"/> difficulty concentrating | <input type="checkbox"/> poor judgment (being fired from job, arrests, fights) |
| <input type="checkbox"/> difficulty remembering   |  |

**S** Any significant **S**icknesses? ☐ Yes ☐ No

Note: Traumatic brain injury implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, stroke, heart attack, seizures, high fever, etc. Also screen for instances of oxygen deprivation such as near drowning or near suffocation.

## TBI Resources from Ohio DV Network



Available for download for free at [www.odvn.org](http://www.odvn.org), on the homepage under ODVN Cares

# Help others Understand Why Victims Recant



Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: [www.elsevier.com/locate/socscimed](http://www.elsevier.com/locate/socscimed)



## “Meet me at the hill where we used to park”: Interpersonal processes associated with victim recantation

Amy E. Bonomi<sup>a,\*</sup>, Rashmi Gangamma<sup>a</sup>, Chris R. Locke<sup>b</sup>, Heather Katafiasz<sup>a</sup>, David Martin<sup>c</sup>

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<sup>c</sup> King County Prosecuting Attorney, United States

### ARTICLE INFO

Article history:  
Available online 28 July 2011

Keywords:  
USA  
Domestic violence  
Intimate partner violence  
Decisions  
Gender  
Mental health

### ABSTRACT

Our study used live telephone conversations between domestic violence perpetrators and victims to answer novel questions about how and why victims arrive at their decision to recant and/or refuse prosecution efforts. From October 2008 to June 2011, we conducted a qualitative study involving 25 heterosexual couples, where the male perpetrator was being held in a Detention Facility (in the U.S.) for felony-level domestic violence and made telephone calls to his female victim during the pre-prosecution period. We used 30–192 min of conversational data for each couple to examine: 1) interpersonal processes associated with the victim's intention to recant; and 2) the couple's construction of the recantation plan once the victim intended to recant. We used constructivist grounded theory to guide data analysis, which allowed for the construction of a novel recantation framework, while acknowledging the underlying coercive interpersonal dynamic. Our results showed that consistently across couples, a victim's recantation intention was foremost influenced by the perpetrator's appeals to the victim's sympathy through descriptions of his suffering from mental and physical problems, intolerable jail conditions, and life without her. The intention was solidified by the perpetrator's minimization of the abuse, and the couple invoking images of life without each other. Once the victim arrived at her decision to recant, the couple constructed the recantation plan by redefining the abuse event to protect the perpetrator, blaming the State for the couple's separation, and exchanging specific instructions on what should be said or done. Our findings advance scientific knowledge through identifying, in the context of ongoing interactions, strategies perpetrators used—sympathy appeals and minimization—to successfully persuade their victim and strategies the couple used to preserve their relationship. Practitioners must double their efforts to hold perpetrators accountable for their actions, and efforts made to link victims to trusted advocates who can help them defend against perpetrators' sophisticated techniques.

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# Recantation Wheel (2011)

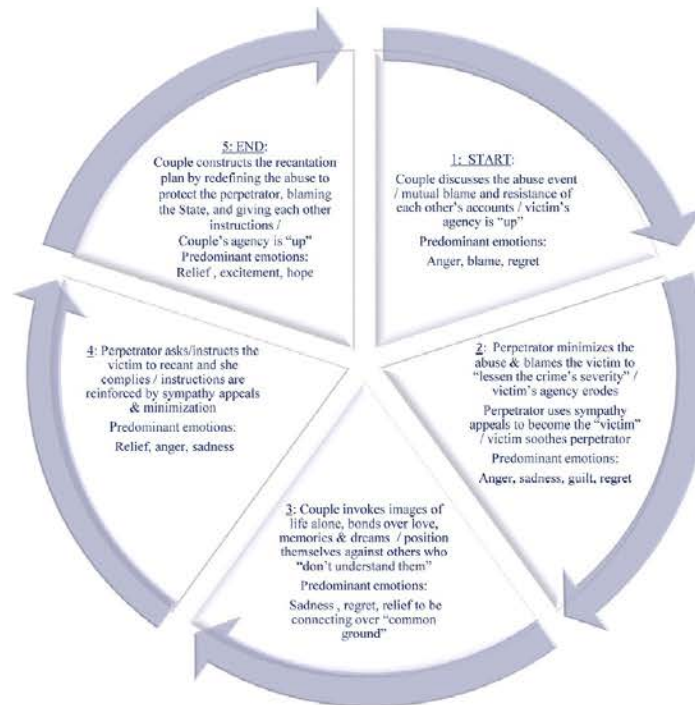


Fig. 1. : Recantation Process.

## 5-Stages of Witness Intimidation– Study of Jail Calls conducted Ohio/Washington (2011)

- 1. The Victim Has Decided to Press Charges of Domestic Violence
- 2. The Abuser Appeals to His Victim's Sympathy, Love, Compassion
- 3. The Abuser Creates an "Us Against Them" Bond
- 4. The Abuser Asks Her to Recant Her Statement
- 5. The Abuser and Victim Plan What She Will Say About Not Pressing Charges

# Findings

- Up to 80% of victims recant.
- Witness tampering is a significant problem.
- Expect it.
- As recognized by the U.S. Supreme Court, “This particular type of crime is notoriously susceptible to intimidation or coercion of the victim to ensure she does not testify at trial” (Davis v. Washington, 126 S.Ct. 2266, 165 L Ed.2d 224, 2006)

# Help Victims Understand What They Are Experiencing



# Robbed of Hope: Is the Suicide of a Battered Woman Murder?

Gael Strack\* and Casey Gwinn\*

# Robbed of HOPE

- Interest started in 1995 when we handled several cases where victims died by suicide and saw a theme in our original study of higher rates of suicidal ideation
- Story of Jessica Haban, 28, died by suicide after long history of severe abuse, TBI and NFS is a reminder why mitigating the impact of trauma is important.
- We need to bring attention to an issue no one likes to discuss
- Prevalence of suicides – 1 in 5 DV victims
- Strangulation victims have a higher rate of suicide ideation – 31%
- Strangulation is a robber of hope
- Evidence-based prosecution even after suicide – pending case, depraved heart murder, stalking, anti-suicide laws, torture, coercive control
- Suicide statutes, torture and coercive control
- Need for advocacy

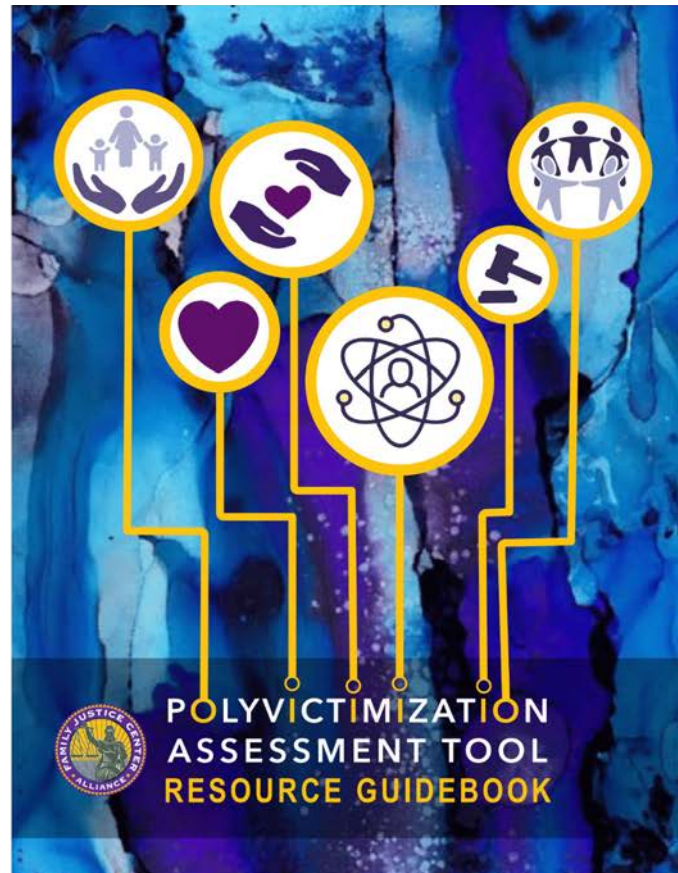
# “Survey Results of Women Who Have Been Strangled While in an Abusive Relationship” Dr. Wilbur

## ■ **Medical symptoms experienced by victims**

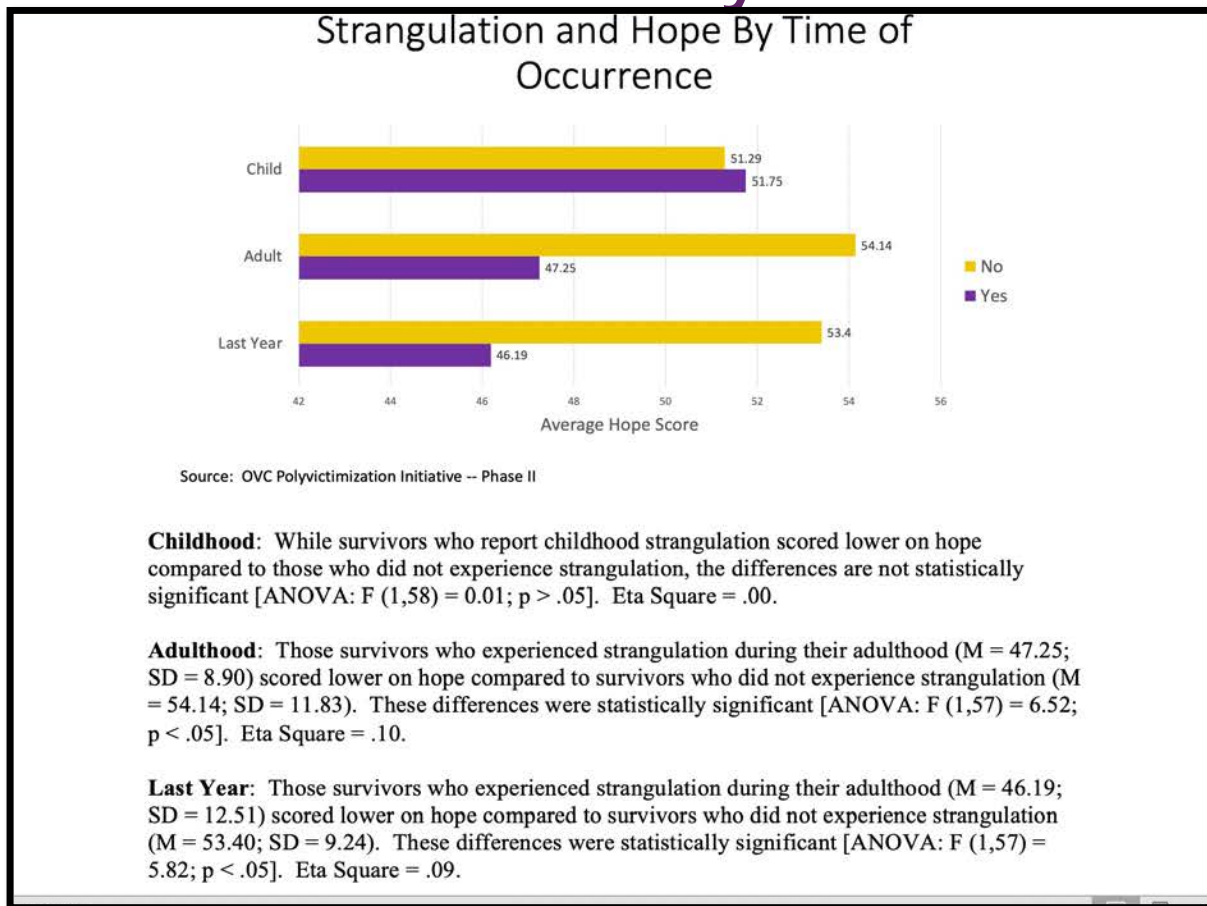
- Difficulty breathing: 85%
- Scratches on neck: 44%
- Dysphagia: 44%
- Voice change: 45%
- Loss of consciousness: 17%
- Ptosis: 20%
- Facial palsy: 10%
- L or R sided weakness: 18%
- Memory deficit: 31%
- **Suicidal ideation: 31%**

# 12x more likely to commit suicide

- Women who experience intimate partner violence are 1200% more likely to end their lives by suicide than those who have not. More victims of domestic violence die by their own hand than by that of their abuser. And, it is not just victims;
- Research also indicates a two to five fold increase in suicidal behavior for children exposed to domestic violence (Dube et al, 2001).



# Poly-victimization Study thanks to Dr. Chan Hellman & Casey Gwinn



# Integrating ACEs and HOPE into your organization

# So, we advocate for Family Justice Centers across the country...

First, Child Advocacy Centers; Then, Rape Crisis Centers; Then, DV Shelters; Now, Family Justice Centers...because collective hope has more power than individual hope...



# **FAMILY JUSTICE CENTER**

## **FRAMEWORK IMPACTS**

Published Findings & Outcomes



A PROGRAM OF  
ALLIANCE FOR HOPE INTERNATIONAL

GRAPHIC DESIGN BY YASENIA ACEVES



**“Hope is the belief that your future can be brighter than your past and that you play a role in making it happen.”**

Casey Gwinn & Chan  
Hellman in *Hope Rising: How  
the Science of HOPE Can  
Change Your Life* (2018)



# 2,000 Published Studies on the Science of HOPE

**“In every published study of hope, every single one, hope is the single best predictor of well-being compared to any other measures of trauma recovery. This finding is consistently corroborated with other published studies from top universities showing that hope is the best predictor for a life well-lived.”**

Casey Gwinn & Chan Hellman

*Hope Rising: How the Science of HOPE  
Can Change Your Life*



# We are born with HOPE...

It is the *essence* of who we  
are as human beings



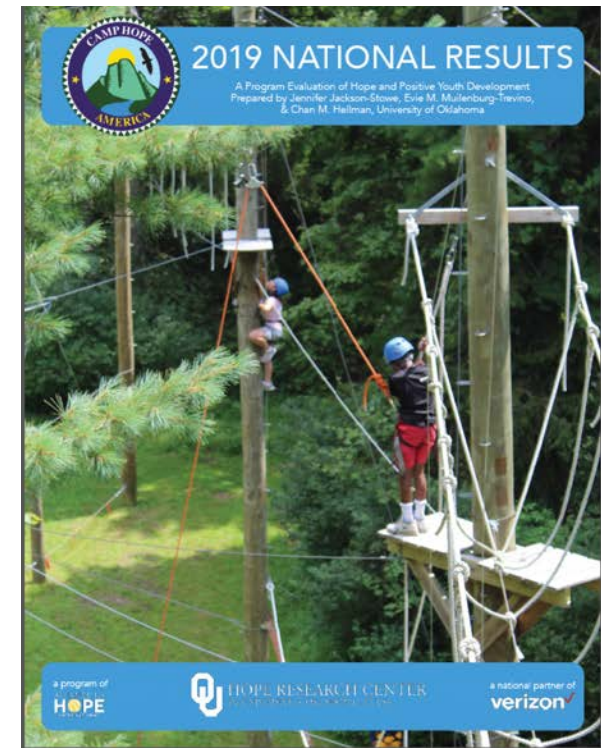
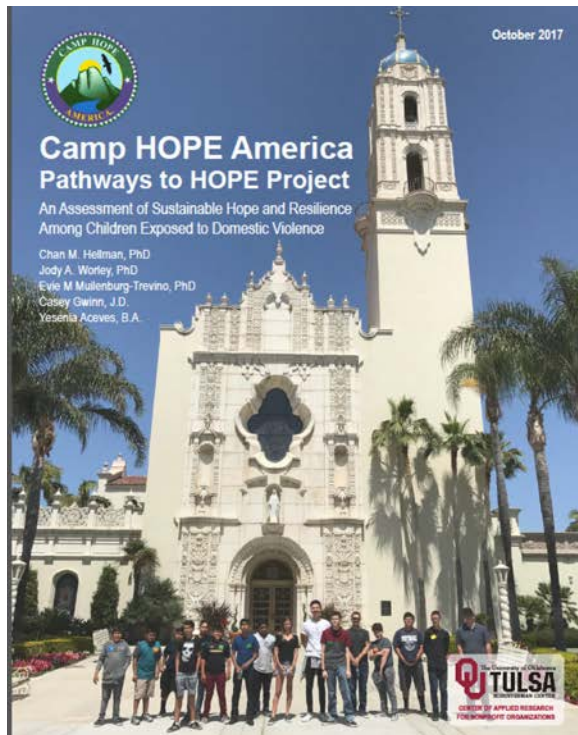
# Direct and Vicarious Trauma and Adversity in life Can Rob Us All of HOPE...

Children are robbed  
**first**...but now we are all  
being robbed...

[www.hopescore.com](http://www.hopescore.com)

Measure your HOPE Score...

# Hope is measurable and malleable...



# HOPE is measurable, malleable, AND cultivatable...

## THE ADULT HOPE SCALE

**Directions:** Read each sentence carefully. For each sentence, please think about how you are in most situations. Using the scale shown below, please select the number that best describes **YOU** and put that number in the blank provided. There are no right or wrong answers.



- \_\_\_\_ 1. I can think of many ways to get out of a jam.
- \_\_\_\_ 2. I energetically pursue my goals.
- \_\_\_\_ 3. There are lots of ways around any problem.
- \_\_\_\_ 4. I can think of many ways to get the things in life that are most important to me.
- \_\_\_\_ 5. Even when others get discouraged, I know I can find a way to solve the problem.
- \_\_\_\_ 6. My past experiences have prepared me well for my future.
- \_\_\_\_ 7. I've been pretty successful in life.
- \_\_\_\_ 8. I meet the goals that I set for myself.

**Notes:** The **Agency** subscale score is the sum of items 2, 6, 7 & 8; the **Pathways** subscale score is the sum of items 1, 3, 4 & 5. **Hope** is the sum of the four **Pathways** and four **Agency** items. Scores can range from a low of 8 to a high of 64.

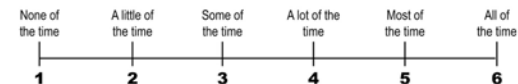
**Agency Score** \_\_\_\_ (Add items 2, 6, 7, and 8)

**Pathways Score** \_\_\_\_ (Add items 1, 3, 4, and 5)

**Total Hope Score** \_\_\_\_ (Agency Score + Pathways Score)

## THE CHILDREN'S HOPE SCALE

**Directions:** Read each sentence carefully. For each sentence, please think about how you are in most situations. Using the scale shown below, please select the number that best describes **YOU** and put that number in the blank provided. There are no right or wrong answers.



- \_\_\_\_ 1. I think I am doing pretty well.
- \_\_\_\_ 2. I can think of many ways to get the things in life that are most important to me.
- \_\_\_\_ 3. I am doing just as well as other kids my age.
- \_\_\_\_ 4. When I have a problem, I can come up with lots of ways to solve it.
- \_\_\_\_ 5. I think the things that I have done in the past will help me in the future.
- \_\_\_\_ 6. Even when others want to quit, I know that I can find ways to solve the problem.

**Notes:** The **Agency** subscale score is the sum of items 1, 3 & 5; the **Pathways** subscale score is the sum of items 2, 4 & 6. **Hope** is the sum of the three **Pathways** and three **Agency** items. Scores can range from a low of 6 to a high of 36.

**Agency Score** \_\_\_\_ (Add items 1, 3 and 5)

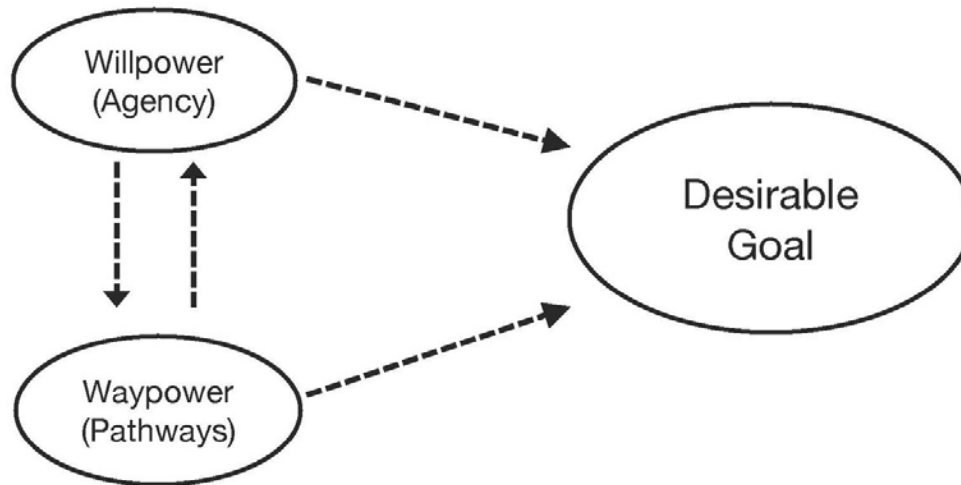
**Pathways Score** \_\_\_\_ (Add items 2, 4, and 6)

**Total Hope Score** \_\_\_\_ (Agency Score + Pathways Score)

# The Science of HOPE

- We are driven by our goals:
  - To the extent we can establish clear strategies (pathways) to achieving the goal and are willing to direct mental energy (agency) toward pursuing these pathways, we are experiencing hope. (Snyder, 2002).
- Agency and Pathway Thinking Are Both Required

# Willpower and Waypower



# THE SCIENCE OF HOPE



## Why Hope Matters

- Snyder's hope measures have been cited over 2,000 times in scholarly journals.
- Empirical evidence supports that high hope matters!
  - Improved pro-social behaviors.
  - Increased ability to self-regulate.
  - Serves as a coping resource (e.g., cancer, HIV, spinal cord injury, trauma).
  - Predicts goal attainment.
  - Protects against burnout and vicarious trauma
  - Reduces the intensity of physical suffering.
  - Predicts substance abstinence
  - Predicts lower recidivism and lower levels of violence
  - Improves well-being.
- High hope individuals flourish within their environment.
- Hope Scores are more predictive of college success than SAT Scores
- Children can be taught hope in the public school system and rising Hope Scores improve grades, behavior, and performance

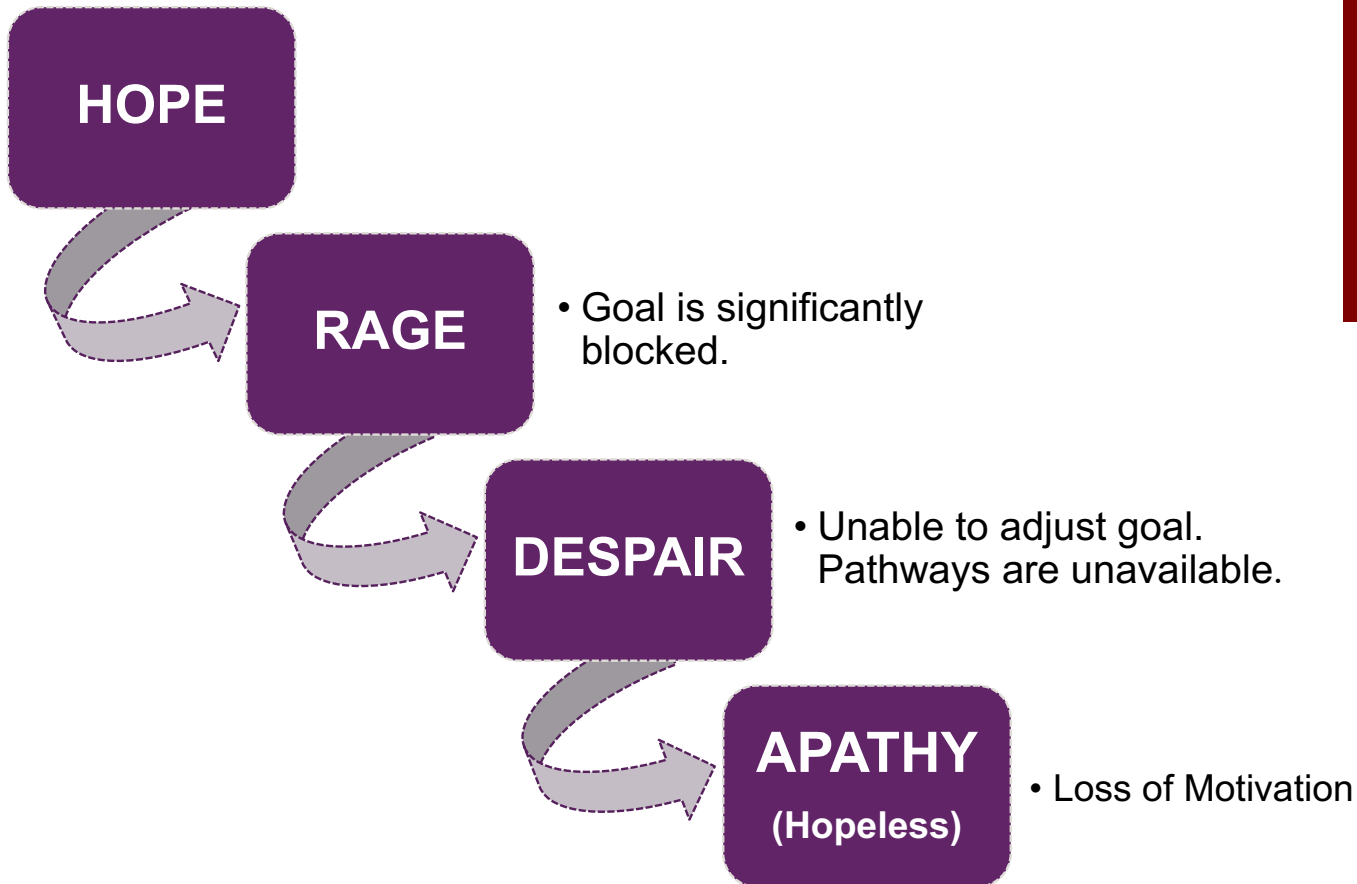


# The Science of Hope

## Why Hope Matters

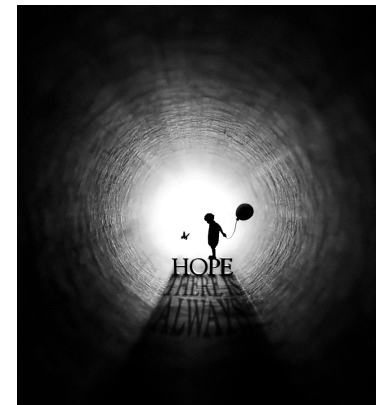
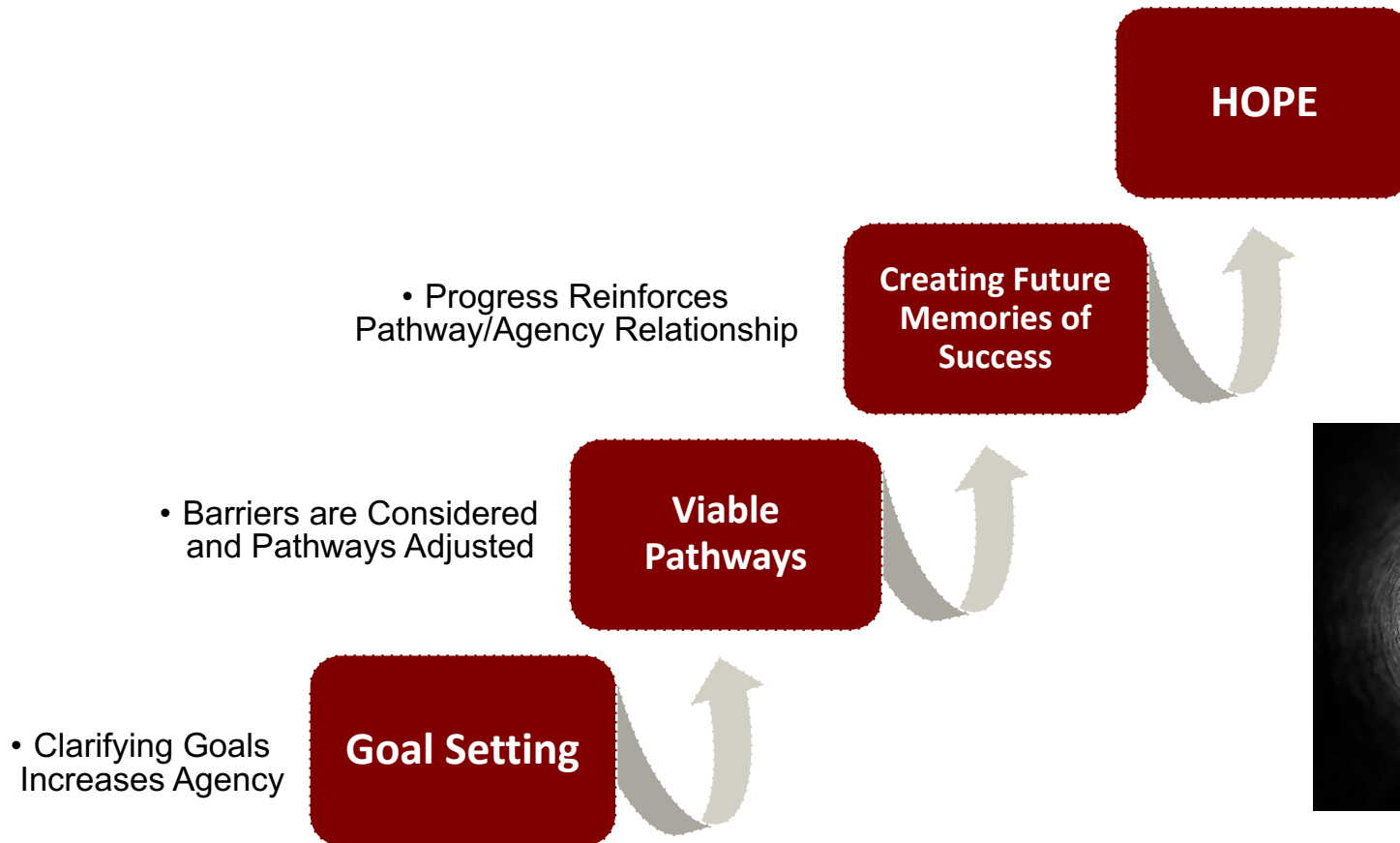
- ⦿ Lower hope individuals often do not recognize their deficiency in pathways and agency.
  - ⦿ Lack sense of long term goals.
  - ⦿ Feel blocked from their goals.
  - ⦿ Approach goals with negative emotion and focus on failure.
- ⦿ Individuals with low hope:
  - ⦿ Higher negative affect
  - ⦿ Higher likelihood of quitting goal pursuits.
  - ⦿ Higher anxiety and depression.
  - ⦿ Lower self-esteem.
  - ⦿ Lower problem solving skills.
  - ⦿ Higher likelihood of externalizing negative behaviors.

# The HOPE Continuum



Repeated failures at goals result in a general expectation that future goal attainment is not likely – “Why try?”

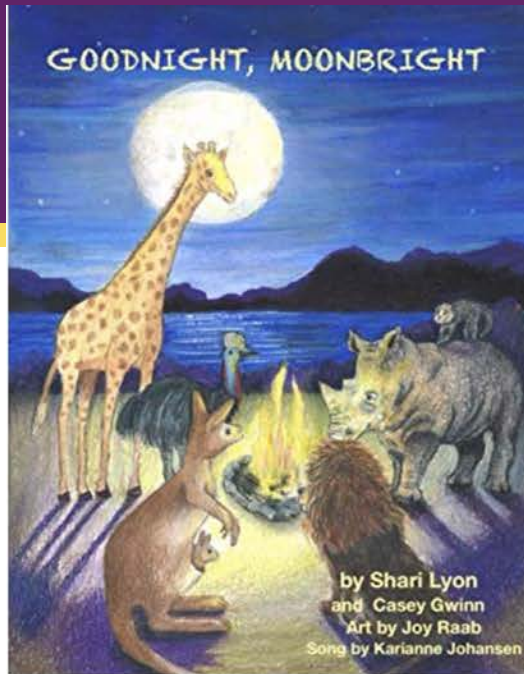
# NURTURING HOPE



# Goodnight Moonbright

## Our new Children's Book

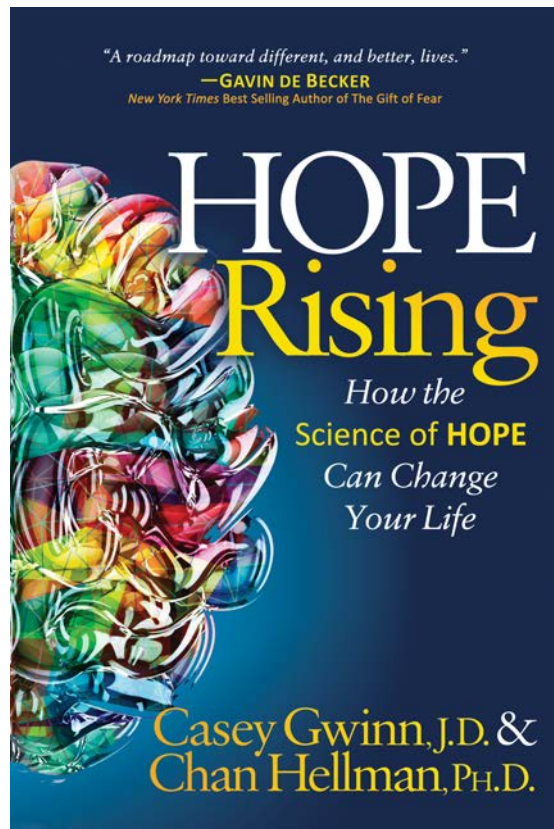
### About Hope



[www.camphopeamerica.org/goodnightmoonbright/](http://www.camphopeamerica.org/goodnightmoonbright/)

# Hope Rising for Staff, Clients, Partner Agencies – Even a Book Club

Thank you, Mary Murphy, for giving hope...



“Meantime, I’ve been buying up “Hope Rising” since hearing you at Brooklyn law school in late 2018. We give them to clients, partners, board members, everybody. Last week, we sent them to the homes of all our staff members working remotely (many of them new hires) and we’re orchestrating a book club to discuss.”

# Implementation is Key

**A GOAL  
WITHOUT  
A PLAN  
IS JUST A  
WISH.**

# Homework Exercise:

## What will you do? Write it down.

- Dispatcher
- Police
- Detective
- Prosecutor
- Advocate
- Judge
- Probation
- Treatment Provider
- Counselor
- Hotline
- Shelter
- CBO Advocate
- Civil Attorney
- Defense Attorney
- Nurse
- Forensic Nurse
- ER Doctor
- Paramedic
- Fire fighter
- Elected Official

# Implementation Recommendations:

- Pass new legislation – **DONE**
- Host a MDT training with your most passionate professionals – **DONE**
- Host trainings over, over again. Never one and done. 😊
- Develop a state/local implementation Team
- Develop local and national implementation plans & protocols
- Send a multi-disciplinary team to our Advanced Strangulation Course. **Don't let Dr. Cath White go alone again.** 😊
- Develop your local Experts and Trainers
- Use your local experts at bail hearing, trial and sentencing
- Treat strangulation cases as serious offences first
- Consider Developing a Training Institute on Strangulation Prevention for UK/Wales in Alliance with the Institute

# Final Comments – Panel

Hope is Greater Than Fear.

# Kate Brown

Chief Crown Prosecutor (South East) and  
National Domestic Abuse Champion



# Joanna Evans

Barrister, Deputy District Judge  
and Recorder of the Crown Court

# Sam Millar

Chief Superintendent  
Programme Lead on the National  
Police Chiefs Councils VAWG  
(Violence Against Women and  
Girls) Taskforce



# Louisa Rolfe OBE

Assistant Commissioner  
Metropolitan Police, National  
Police Chief



# Jo Silver

Director of Quality and Innovation  
Safelives



# Dr. Cath White

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# Best Practice Resources



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## STRANGULATION AND SUFFOCATION: USEFUL RESOURCES

Please find below a variety of resources which organisations may want to use in preparing for the new offence of Strangulation and Suffocation which will come into force in on 7th June 2022.

To register for the on-line free training event (details in the flyer and programme at the bottom of this page) on the afternoons of 28<sup>th</sup> and 29<sup>th</sup> June click here: [Register here](#)

Please distribute/print out the **flyer** and **programme** to advertise this as widely as possible.

Most of these resources refer to strangulation as it occurs more frequently and it is this that is assessed in much of the research referred to here. However some of the behaviours and results for suffocation can be similar, so the two should be considered seriously and responded to appropriately. Some staff working in this area use the term 'strangulation' informally to cover both strangulations and suffocations.

We want to do all we can to tackle this violence and prevent it happening so if you have any resources you'd like to share please get in touch and if you have any feedback on these please contact [julia.drown@aafda.org.uk](mailto:julia.drown@aafda.org.uk)

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# 12 Key Points & Diagrams on Non-Fatal Strangulation (NFS) – two pager (Appendix 1)

1. NFS is well known as a high prevalence form of assault in domestic abuse.
2. NFS is often used to instil fear, power and control, and has been linked to a seven-fold increase in risk of homicide.

Page 2: timeline:



### Signs and symptoms of strangulation/suffocation.

**Marks to look for: scratches/grazes/wounds/redness/bruises**  
**petechiae= very small red, brown or purple spots, might look like a rash**

stroke, fit, lost consciousness,  
difficulty breathing, nausea,  
balance/co-ordination problems

confusion, hallucinations, disorientated, dizzy,  
sluggish, memory loss, agitation, aggressiveness,  
concentration problems

loss of sensation or strength / weakness of extremities / limpness /muscle spasms

**Head:** bumps (eg. from hit or fall) / bald spots from hair pulling /headache/  
feel pressure in head/petechiae on scalp

**Face:** marks, appearance  
changed, facial drooping,  
bloody or pinched nose

**Eye:** marks, bloody, marked  
or droopier lids, changes in  
vision, sensitive to light

**Ear:** Bleeding inside, bruising  
behind, petechiae inside or  
out, hearing changes, sensitive  
to sound

**Mouth:** marks inside, jaw  
pain, swollen lip/tongue

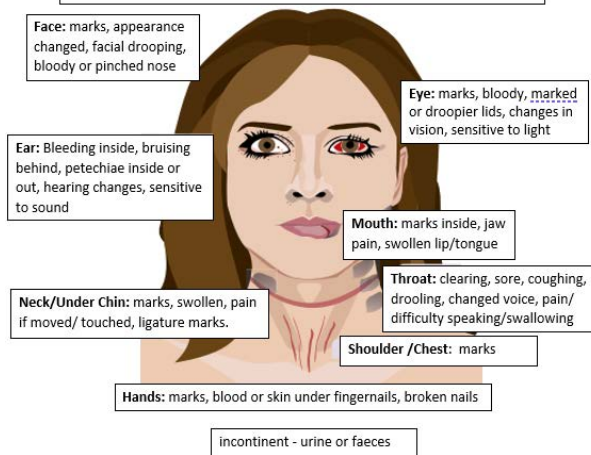
**Throat:** clearing, sore, coughing,  
drooling, changed voice, pain/  
difficulty speaking/swallowing

**Neck/Under Chin:** marks, swollen, pain  
if moved/ touched, ligature marks.

**Shoulder /Chest:** marks

**Hands:** marks, blood or skin under fingernails, broken nails

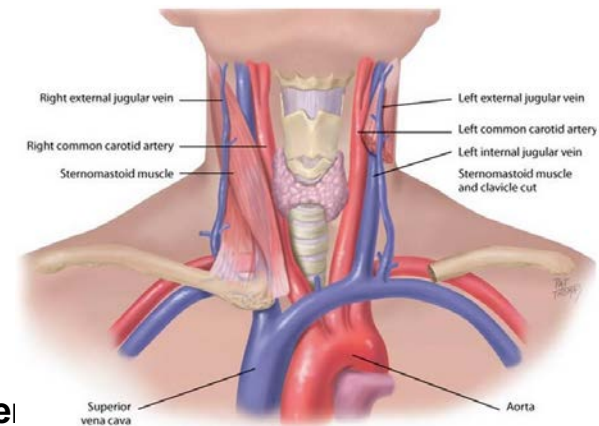
incontinent - urine or faeces



# NFS Background Information (appendix 2)

More detailed information including:

- **Mechanisms of strangulation**
- **What should first responders look for at the scene *specific* to strangulation?**
- **What may happen in strangulation?**
- **What pressure is required to the neck to cause problems?**
- **The Law**



## Appendix 3

### First Responders strangulation/suffocation checklist.

Person attacked:

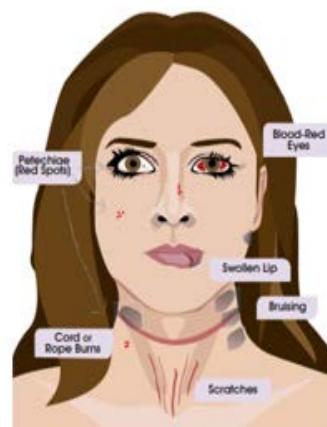
Date & time of attack:

Form filled in by:

On (date):

Petechiae are very small red, brown or purple spots; might look like a rash.

Those who have been attacked often minimise the problem so don't assume the answer, ask:



**Stage 1: Get emergency medical help if they have experienced any of the following:**

Present either during assault or after?	y/n	Describe including when, during assault or after?	photo/ audio recorded
stroke / fit / lost consciousness / difficulty breathing			
confusion /hallucinations /agitation/ aggressive			
loss of sensation or strength / weakness of extremities			
incontinent - urine or faeces			

# Strangulation/suffocation investigative worksheet –page one of two

## Appendix 3a

<b>Victim/Offender/Witness Information:</b>			
Victim name:		Date of Birth: / /	
Suspect name:		Date of Birth: / /	
Relationship:		Length of relationship:	
Children in family (if more than 2 record in notes at end of report):			
Name:	Age:	In vicinity at time of attack?	Witness to attack?
			yes/no
			yes/no
Victim pregnant? If so, how many weeks:			
Restraining order in place? yes/no			
Who else was present during the attack?			
Who have you called/texted or spoken with about this incident?			
Emotional demeanour upon arrival of victim: upset <input type="checkbox"/> crying <input type="checkbox"/> fearful <input type="checkbox"/> calm <input type="checkbox"/> angry <input type="checkbox"/> nervous <input type="checkbox"/> flat affect <input type="checkbox"/>			
Emotional demeanour upon arrival of suspect: upset <input type="checkbox"/> crying <input type="checkbox"/> fearful <input type="checkbox"/> calm <input type="checkbox"/> angry <input type="checkbox"/> nervous <input type="checkbox"/> flat affect <input type="checkbox"/>			
<b>Strangulation/suffocation:</b>			
Method/Manner: tick all that apply: one hand L <input type="checkbox"/> or R <input type="checkbox"/> two hands <input type="checkbox"/> forearm <input type="checkbox"/> knee / foot <input type="checkbox"/> strangulation hold <input type="checkbox"/> object over nose & mouth <input type="checkbox"/> ligature <input type="checkbox"/> pressure to chest/abdomen <input type="checkbox"/> other <input type="checkbox"/>			
Describe:			
Multiple times yes/no (if yes describe in notes at end) Duration: mins secs or unsure <input type="checkbox"/>			
Do you have pain now? yes/no If yes describe:			
Simultaneously shaken while being strangled/suffocated? Yes / no / unsure			
Your head hit in anyway? yes/no/unsure		Hair pulled? yes/no/unsure	
Pressure exerted on your neck/nose/mouth weak =1, very strong=10 1 2 3 4 5 6 7 8 9 10		Pain during strangulation/suffocation weak =1, very strong=10 1 2 3 4 5 6 7 8 9 10	
Was there a time when you could not talk or scream while being strangled? yes/no			
Ability to breathe while being strangled normal =1 unable to breathe =10 1 2 3 4 5 6 7 8 9 10			
Did you attempt to stop the strangulation/suffocation (no judgement here sometimes it is best not to. Only the victim can judge) yes/no if yes how?			

# Leaflet: available for on-line and printing in different languages.

## Appendix 5

### Facts You Need to Know about Strangulation /Suffocation

Strangulation is one of the most lethal forms of domestic violence; unconsciousness may occur within seconds and death within minutes.

For survivors there can be longer term effects.

This leaflet refers to strangulation but suffocation can have similar results.

**Women who have been strangled are seven times more likely to end up being murdered.**

When domestic violence perpetrators strangle, it is a serious offence and it may be an attempted homicide.

Strangulation is an ultimate form of power and control, where the abuser can demonstrate control over a person's next breath; having

devastating psychological effects or a potentially fatal outcome.

Where a person resists forcefully, they may produce injuries on their own neck, and injuries on their assailant.

#### Documentation by photographs

After the assault record any physical evidence with daily photos. **Often there are no physical signs** but that doesn't mean it is any less serious; you should get the same support from agencies.

**Stay with someone you trust for 24 hours** and get them to monitor your signs and symptoms.

**You should seek medical attention immediately** if you experience:

- fit, stroke, faint, difficulty breathing/speaking, loss of strength, numbness, spasms, agitation, confusion, hallucinations, aggressive
- coughing blood, swollen neck, bump on head
- involuntary urination and/or defecation.

- face or eyelids droopier/blue/changed appearance
- voice, vision or hearing changes, blood in ears
- are concerned about any other injury or mental health issue

A medical examination may detect critical internal injuries.

Some effects like stroke or psychiatric problems might occur months or years after the strangulation.

**Monitor & photograph/ audio record any changes you notice:**

Date & Time	Symptom / Sign

This leaflet was produced by.....

# Other resources

- Introductory USA Video link
- Powerpoint for training (appendix 6)
- Slides from the American free Police Training (app. 7)
- 3 page summary of research
- Link to the 200 page USA guide on all aspects of investigating and prosecuting
- Forensic Medicine Guidance (app.9)
- Diagrams of signs and symptoms

# Thank you for joining us today – Casondra Stewart & Tamara Smith



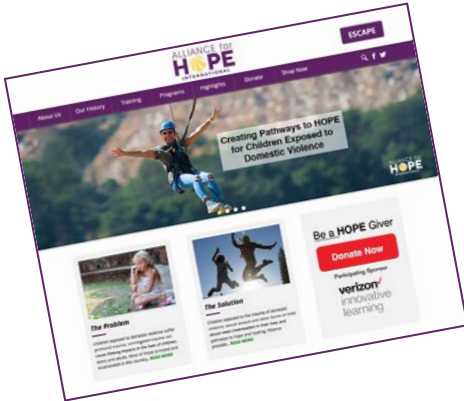
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# 29th August Advanced Course on Strangulation Prevention

<https://conta.cc/3aWVQXM>



IN-PERSON EVENT

**AUGUST 16-19, 2022**



*Registration  
Now  
Open*

## ADVANCED COURSE ON STRANGULATION PREVENTION