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Coordinated Strangulation Incident Response Training for Law Enforcement Officers and Emergency Medical Personnel

Disclaimer

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The Training Institute on Strangulation Prevention

<https://www.strangulationtraininginstitute.com/>

Strangulation & Intimate Partner Violence

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Learning Objectives

By the end of this training, participants will be able to:

1. Identify the signs and symptoms of strangulation.
2. Understand the medical risks and potential long-term effects associated with strangulation.
3. Collaborate with law enforcement and medical professional partners to ensure a coordinated and supportive response that enhances victim education, safety, and evidence collection needed to support investigations.
4. Perform appropriate first responder procedures (based on role) to ensure better outcomes for victims and proper preservation of investigation evidence.
5. Communicate effectively with victims about strangulation to obtain accurate and comprehensive information and to provide them with appropriate referrals to support resources.

Intimate Partner Violence-Related Strangulation (IPVRS)

- Strangulation occurs when the neck and/or upper torso of an individual is compressed in a manner that impedes airflow or blood circulation (Pritchard et al., 2017; Reckdenwald et al., 2022)
- Precise intimate partner violence-related strangulation (IPVRS) counts are unknown, estimates have suggested as many as 68% of intimate partner violence-related (IPV) victims have experienced strangulation (Block, 2004; Campbell et al., 2007; Glass et al., 2008; Zilkens et al., 2016)
- Prevalence and rate of injury from IPVRS is also largely unknown because victimization is routinely underreported and only approximately 29% of victims receive medical intervention following strangulation (Cole, 2004; De Boos, 2019; Wilbur et al., 2001)

Strangulation Detection

- Victims who report strangulation frequently present with minor or non-visible, external injuries that may go unrecognized by first responders who do not have specialized knowledge regarding the signs, symptoms, and consequences of strangulation (Cole, 2004; De Boos, 2019; Wilbur et al., 2001)
- Strangulation victims often suffer from considerably more serious, internal injuries that have long-lasting health outcomes, including increased mortality (Cole, 2004; De Boos, 2019; Wilbur et al., 2001)

Benefits of Early Detection

- Early strangulation detection and appropriate medical intervention:
 - Provide critical information for first responders to prioritize service decisions
 - Improve victim medical outcomes
 - Enhance IPVRS evidence collection (Gwinn et al., 2014; Pritchard et al., 2017; Strack & McClane, 1998)

Strangulation Investigation

- Because of the lack of visible strangulation injuries when victims present to police, providing law enforcement with the knowledge and skills to detect the range of strangulation signs and symptoms continues to be challenging
- Existing research is sparse, though findings have suggested limited documentation of strangulation during the police investigation
- As few as 12% of IPVRS incidents contain explicit references to strangulation in the police report (Pritchard et al., 2018; Reckdenwald et al., 2019, 2022)

Homicide Prevention

- Strangulation victims have an increased risk of homicide
 - 750% (or 7½ times) more likely to die later, when compared to victims who have not experienced strangulation (Block, 2004; Campbell et al., 2007; Glass et al., 2008)

Strangulation Basics & Identifying Strangulation Signs & Symptoms

Strangulation Video



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Strangulation

- **Strangulation** – Strangulation is a form of asphyxia characterized by the closure of the blood vessel and/or passages of the neck as a result of external pressure on the neck (Rivelo & Henry, 2017; Smock, 2018, 2019; Stellpflug et al., 2022; Strack et al., 2014)
 - **Manual Strangulation**
 - Most common form of strangulation
 - **Ligature Strangulation**
 - Strangling with some form of cord such as a rope, wire, chain, or shoelaces around or partially around the neck
 - Also referred to as garroting
- **Hypoxia** – *Deficiency* in the amount of oxygen reaching the tissue
- **Anoxia** – *Absence* of oxygen supply to tissue
- **Asphyxia** – Condition arising when the body is deprived of oxygen causing unconsciousness or death
 - Suffocation, drowning and hanging are also forms of asphyxia

Strangulation

- **Strangulation** - Pressure placed on the neck so that there is reduced blood flow to the brain or a constriction of breathing through the airway in the throat resulting in a disruption of brain function by asphyxiation
 - Any grabbing, suppression, squeezing, or crushing of the throat is strangulation (Turkel, 2007)
 - Putting someone in a “Headlock” or “chokehold” **IS** Strangulation!



Anatomy of the Neck

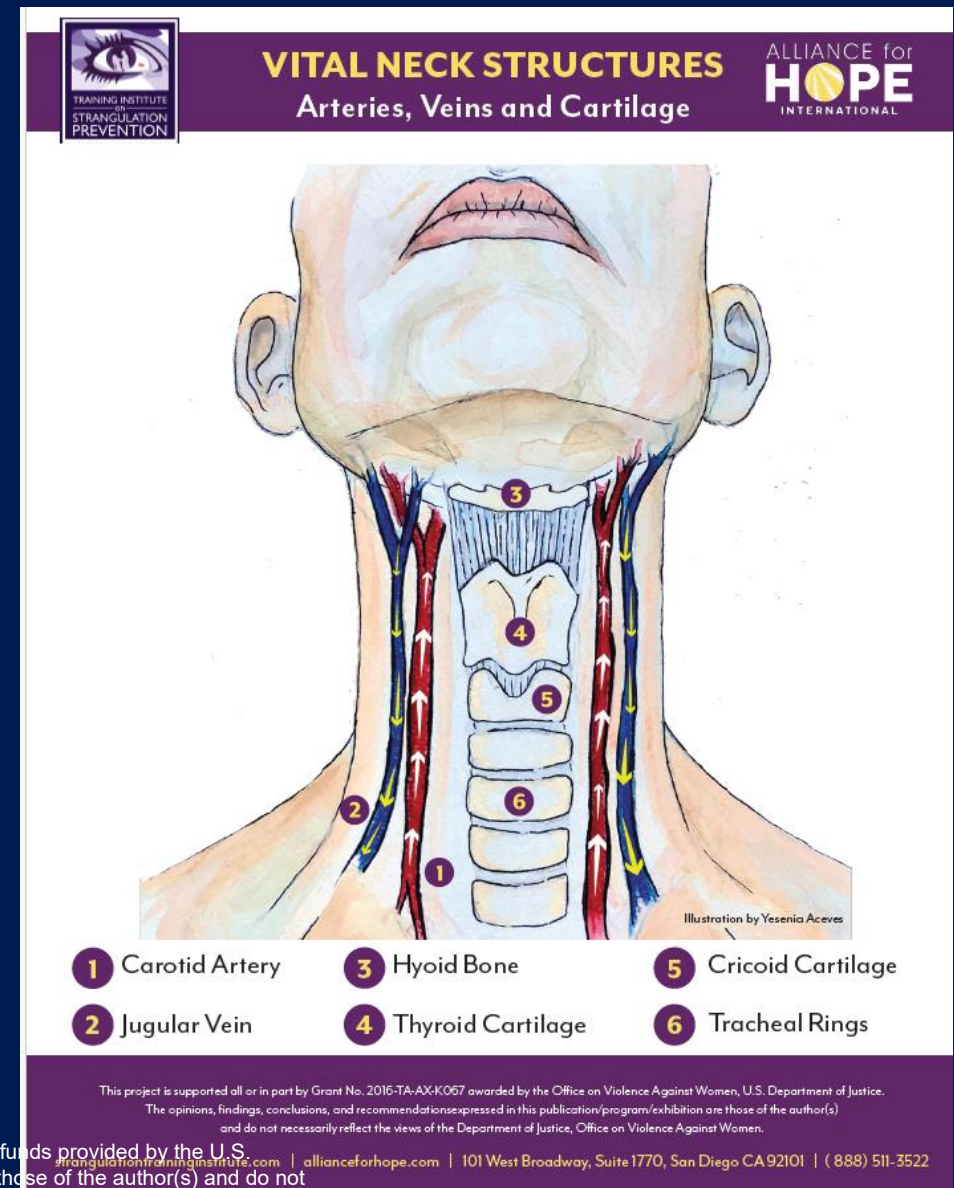
(1) *Carotid Arteries*

- Bring fresh blood to the brain
- Have some protection from sternomastoid muscle

(2) *Jugular Veins*

- Take blood away from the brain
- Sit just below the skin with not much protection

(Training Institute on Strangulation Prevention, 2024)



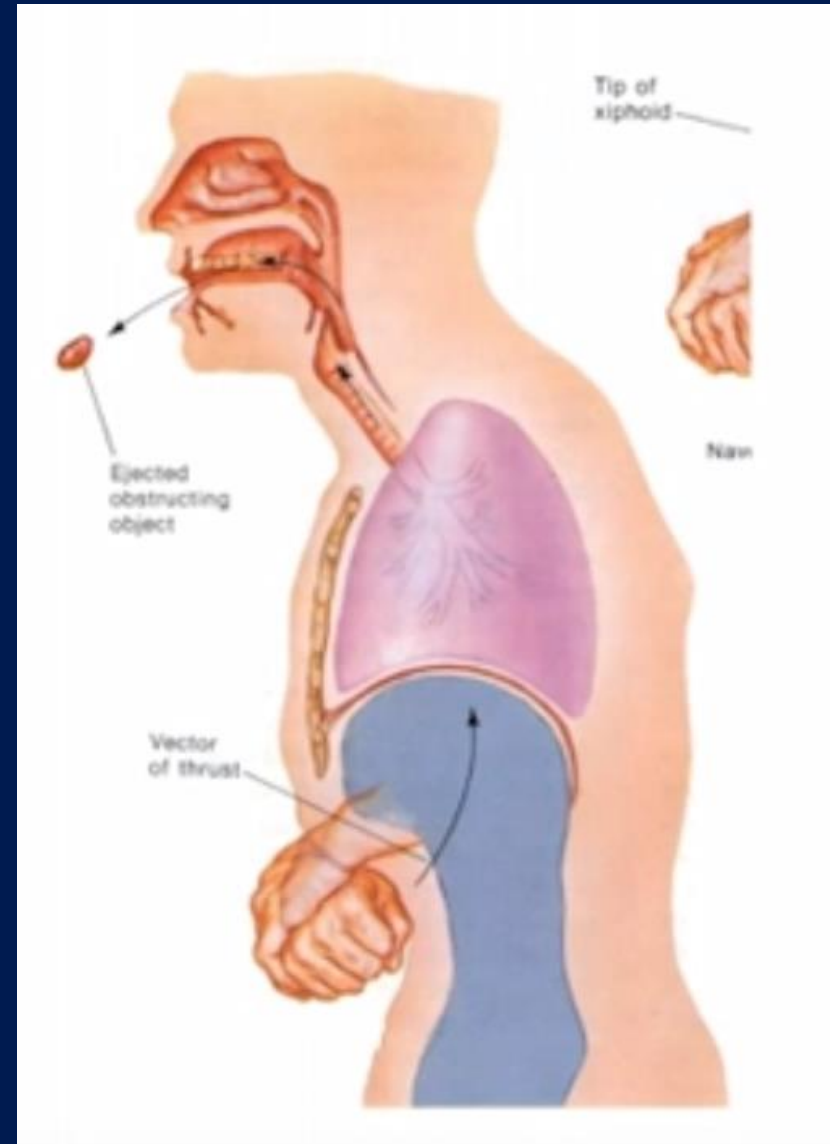
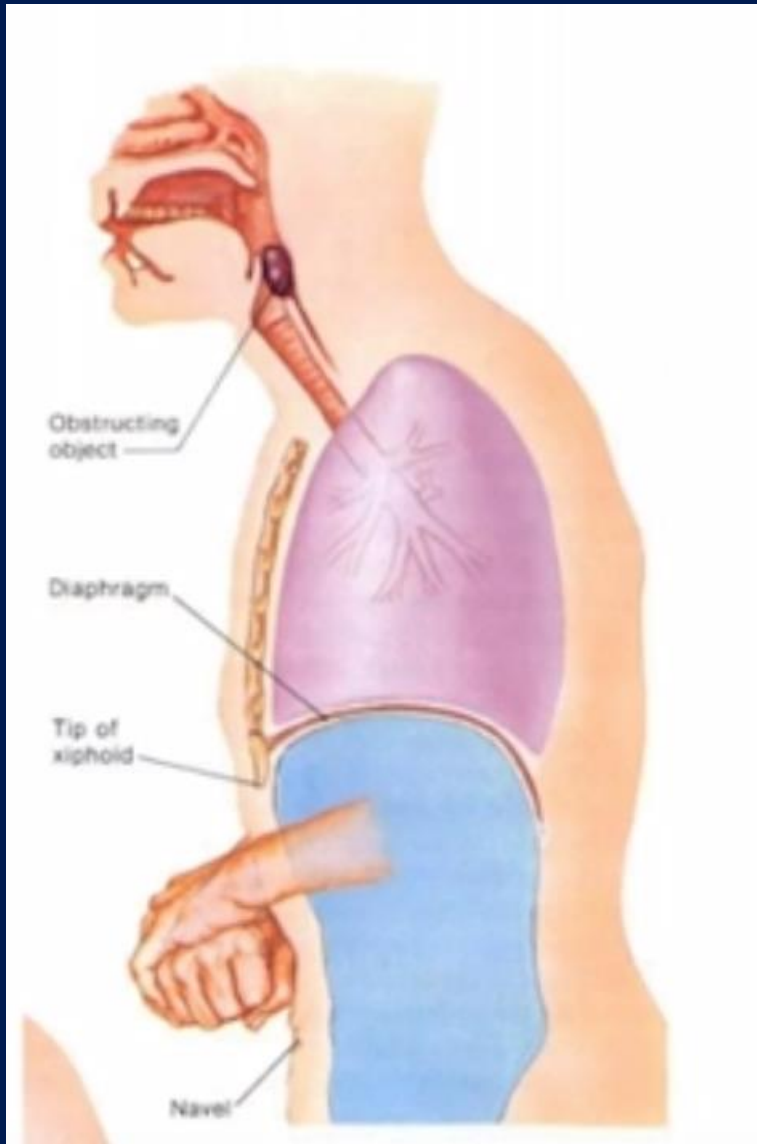
Suffocation or Impede Breath

It is also important to ask about suffocation or Impeded Breath



- Many states include suffocation
- Suffocation often occurs during IPV and sexual assault to prevent the victim from being able to call out for help
- Common Examples of Suffocation:
 - Obstructing oxygen from getting into the lungs
 - Pillow over mouth and nose
 - Sealing off the mouth and nose by manual compression
 - Duct tape over the face
 - Head inside plastic bag
 - Sitting on chest

Strangulation is NOT “Choking”



Choking



- **Choking** refers to an object in the upper airway that impedes oxygen intake...and can occur accidentally or intentionally (Strack, Gwinn, Hawley, Green, Smock, & Riviello, 2014)
- Choking is not an accurate medical term for an intentional strangulation assault (Strack et al., 2014)

Unconsciousness & Death

- Loss of consciousness occurs within 3-5 seconds and death can occur in minutes (Strack et al., 2014)
- **4 pounds per square inch (PSI)** pressure on jugular or **11 PSI** on both carotid arteries cause unconsciousness in less than 10 seconds
- **33 PSI** can occlude the trachea (Carlson, 2014)

Strangulation Pressure

- 4.4 PSI will block the Jugular Veins (Used Blood)
- 11 PSI will block the Carotid Arteries (Fresh Blood)
- 33 PSI will block the Trachea (Breath)



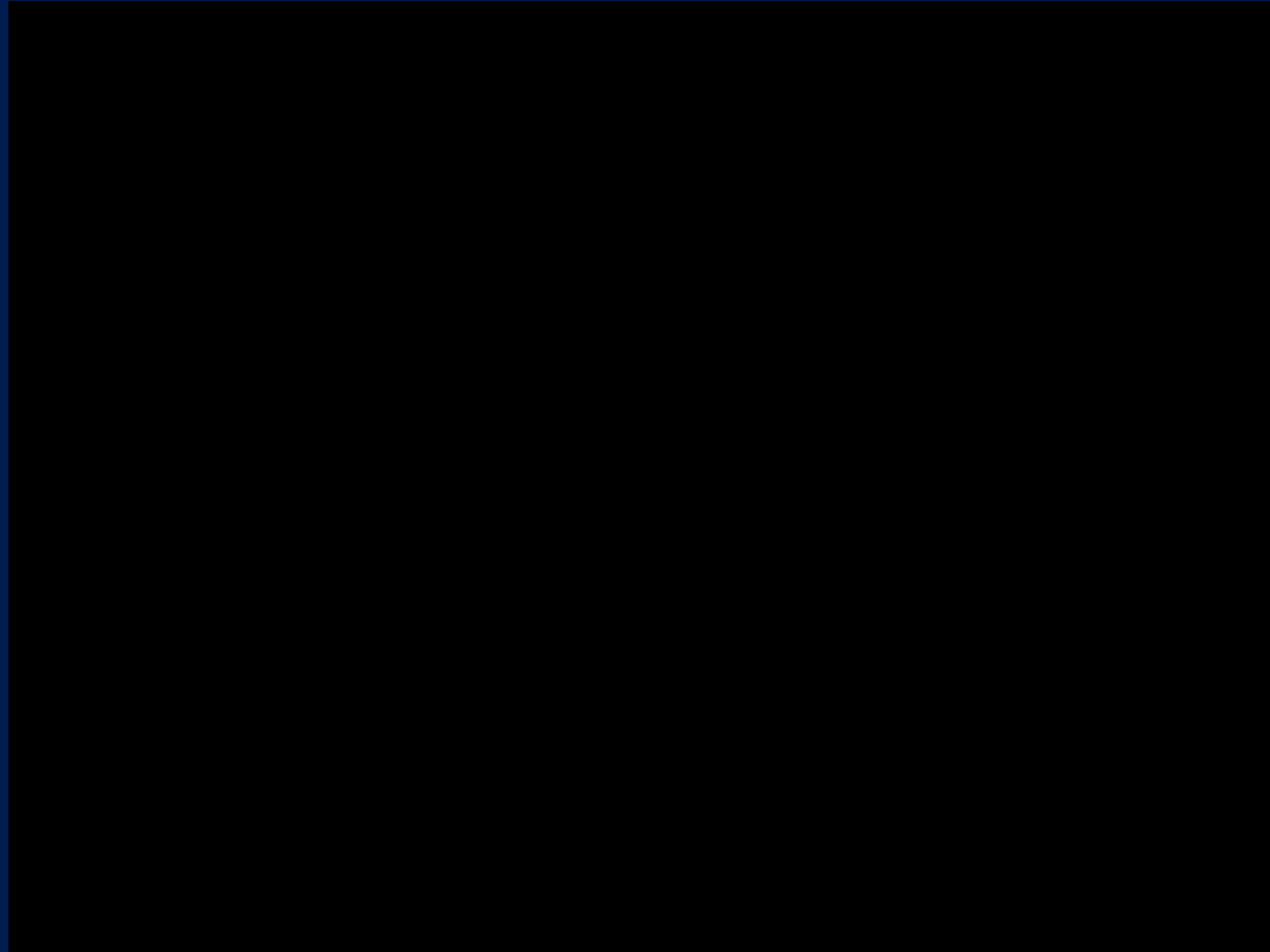
80-100 PSI an average adult male handshake

6 PSI to pull a trigger on a handgun



20 PSI to open a soda can

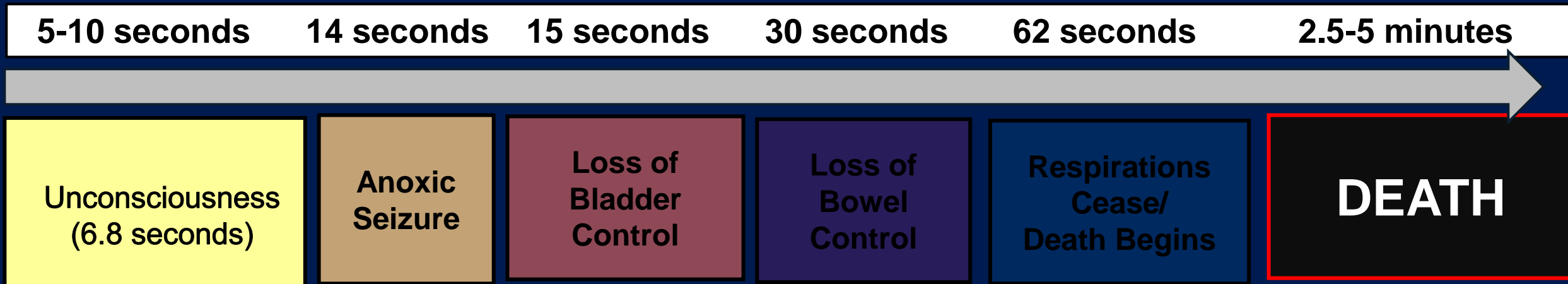
Video Example of a Quick Strangulation Loss of Consciousness (53:49)



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Provided Courtesy of Burleson Police Department, Burleson, Texas

Time & Physiological Consequences of Strangulation



*when blocking the carotid arteries

How Strangulation Effects the Brain

- **Hypoxic brain injury**
 - caused by a reduction in oxygen supply
- **Anoxic brain injury**
 - caused when the brain is deprived of oxygen for too long causing cells to die
- **Traumatic Brain Injury (TBI)**
 - caused by repeated blows to the head, shaking of the brain or anoxic brain injury
- **All three cause irreversible psychological and physical damage:**
 - Loss of memory
 - Inability to concentrate
 - Headaches
 - Anxiety
 - Depression
 - Sleep disorders
- **Symptoms of lack of oxygen to the brain can cause a victim to be:**
 - Restless or hostile
 - Appear Intoxicated on drugs or alcohol
 - Stroke-like symptoms



(Rivelo & Henry, 2017; Smock, 2018, 2019; Sorenson et al., 2014;

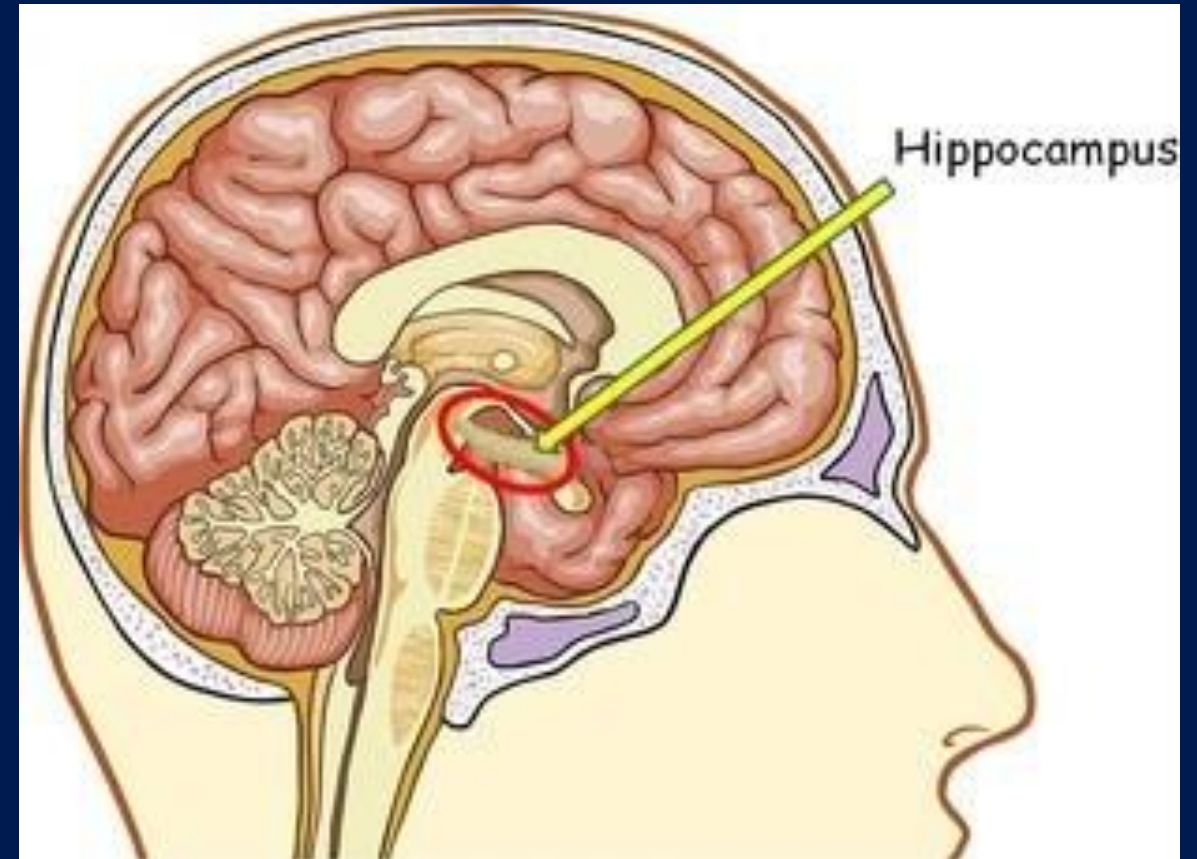
Stellpflug et al., 2022; Strack et al., 2014; Thomas et al., 2014)

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Hippocampus

- Most sensitive part of the brain due to lack of oxygen
- Responsible for forming new memories



(Rivelo & Henry, 2017; Smock, 2018, 2019; Sorenson et al., 2014; Stellpflug et al., 2022; Strack et al., 2014; Thomas et al., 2014)

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Traumatic Brain Injury (TBI)

TBI Symptoms:

- Headaches
- Anxiety
- Depression
- Difficulty concentrating
- Difficulty remembering
- Difficulty sleeping
- Difficulty reading, writing, calculating
- Recent difficulty performing at work or school
- Personality changes in relationships with others

(Kwako et al., 2011; Sorenson et al., 2014; Stellpflug et al., 2022)

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HELPS Brain Injury Screening Form

- The original HELPS TBI screening tool was developed by M. Picard, D. Scarisbrick, R. Paluck, 9/91, International Center for the Disabled, TBI-NET, U.S. Department of Education, Rehabilitation Services Administration, Grant #H128A00022
- The Helps Tool was updated by project personnel to reflect recent recommendations by the CDC on the diagnosis of TBI

(National Association of State Head Injury Administrators, n.d.)

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HELPS BRAIN INJURY SCREENING TOOL

Consumer Information: _____

Agency/Screener's Information: _____

H Have you ever Hit your Head or been Hit on the Head? 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, and also for service related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.

E Were you ever seen in the Emergency 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 Lose consciousness or experience a period of being dazed and confused because of an injury to your head? Yes No
Note: People with TBI may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

P Do you experience any of these Problems in your daily life since you hit your head? Yes No
Note: Ask your client if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

<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 Sicknesses? 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, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation.

Scoring the HELPS Screening Tool

A HELPS screening is considered positive for a *possible* TBI when the following 3 items are identified:

- 1.) An event that could have caused a brain injury (yes to H, E or S), and
- 2.) A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to L or E), and
- 3.) The presence of two or more chronic problems listed under P that were not present before the injury.

Note:

- A positive screening is **not sufficient to diagnose TBI** as the reason for current symptoms and difficulties - other possible causes may need to be ruled out
- Some individuals could present exceptions to the screening results, such as people who do have TBI-related problems but answered "no" to some questions
- Consider positive responses within the context of the person's self-report and documentation of altered behavioral and/or cognitive functioning

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A Note About Brain Death

- No controlled studies regarding brain death in adults
- Videos of hangings demonstrate the last respiration occurs between 62-157 seconds
- Studies which claim brain death occurs in four minutes were from hypoxic conditions (drowning/airflow blockage) and not anoxic conditions (carotid artery compression/blood flow interference)

(Kwako et al., 2011; Sorenson et al., 2014; Stellpflug et al., 2022)

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Strangulation Signs and Symptoms

- Scratches
- Red linear marks
- Sore throat
- Edema
- Pain
- Difficulty Swallowing
- Difficulty Speaking
- Voice Changes
- Dizziness
- Eyelid and/or Facial Droop
- Weakness
- Paralysis
- Loss of Sensation
- Muscle Spasms

(Turkel, 2003)

Strangulation Other Physiological Medical Consequences

- Internal injuries
- Orthopedic injuries
- Laryngotracheal injuries
- Digestive track injuries
- Vascular injuries

(Strack, et al., 2014)

Strangulation Medical Consequences

■ Neurological Disorders

- Brain injury
- Dizziness
- Memory loss
- Tinnitus
- Left or right side weakness
- Paralysis
- Headaches
- Lightheadedness
- Sensory deficits

Psychological Disorders

- Anxiety
- Depression
- Substance abuse
- Suicidal ideation
- Sleep disorders (insomnia, nightmares)
- Memory loss
- Personality change
- PTSD

(Turkel, 2005)

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Strangulation Delayed Medical Consequences

- Bleeding
- Airway swelling
- Internal artery damage (carotid dissection)
- Thrombosis
- Embolization
- Death

(Strack, Gwinn & Hawley, 2014)

CTA: CT Scan with Angiography



Readily available test in most emergency departments and is the best test to determine damage to carotid and vertebral arteries

Provided Courtesy of Burleson Police Department, Burleson, Texas

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Visible Injuries



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Petechiae

Area of
hemorrhage
from
pressure
into the
dermis



Petechiae



Provided Courtesy of Burleson Police Department, Burleson, Texas

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Petechiae

- Petechiae (top) are smooth and flat
- Acne (bottom) is usually raised or bumpy

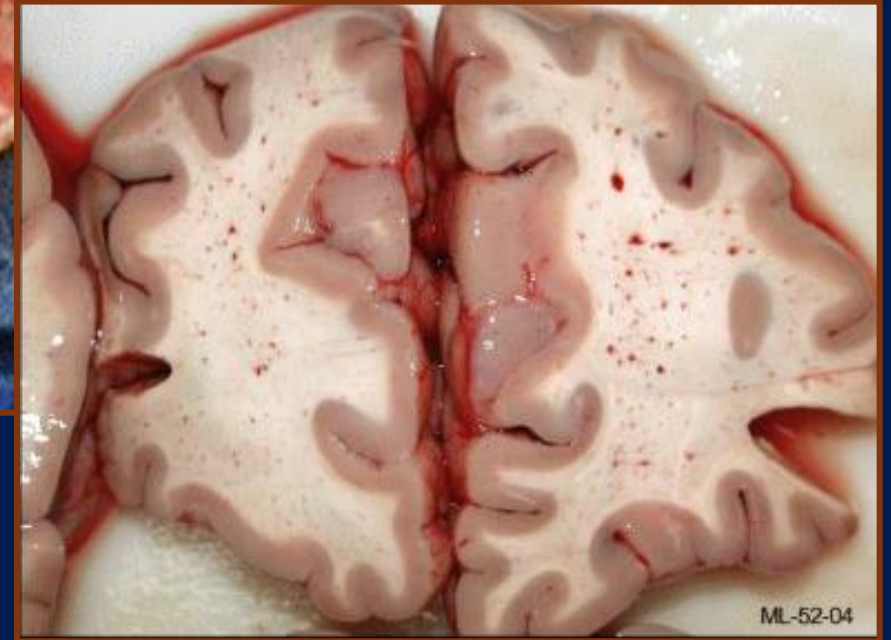
(Note the distinction)



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Petechiae on the Brain



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What if her
neck looked
like this?

Would you
still believe
her?

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Burlison Police Department, Burlison, Texas

Invisible Signs of Assault & Strangulation

- Change/Loss of Hearing
 - Auditory nerves impacted and may cause silence, muffled hearing, or ringing in ears (tinnitus)
- Ear Sensations
 - Ear popping, clogged, hot, ringing (tinnitus)
- Change/Loss of Vision
 - Optical nerves impacted and may cause blurred vision, spots, twinkling lights, inability to move eyes, tunnel or distorted vision
- Head Sensations
 - Hot head, big head or exploding head, unexplained bumps, headache, head rush
- Body/Mind Sensations
 - Weakness, limpness or floating, nausea, vomiting, fainting/light-headedness, disorientation, memory loss, “spaced out”

More Invisible Signs of Assault & Strangulation

- Breathing Changes
 - Typical laws do not demand total loss of breath, but breathing changes/impediment/difficulty like wheezing or shortness of breath
- Throat Changes
 - Throat pain, tightness, pain while eating, burning, or sensations associated with strep throat or coughing
- Voice Changes
 - Pain during speaking, raspy or hoarse, difficulty or inability to speak, whispering
- Swallowing Changes
 - Difficulty/pain while swallowing, tender neck, and back pain
- Memory Loss
 - Lapse of time, (e.g., woke up on the floor and did not know how they got there, etc.)

Strangulation Response – Resolutions and Ordinances

IACP Recommendations (Aug 2018)

- More training
- Use of specialized documentation forms
- Working in multi-disciplinary teams
- Utilizing risk assessment tools
- Charging strangulation cases as felonies when there is probable cause

(International Association of Chiefs of Police, 2018)

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State Law Example:

Texas Penal Code § 22.01(b)(2)(B)

In 2009, the Texas Legislature passed a new law-making Family Violence Strangulation or Suffocation a felony punishable by two to 10 years for the first offense and two to 20 years for subsequent convictions

- (B)...the offense is committed by intentionally, knowingly, or recklessly impeding the normal breathing or circulation of the blood of the person by applying pressure to the person's throat or neck or by blocking the person's nose or mouth
- In some instances, strangulation may still be charged as a misdemeanor or an aggravated assault, depending on the facts and circumstances of the offense (Texas Penal Code §22.01, n.d.)

Burleson, Texas's Innovative Strangulation Response

The City of Burleson, Texas, enacted the “Effective Response to Strangulation” Ordinance in 2018 that mandated specific first responder protocols in cases of **alleged** or **suspected** strangulation

- The Ordinance includes:
 1. a defined protocol for addressing strangulation
 2. training for first responders (police, fire, and EMS/paramedics)
 3. newly designed assessment instruments to improve the identification of IPV asphyxiation
 4. specific intervention strategies for strangulation across multiple agencies

(Effective Response to Strangulation CSO#781-02-2018, 2018)

Burleson Strangulation Ordinance Protocol

The Ordinance requires that a specific protocol be followed by first responders:

- a) When the act of strangulation is alleged or suspected within the city, the peace officer will summon emergency medical personnel to the scene to evaluate and render aid to the victim
- b) The peace officer will document emergency medical personnel's presence and role in the police report by including their name, identification number, employment agency and unit number

(Effective Response to Strangulation CSO#781-02-2018, 2018)

Burleson Strangulation Ordinance Protocol

- c) Peace officers shall provide the victim referral information to the appropriate support agency for assistance and document the referral in their police report
- d) Peace officers will thoroughly document the suspect's behavior, actions, and any comments made during the act of strangulation.
- e) When the act of strangulation is alleged or suspected within the city, peace officers shall utilize a checklist approved by the chief of police to help evaluate the situation and provide aid to the victim.
- f) When the act of strangulation is alleged or suspected within the city, emergency medical personnel shall conduct a medical evaluation and assessment to help evaluate the situation and provide aid to the victim

(Effective Response to Strangulation CSO#781-02-2018, 2018)

Implementing a Protocol

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Strangulation Protocol Working Group

- Form a working group of stakeholders to discuss local needs
- Set goals to address the strangulation problem and subproblems relevant to your jurisdiction
- To achieve goals, consider drafting a logic model to tie objectives, activities, and outputs to outcomes
- Determine if you will be implementing an ordinance, or a policy to direct the strangulation protocol
- Obtain strangulation training for key stakeholders
- Look at materials from a jurisdiction that has a protocol in place

Strangulation Task Force

Typically led by police chief, members should be from

- Law enforcement personnel
- Emergency medical personnel (EMP)
- Medical community personnel
- Victim services personnel (if available)
- Stakeholders from local domestic violence advocacy groups

Strangulation Task Force

Functions

- Aid and advise the police chief
- Aid and advise the fire chief
- Develop and implement checklists
- Develop and implement questionnaires
- Develop and implement an education training program for:
 - Law enforcement officers
 - Emergency medical personnel (EMP)
 - Dispatch
 - Other first responders encountering strangulation

Strangulation Task Force Discussion

- Break into small groups to discuss how a strangulation task force might be implemented in your jurisdiction

Police & Other First Responders Strangulation Response & Assessment

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District or County Attorneys

- Must agree to use an approved family violence packet and strangulation protocol worksheet as evidence

Example of a Strangulation 911 Call (1:09)



Alliance for Hope International (2018, Mar 2). 911 Do you need a paramedic [Audio]. YouTube. Retrieved May 8, 2024, from <https://www.youtube.com/watch?v=sp2LajSrlqs>

(Alliance for Hope International, n.d.)
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First Responders (Dispatch)

- Often a strangulation victim will mention to a dispatcher that they have been “choked” or strangled
- Some victims appear out of breath or have raspy voices
- Information indicating a suspected strangulation should be conveyed to the first responding officer so that they can initiate the EMP response if they determine that strangulation or suspected strangulation has occurred

First Responders (Dispatch)

- Ask victim if they had pressure placed against neck or face by any means
- Ask if anyone prevented them from breathing, talking, or calling for help
- Ask about current and prior pain or discomfort
- Ask about vocal changes
- Ask about hearing or visual changes
- Ask if they have difficulty speaking or talking now
- Ask if they felt dizzy or faint

First Responders (EMP)

- Emergency Medical Personnel (EMP) will render aid to the victim
- EMP will advise the victim of the appropriate next steps to ensure the health, safety and welfare of the victim are conveyed
- EMP will document the details of the assault, including victim comments
- The EMPs will complete their form entitled “Strangulation Protocol Worksheet” or other form as prescribed by their department

Forensic Nurse Evaluation

- Strangulation victims who are in acute distress, have altered mental states or other medical complications should be referred to an ED (Emergency Department)
- Victims typically are referred to an ED prior to assessment by a forensic nurse
- Typically a forensic nurse evaluation can occur up to 5 days post assault

First Responders (Police)

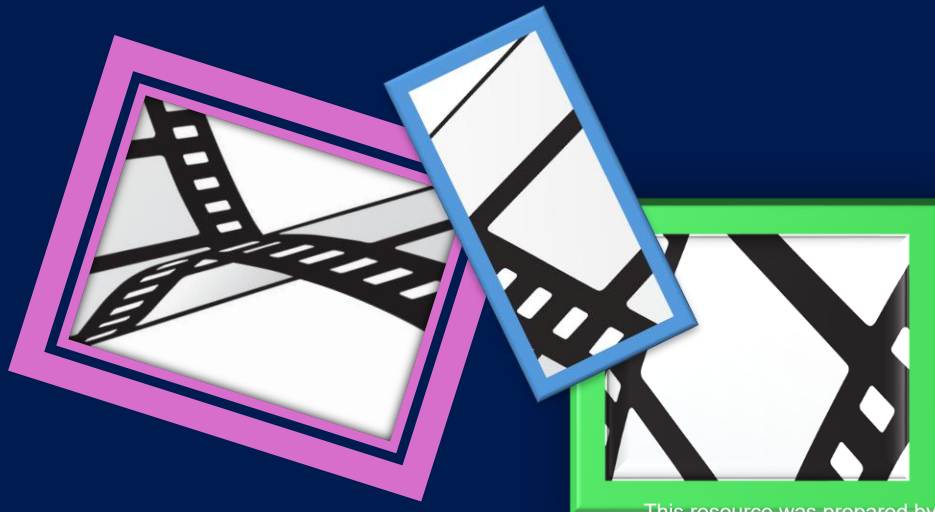
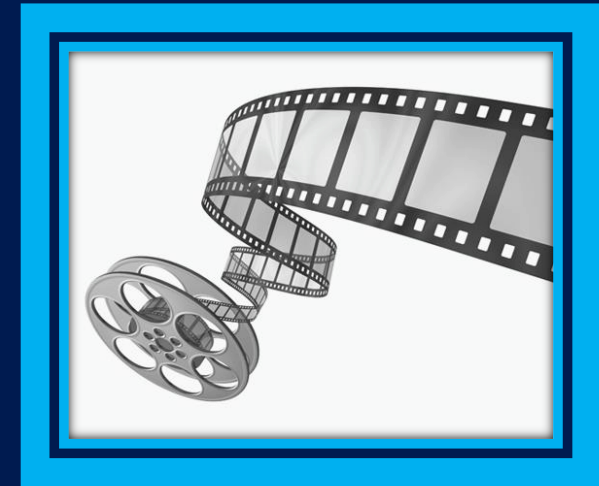
- Officers will complete family violence packets for ALL intimate partner violence cases
- If a law enforcement officer determines that an act of strangulation has occurred within the last 7 days, they should request that emergency medical personnel (EMP) (e.g., Fire Department, Ambulance) respond to the scene to assess the strangulation victim
- Note: if victims have changed clothes, they could have urinated or defecated during the incident
 - The original clothing should be collected as evidence

Interviewing the Traumatized Brain

Start with What They Can Give You

Normal Brain

- We went out for dinner
- Then went to a friend's house for a party
- Then we got into an argument on the way home
- When we got home he kept punching the left side of my head with his right fist, saying, "Don't ever f**'in flirt with another guy again!"



Traumatized Brain

- My head hurts
- I ate strawberry birthday cake
- He wouldn't stop

Use Mirroring Statements

- **Using mirroring statements to identify if and what offense occurred**
- If the victim stated they were hit three times in the face, respond with “To confirm, you stated you were hit three times in the face?” Have them verbally confirm this or nod “yes” or “no” if they cannot speak
- In cases where the victim claims they were assaulted, the officer shall also ask the victim to show on themselves how they were assaulted by acting it out
- e.g., Hit in Face: Ask the victim to show where on their face they were hit, whether it was with an open or closed hand, and how many times
- e.g., Impeding Breath: Ask the victim to show where and how on their neck, face, nose, other body areas the suspect strangled or impeded their breath



Strangulation Investigation

Officers should not...

- Push for a chronological account of what occurred
- Ask victim blaming questions (“why did you...?” why didn’t you...?”).
- Use jargon; acronyms; or police, medical, or legal terms

Officers should...

- Express understanding, display patience, and provide respect for the victim, and attempt to establish trust and rapport
- Display professional conduct at all times.
- Be an impartial fact finder

- Remember that victims may struggle with gaps in memory
- Ask open-ended questions that invite a narrative response
- Work closely and patiently with the victim to ensure that all details are captured correctly
- Ask anyone at the scene about signs and symptoms of injuries, including those that may be concealed by clothing or otherwise not readily apparent including internal and external injuries due to strangulation or attempted strangulation
- **If there is indication that strangulation occurred, EMP should be summoned**

Strangulation Investigation

Officers should...

- If the accused has been arrested or detained using handcuffs prior to the interview, the *Miranda* warning must be given prior to questioning
- If the accused has fled the scene, obtain a description and a picture (if available) and solicit information as to the possible whereabouts of the accused
- Obtain information about previous incidents, including frequency and severity
- Ask about any acts of intimidation that may have occurred, during this incident or any previous incidence, that were intended to prevent the victim from calling the police or seeking other assistance
- Ask the victim about any stalking behaviors
- Document objects or items given to the victim by the suspect, or any unwanted contact that made the victim feel frightened or threatened
- Document any healing or old injuries
- Ensure that photographs are taken of the victim, as well as of the suspect, **whether or not there are visible injuries**
- Collect, preserve, and document all physical evidence to support prosecution, including evidence substantiating the victim's injuries, evidentiary articles that substantiate the attack (weapons, torn clothing, pulled out hair, etc.), and evidence recording the crime scene (including any property damage, vandalism, etc.)
- Complaints of pain, whether or not injuries are visible, should also be documented

Strangulation Investigation

Officers *should*...

- Assess for and document all actual and suspected incidents of violence including physical and sexual abuse, elder or child abuse
- Provide examples of subtle forms of intimidation, such as specific body language or gestures, contact through a third party or social media, or sending unwanted gifts, and a safe way for the victim to contact law enforcement. Ensure the victim is aware that intimidation can come from the suspect or others
- If witnesses provide information about prior incidents, the officer should document the information to establish a pattern
- Document any statements the victim may have made to friends, family, neighbors, or others about this or any prior incidents in the report and those witnesses interviewed for statements

- Officers should follow any existing department danger or lethality assessment protocols and procedures.

Plan for follow-up:

- Offer to contact a local advocate to provide support to the victim as available and provide a list of current contact information for local intimate partner violence victim advocacy organizations
- As part of a community-coordinated response, work with local support agencies to develop these resources if you do not have them already
- Ask the victim where they will be staying and alternate points of contact [including E-mail address]
 - This information will be important to officers as well as prosecutors

Strangulation Investigation

- Complete a thorough and detailed report
- Avoid inserting the following into the report:
 - officer's own opinions
 - Bias
 - judgments regarding the incident and parties involved

Ensure the following elements are objectively documented in a report:

1. How the case was received
2. Time of call (including time of incident, dispatch, and arrival)
3. Observations upon approach including demeanor of victim(s), suspect, and witnesses
4. Relationship of the parties involved
5. History of the relationship
6. Visible injuries to parties on scene, new and existing
7. Complaints of pain and non-visible injuries
8. Signs and symptoms of strangulation
9. Whether or not medical attention was requested
10. Current or past protection orders
11. Previous incidents

Strangulation Investigation

12. Prior calls to the location involving the suspect
13. Description of the scene
14. Property damage
15. Statements by the victim, the suspect, and all witnesses including children
16. Firearms or weapons on the scene
17. Firearms or weapons to which the suspect has access
18. Details on all collected evidence
19. Probation or parole status of and active warrants for victim or suspect
20. Information on co-occurring crimes such as stalking, sexual abuse, strangulation, property damage, and others
21. Details of any children present, including names, sex, date of birth, and address where they usually reside, as well as the name of any other parent or relative with whom they usually reside
22. All threats and intimidation tactics by suspect
23. Threats or harm to pets or evidence of animal abuse
24. Arrest decisions including detailed reasoning if an arrest was not made
25. 25. Details if the suspect was not on the scene/get photo

(Strack, 2017)

Detectives

- Detectives assigned a case that contains an act of strangulation shall ensure the elements of the offense are present and documented in accordance with this ordinance
- Detectives may need to request fire and medical reports for the strangulation victim as appropriate
- Victims often will seek medical attention on their own before or after reporting a strangulation, any documentation related to those visits should also be obtained

Detectives

- Treat cases as if they were homicide investigations
 - Ask about assault with a weapon
 - Ask about aggravated assault
 - Ask about strangulation of a partner/family member/child
 - Ask about prior misdemeanor domestic violence incidents
 - Ask about other related crimes

Detectives – Interviewing Victims

- Start with what the victim gives you but realize may make it difficult for the victim to recount the incident linearly
- Using mirroring statements will assist in identifying if and what offense occurred
- Trauma affects the limbic system of the brain which controls speech, so victims may not be able to talk about the strangulation immediately or the accounts may be disjointed

Detectives – Interviewing Victims

- Routinely ask every abused victim, “Did [the suspect] strangle you?”
- Did [the suspect] put their hands around your neck?
- How did they do it?
 - Hands (one or two)?
 - Object? What object?
- Have them demonstrate it:
 - Use an imaginary person or stand in
 - Capture demonstration on video or photograph

Detectives – Interviewing Victims

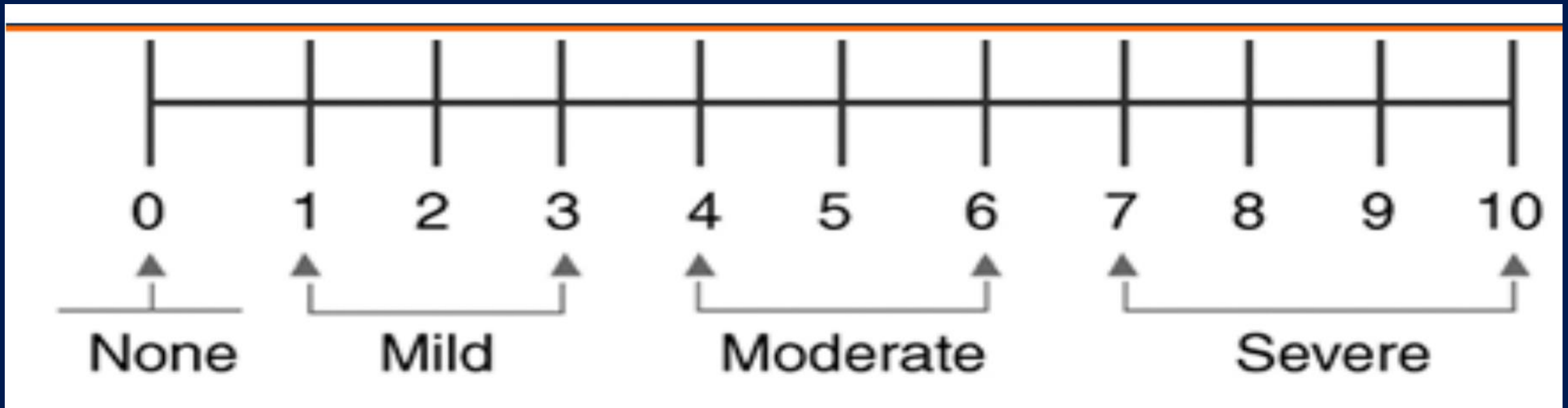
- How long did [the suspect] strangle you?
- How hard did [the suspect] grab your throat?
- Were you simultaneously shaken while being strangled?
 - If so, How much shaking?
- Could you breathe, or were you having difficulty breathing?
- What made them stop strangling you?

Loss of Consciousness

- If the victim cannot remember what happened at all, they likely lost consciousness
- If they lost consciousness, they likely suffered an anoxic brain injury
 - Loss of vision
 - Inability to account for events, explain change in location, or uncertainty regarding how injuries occurred
- Evidence of strangulation may provide the evidence necessary to negate consent in sexual assault cases
- If they urinated or defecated, then it was a near-fatal strangulation assault (Higher level of offense)

Detectives – Interviewing Victims

- Ask the victim - On a scale of 1-10, how hard was the pressure?



Detectives – Interviewing Victims

- Ask the victim – What were you thinking about?



Arrest

Decision to arrest should be based on:

- Injuries (both visible and reported)
- Prior history of FV calls or assaults
- Obvious fear by victim (document)
- Physical and Non-Physical indicators of strangulation

Strangulation Documentation

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Strangulation Documentation

- The following are noted:
 - Family Violence Packets which include Strangulation questions and collection of Strangulation Worksheets by medics who respond provide additional evidentiary documentation in strangulation cases
 - Documentation of physical evidence on scene
 - Documentation of victim injuries and behaviors
 - Photography is critical
 - Audio recordings (if allowable by law) such as 911 calls, body camera footage, or taped interviews with victim, may document raspy voice or difficulty swallowing

Family Violence Packets

- Typical packets could include:
 - Information about victim/offender relationship and length
 - Danger/lethality assessment
 - Strangulation signs and symptoms evaluation
 - Description of the incident
 - Information about weapons (use, type, seized, access to)
 - Victim/suspect charts to denote injuries
 - Info about medical attention (victim and suspect)
 - Demeanor of parties
 - Witnesses
 - Children on scene
 - Additional strangulation evaluation questions
 - Place to record fire and/or ambulance response

EMP Personnel Strangulation Worksheets

Strangulation Non-Visible Injury Assessment

Did the patient experience a loss of consciousness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient complain of neck pain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient have evidence of a raspy voice, hoarse voice, cough, or inability to speak?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient have evidence of involuntary urination or defecation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long was the patient unconscious?	_____	
Is the patient experiencing a change in mental status (disoriented, combative, memory loss, spaced out)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the patient experiencing dizziness or a fainting/light headed feeling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the patient experiencing headache, head “rush” or ears ringing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the patient experiencing nausea or vomiting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the patient experiencing pain? If so, rate 1-10 with 10 being most extreme.	1-10	_____
Is the patient showing evidence of difficulty breathing, unable to breath, or hyperventilation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMP Personnel Strangulation Worksheets

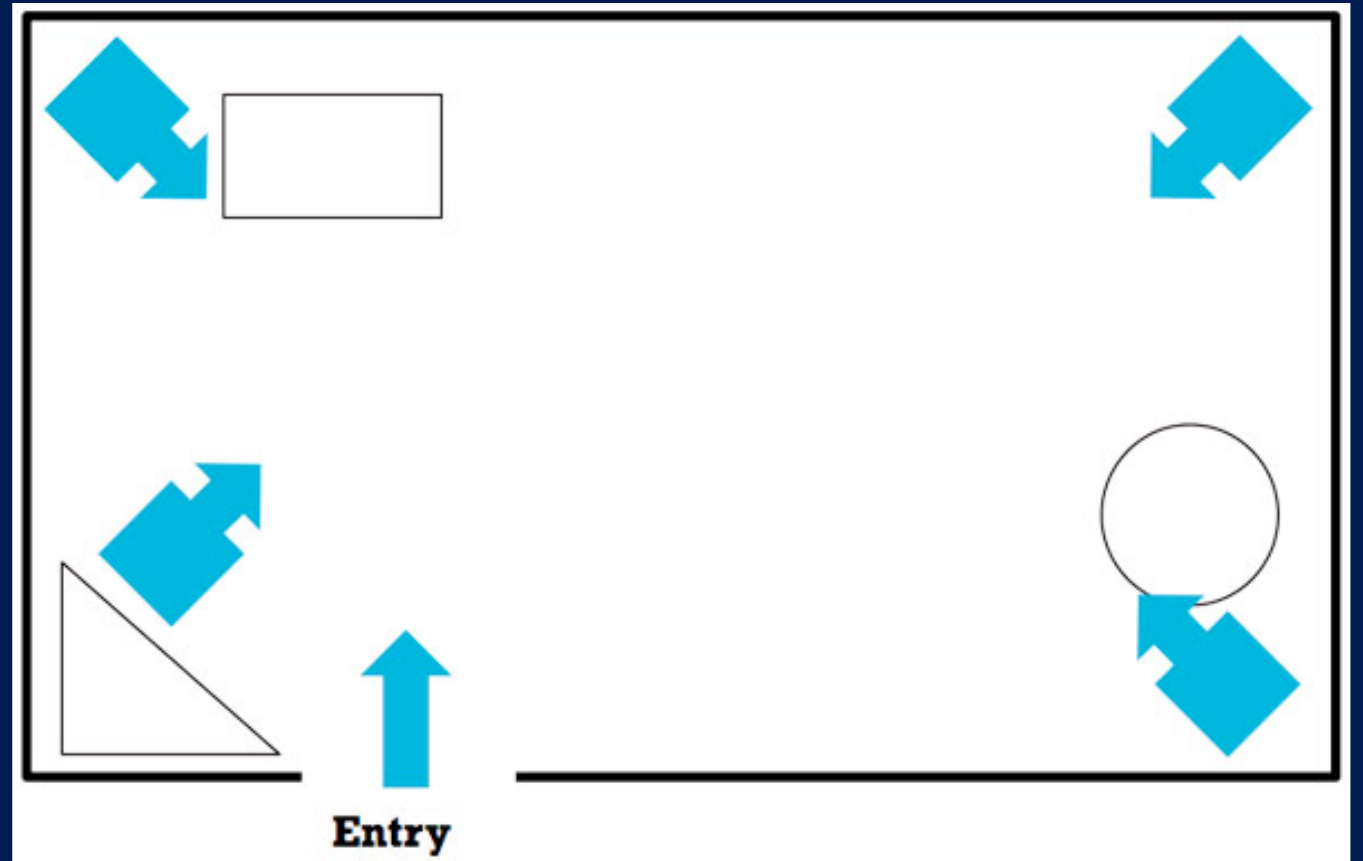
Strangulation Visible Injury Assessment

Does the patient have any existing / old injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient have Petechiae (pinpoint red spots above the area of constriction)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient show evidence of swollen tongue or lips?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any evidence of a bloody nose or broken nose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any evidence of skull fracture or concussion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any evidence of fingernail impressions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any evidence of hemorrhaging or bruising?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any evidence of pulled / missing hair, or bumps on the head?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any evidence of scratch marks, scrapes, or abrasions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any swelling of the neck or face?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Photographs

Photograph the entire scene starting with the entry

- Every corner
- Specific items of interest



Photographs



- When photographing victims, take full 360 degree images
- The more photos, the better
- Digital photography allows for unlimited images
- Take photo even if no injuries are visible

Importance of Follow-up

Officer follow-up with victims may reveal:

- New symptoms of injury or new visible injuries
- A victim who is in need of medical attention
- New evidence to support the case

Case Study

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Strangulation Scenario Video (11:08)



Take notes on this video for upcoming activity

Strangulation Scenario Questions

- What do you think were the key parts of Tara's Story?
 - What do we know about the relationship?
 - What was she thinking during the strangulation?
 - What were her feelings/thoughts towards first responders?
 - Long-term impact?

Strangulation Scenario Group Activity

- Knowing what you do now about strangulation, how could an *advocate* have helped Tara?
 - On-scene
 - In the days following the assault
 - During prosecution
 - Long-term

Strangulation Scenario Group Activity

- Knowing what you do now about strangulation, how could an **EMP First Responder** have helped Tara?
 - On-scene
 - In the days following the assault
 - During prosecution
 - Long-term

Strangulation Group Activity

- Knowing what you do now about strangulation, how could a **Law Enforcement First Responder** have helped Tara?
 - On-scene
 - In the days following the assault
 - During prosecution
 - Long-term

Review & Course Evaluation

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Strangulation Recap

- Chokeholds and headlocks **ARE** strangulation
- Strangulation injuries can be non-visible or minor
- Victims who were unconscious may not realize they were unconscious
- Even if a victim could speak during a strangulation, circulation is still impeded

Any Questions?

Additional Training & Resources



Training Institute on Strangulation Prevention

- <https://www.strangulationtraininginstitute.com/training/>

Resources

- <https://www.strangulationtraininginstitute.com/resources/>

Couse Assessment & Evaluation

- Training providers are responsible for assessing and documenting student mastery of all objectives in this course
- Training providers are responsible for their own course evaluations

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Appendix

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IACP Resolution

- WHEREAS, strangulation is an indicator of the escalation of violence and associated with increased risk of serious injury and/or death in cases of intimate partner violence^{1,2,3} and
- WHEREAS, strangulation has been identified as one of the most lethal forms of domestic violence and sexual assault.⁴ and is used to exert power over a victim by taking from them control of their own body;⁵ and
- WHEREAS, when strangled, unconsciousness and anoxic brain injury may occur within seconds and death within minutes; and
- WHEREAS, oftentimes, even in fatal cases, there is no external evidence of injury from strangulation, yet because of underlying brain damage due to the lack of oxygen during the strangulation assault, victims may have serious internal injuries or die days or even weeks, later; and

IACP Resolution

- WHEREAS, many first responders lack specialized training to identify the signs and symptoms of strangulation and often focus on visible, obvious injuries like stab wounds or contusions. This lack of training has led to the minimization of this type of violence, exposing victims to potential serious short- and long-term health consequences, permanent brain damage, and increased likelihood of death; and
- WHEREAS, there is a need to develop more experts in the field of strangulation and to use those experts in court proceedings to educate juries and judges so that they understand the signs and symptoms associated with this crime, and the severity of this crime,⁶ and
- WHEREAS, some jurisdictions nationwide have taken legislative measures to address the brutality and lethality of strangulation assaults, many states, to date, still do not adequately address strangulation in their law enforcement training and/or criminal statutes, underestimating the significance of the act of strangulation and potential lethality,^{7,8} and

IACP Resolution

- WHEREAS, lacking specific legislation and specialized training, many near-fatal strangulation cases are prosecuted as misdemeanors crimes. However, given the lethality of strangulation, offenders should be held accountable with a penalty that is commensurate with the nature of their crimes which is the equivalent of attempted homicide or serious felonious assault,^{9,10} now, therefore be it
- RESOLVED, that the International Association of Chiefs of Police assembled at its 121st Annual Conference in Orlando, Florida, supports statutes and legislation that hold perpetrators accountable for the potentially lethal strangulation assaults, and, be it
- FURTHER RESOLVED, that the International Association of Chiefs of Police supports training efforts, documentation forms and processes, and multidisciplinary partnerships for law enforcement that specifically address the occurrence, signs, symptoms, effective investigation, and the increased lethality of the power and control dynamics of strangulation assaults in cases of domestic and sexual violence.

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Burleson Strangulation Ordinance p. 1

CSO#781-02-2018

ORDINANCE NO. _____

AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF BURLESON, TEXAS, CREATING ARTICLE XI, "EFFECTIVE RESPONSE TO STRANGULATION", OF CHAPTER 54, "MISCELLANEOUS OFFENSES"; PROVIDING A CUMULATIVE CLAUSE; PROVIDING A SEVERABILITY CLAUSE; PROVIDING A SAVINGS CLAUSE; PROVIDING FOR PUBLICATION; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City of Burleson, Texas is a home rule city acting under its charter adopted by the electorate pursuant to Article XI, Section 5 of the Texas Constitution and Chapter 9 of the Local Government Code; and

WHEREAS, strangulation is an indicator of the escalation of violence and associated with increased risk of serious injury and/or death in cases of intimate partner violence; and

WHEREAS, strangulation has been identified as one of the most lethal forms of domestic violence and sexual assault; and used to exert power over a victim by taking from them control of their own body; and

WHEREAS, intimate partners who have a history of strangulation pose a greater risk to their victim and society at-large; and

WHEREAS, when strangled, unconsciousness and anoxic brain injury may occur within seconds and death within minutes; and

WHEREAS, oftentimes, even in fatal cases, there is no external evidence of injury from strangulation, yet because of underlying brain damage due to the lack of oxygen during strangulation assault, victims may have serious internal injuries or die days, or even weeks, later; and

WHEREAS, many first responders lack the specialized training to identify the signs and symptoms of strangulation and often focus on visible, obvious injuries like stab wounds, or contusions; and

WHEREAS, this lack of training has led to the minimization of this type of violence, exposing victims to potential serious short-term and long-term health consequences, permanent brain damage, and increased likelihood of death; and

WHEREAS, there is a need to develop more experts in the field of strangulation and to use those experts in court proceedings to educate juries and judges so they understand the signs and symptoms associated with this crime, and the severity of this crime; and

WHEREAS, some jurisdictions and nationwide have taken legislative measures to address the brutality and lethality of strangulation assaults, many states, to date, still do not adequately

not

necessarily reflect the official position or policies of the U.S. Department of Justice.

Burleson Strangulation Ordinance p. 2

Page 2 of 5

address strangulation in their law enforcement training and/or criminal statutes, underestimating the significance of the act of strangulation and potential lethality; and

WHEREAS, lacking specific legislation and specialized training, many near-fatal strangulation cases are only prosecuted as misdemeanor crimes; and

WHEREAS, given the lethality of strangulation, offenders should be held accountable with a penalty that is commensurate with the nature of their crimes which is equivalent of attempted homicide or serious felony assault; and

WHEREAS, the International Association of Chiefs of Police assembled at its 121st Annual Conference in Orlando, Florida, supports statutes and legislation that hold perpetrators accountable for the potentially lethal strangulation assaults; and

WHEREAS, the City Council hereby finds and determines that the regulations set forth herein are in the best interest of the public and are adopted in furtherance of the public health, safety, morals, and general welfare.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF BURLESON, TEXAS:

SECTION 1. ADOPTION

That Article XI, "Effective Response to Strangulation", of Chapter 54 of the Code of Ordinances of the City of Burleson is hereby adopted to read as follows:

ARTICLE XI. EFFECTIVE RESPONSE TO STRANGULATION

Section 54-180. GENERAL PURPOSE OF ORDINANCE.

It is the purpose of this Ordinance to protect victims whose health, safety, and welfare may be jeopardized through exposure to violence by means of strangulation.

Section 54-181. DEFINITIONS.

For the purposes of this Article, the following words and phrases shall have the meanings respectively ascribed to them by this section:

- (1) Chief of Police. Chief of Police means the chief of police of the city.
- (2) Family Violence. Family Violence means "Family Violence" as defined in Texas Family Code § 71.004.
- (3) Fire Chief. Fire Chief means the fire chief of the city.

Burleson Strangulation Ordinance p. 3

Page 3 of 5

- (4) Emergency Medical Personnel. Emergency Medical Personnel means a firefighter, emergency medical technician, or emergency care attendant that provides first response to requests for emergency medical services and provides immediate on-scene care to ill or injured persons, while acting in his or her official capacity, and is employed by or contracted by the city or a separate governmental entity that has entered into an inter-local agreement with the city to provide such services.
- (5) Peace Officer. Peace Officer means a "Peace Officer" as defined in Texas Code of Criminal Procedure Article 2.12 that is employed by the city and acting in his or her official capacity.
- (6) Strangulation. Strangulation means impeding the normal breathing or circulation of the blood of the person by applying pressure to the person's throat or neck or by blocking the person's nose or mouth.

Section 54-182. PROTOCOL FOR RESPONDING TO AN ACCUSATION OF STRANGULATION.

- (a) When the act of strangulation is alleged or suspected within the city, the peace officer will summon emergency medical personnel to the scene to evaluate and render aid to the victim.
- (b) The peace officer will document emergency medical personnel's presence and role in the police report by including their name, identification number, employment agency and unit number.
- (c) Peace officers shall provide the victim referral information to the appropriate support agency for assistance and document the referral in their police report.
- (d) Peace officers will thoroughly document the suspect's behavior, actions, and any comments made during the act of strangulation.
- (e) When the act of strangulation is alleged or suspected within the city, peace officers shall utilize a checklist approved by the Chief of Police to help evaluate the situation and provide aid to the victim.
- (f) When the act of strangulation is alleged or suspected within the city, emergency medical personnel shall conduct a medical evaluation and assessment to help evaluate the situation and provide aid to the victim.

Section 54-183. STRANGULATION TASK FORCE.

The Chief of Police shall designate a strangulation task force (STF) consisting of members from law enforcement, emergency medical personnel, medical community personnel, advocate representatives, and any other members deemed appropriate by the Chief of Police. The STF

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shall aid and advise the Chief of Police and Fire Chief in developing and implementing checklists, questionnaires, and an education training program for peace officers, emergency medical personnel, and other first responders encountering strangulation scenarios.

Section 54-184. PENALTY.

Any violator of this article may be punished by administrative means by the city manager or the city manager's designee in their discretion. A violation of this article is not subject to the penalties outlined in Section 1-14 of this code. The imposition of the penalty provided in this section is not a criminal conviction and may not be considered a conviction for any purpose. The penalty provided in this section shall be cumulative of other remedies provided by state law.

Sections 54-185 – 54-189. - RESERVED.

SECTION 2. FINDINGS OF FACT

The above and foregoing recitals are hereby found to be true and correct and are incorporated herein as findings of fact.

SECTION 3. CUMULATIVE CLAUSE

This ordinance shall be cumulative of all provisions of ordinances and of the Code of Ordinances of the City of Burleson, Texas, as amended, except where the provisions of this ordinance are in direct conflict with the provisions of such ordinances and such Code, in which event the conflicting provisions of such ordinances and such Code are hereby repealed.

SECTION 4. SEVERABILITY CLAUSE

It is hereby declared to be the intention of the city council that the phrases, clauses, sentences, paragraphs and sections of this ordinance are severable and if any phrase, clause, sentence, paragraph or section of this ordinance shall be declared unconstitutional by the valid judgment or decree of any court of competent jurisdiction, such unconstitutionality shall not affect any of the remaining phrases, clauses, sentences, paragraphs and sections of this ordinance, since the same would have been enacted by the city council without the incorporation in its ordinance of any such unconstitutional phrase, clause, sentence, paragraph or section.

SECTION 5. SAVINGS CLAUSE

All rights and remedies of the City of Burleson are expressly saved as to any and all violations of the provisions of the Burleson City Code of Ordinances that have accrued at the time of the effective date of this ordinance; and, as to such accrued violations and all pending litigation, both

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civil and criminal, whether pending in court or not, under such ordinances, same shall not be affected by this ordinance but may be prosecuted until final disposition by the courts.

SECTION 6. PUBLICATION CLAUSE

The City Secretary of the City of Burleson is hereby directed to give notice of the passage of this ordinance by causing the caption or title and penalty clause of this ordinance to be published as required by Section 36 of the Charter of the City of Burleson.

SECTION 7. EFFECTIVE DATE

This Ordinance shall be in full force and effect sixty (60) days after its publication as provided by law.


AND IT IS SO ORDAINED.

PASSED AND APPROVED THIS 19th DAY OF February, 2018.



MAYOR

ATTEST:



CITY SECRETARY

