Strangulation

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Objectives & Goals

- Identify the neck anatomy involved in strangulation including Carotid Arteries, Jugular Veins, Trachea, Larynx, and Carotid Sinus
- Differentiate between the types of strangulation as well as strangulation and suffocation
- Explain the mechanism of strangulation
- Describe the pounds of pressure required to occlude blood vessels in the neck
- List at least five signs and symptoms of strangulation

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Lisa Tape

- Listen to the noise in the background
  - What kind of violence/fighting do you think is occurring?
  - Consider the effect this may have on the children.

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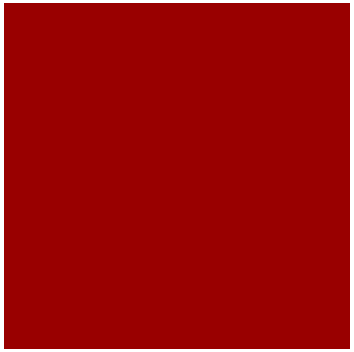
Minimization by Victims



- Victims may not understand the danger and may be reluctant to seek medical attention

- "He didn't really choke me, he just had me in a headlock and I couldn't breathe."

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Minimization by Criminal Justice System

- The lack of physical evidence causes both law enforcement and prosecutors to treat strangulation cases as minor incidents, like a slap to the face where only redness might appear
- It is common for the strangulation charge to be dismissed in exchange for a conviction on another charge
- When a felony strangulation conviction is obtained the sentence is often shorter than allowed under the statue
- Need expert witness to explain strangulation to the jury, otherwise they don't understand the potential lethality

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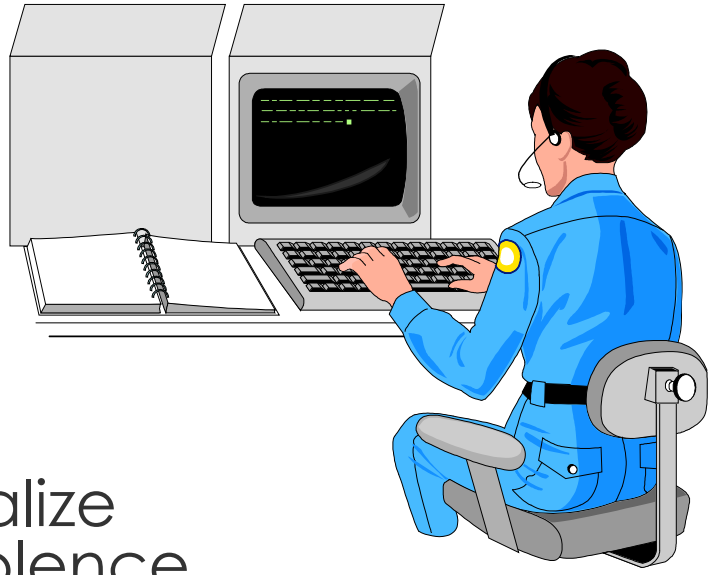
Minimization by Healthcare Professionals

- Missed by healthcare professionals because of lack of visible injury , no physical findings
- Symptoms misinterpreted as being intoxicated or “difficult patient”



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

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Strangulation Statistics

- **31%** of women report some IPV in their lifetimes
- Intimate partner - usually is the assailant
- Most common location is in the home
- **68%** of DV victims have been strangled
  - 1.5 million women per year are strangled
  - 85% of victims are female
- Strangulation does not occur until 3-5 years into the relationship

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Strangulation Statistics

- Strangulation is one of the most lethal forms of abuse
  - Ultimate form of power and control
  - Demonstrates power over victim's next breath
  - Can have devastating psychological effects or potentially fatally outcome
  - Indicator of escalating violence and potentially homicide
    - **60 %** of women seeking an OFP had been strangled
    - **87%** of victims had been threatened with death

- **Surviving victims of strangulation are 800% more likely of becoming a homicide victim.**
  (Glass, et al, 2008).

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Strangulation, IPV, & Sexual Assault

- At least 50% of IPV cases include sexual assault
- At least 25% of IPV cases include strangulation
- At least 25% of all sexual assault cases include strangulation
- 64-96% of rapes ***never reported***
- Nearly 90% of reported rapes ***never prosecuted***
- It's difficult for victims to talk about sexual assault and it's difficult for professionals to ask

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Factors to Consider:
Most Victims are Repeatedly Strangled

Victims who sustain multiple strangulation events have increased frequency of:

Dizziness

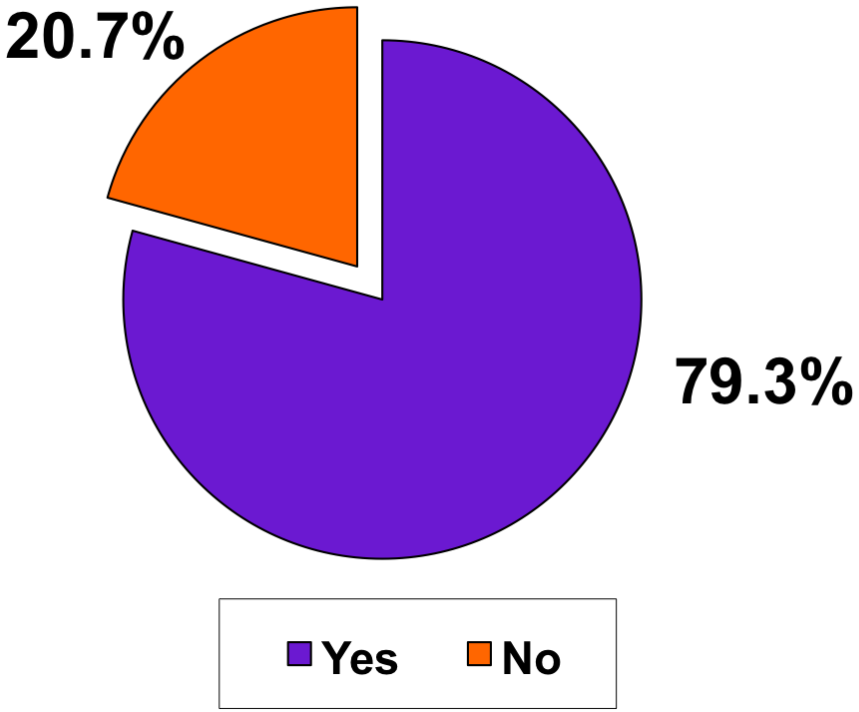
Memory loss

Nightmares

Tinnitus

Unilateral weakness

(Wilbur 2002)



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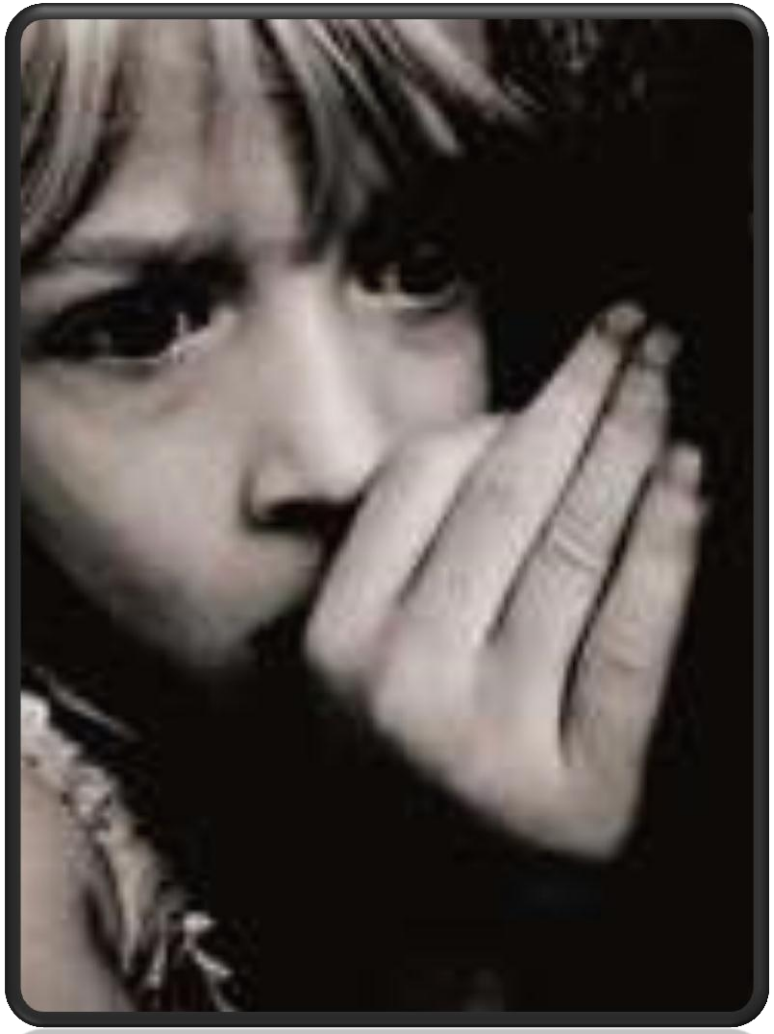
Collateral Victims



- 70% of Domestic Violence calls have children present in the home
- Young boys who are physically abused are **3 X** more likely to become a violent offender later in life.
- Young boys who witness DV in the home are **6 X** more likely to become a violent offender later in life.
- Children witness 50% of all strangulation incidents

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Minnesota

- 2005 State statute strangulation became a felony
  - 10 minutes after the law went into effect a Sterns County man was arrested and charged with strangulation**
- "Strangulation" means intentionally **impeding normal breathing** or **circulation of the blood** by applying pressure on the throat or neck or by blocking the nose or mouth of another person.
- Unless a greater penalty is provided elsewhere, whoever assaults a family or household member by strangulation is guilty of a felony and may be sentenced to imprisonment for not more than three years or to payment of a fine of not more than $5,000, or both.

- *Violence Policy Center 2012 UCR
  ** Watch Study 2007

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16 women were murdered from domestic violence in Minnesota in 2014

- 3 were strangled to death

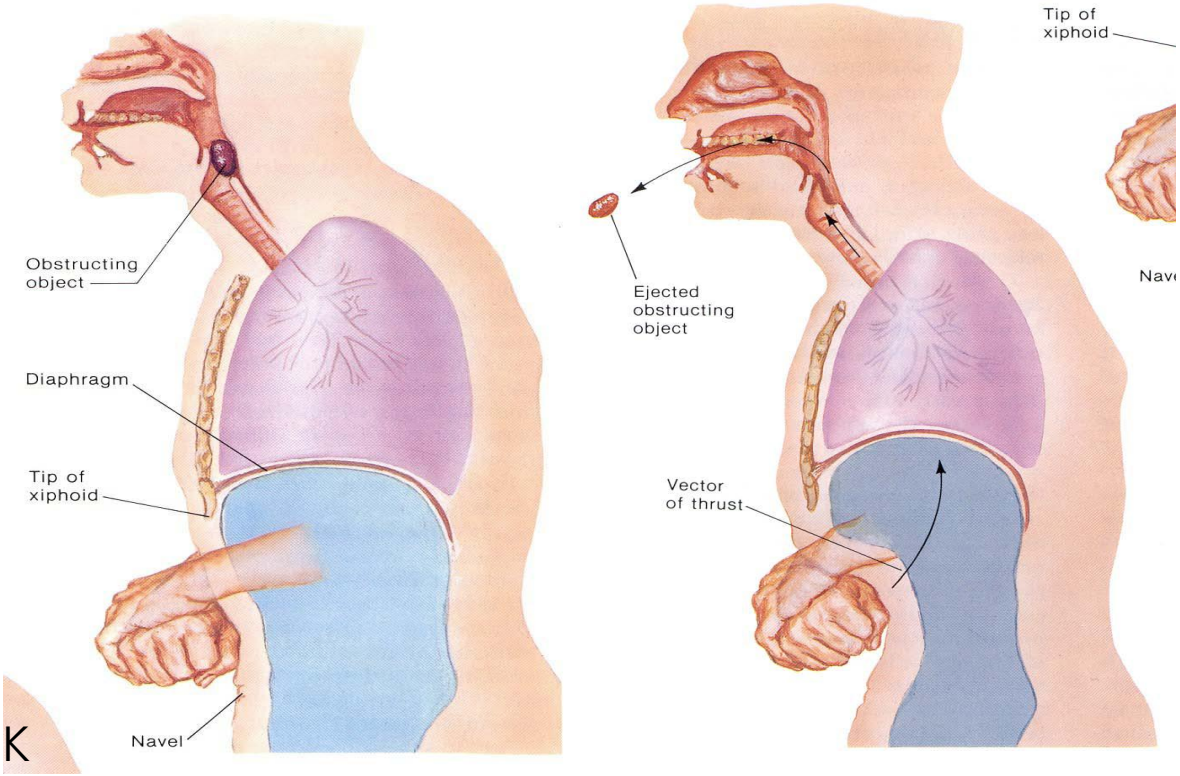
Kiela Gem
Knowles
Age 19
Park Rapids
February 23, 2014

Kelly Lund
Age 32
Menahga
July 12, 2014

Angel Lowe
Age 24
West St. Paul
August 10, 2014

What is Strangulation?

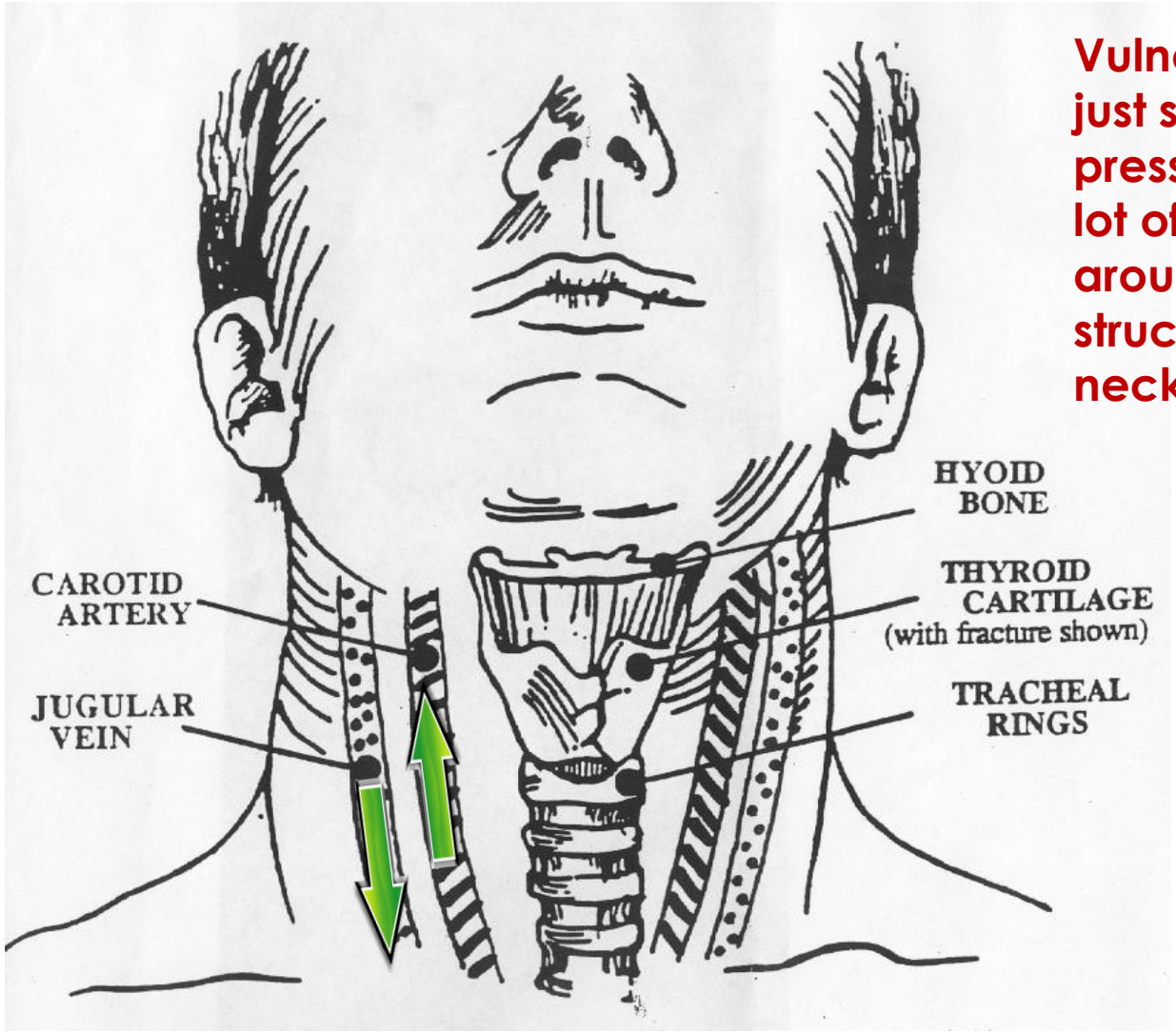
- Form of asphyxiation (lack of oxygen)
- Closure of blood vessels and/or air passages in the neck
- A victim may refer to it as "choking"



Neck Anatomy

Carotid Arteries: Major vessels that transport oxygenated blood from the heart to the brain

Jugular Veins: Major vessels that transport deoxygenated blood from the brain back to the heart



Vulnerable to just slight pressure, Not a lot of protection around the structures of the neck…

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Types of Strangulation

- Manual
  - Most common - 80%
  - One – 54% or two hands – 42%
  - Choke Hold
  - Manual self-strangulation is not possible
- Ligature
  - Accounts for 15%
- Hanging

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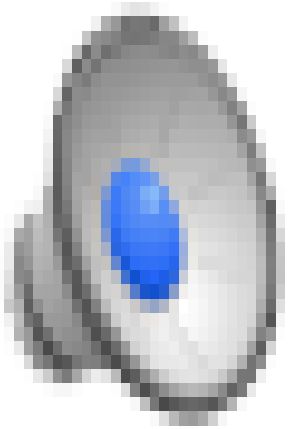
Less Than 8 Seconds…..

Have you ever seen someone rendered unconscious by strangulation?
How long did it take? What was their response/reaction?



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Unrecognized Consequences of IPV/Strangulation Offenders

- Men that strangle women are more likely to kill police officers, to kill children, and kill their partners.
- **80% of suspects in critical incidents**
  - Shot at or shot by a cop
  - Public record of IPV/Strangulation
  - Idaho
- **50% of officers killed over 10-year period**
  - Public record of IPV/Strangulation
  - California

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Lethality risk is linked to several simultaneous factors

Duration + **Quantity +** **Surface Area**

Medications + **Age +** **Victim Resistance**

= **Time to LOC**

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Occlusion of Vessels in Neck

- **Carotid artery occlusion**
  - Anterior Neck
  - **11 pounds** of pressure for ~10 seconds
- **Jugular vein occlusion**
  - Lateral Neck
  - **4 pounds** of pressure for several minutes
- **Fracture the Hyoid Bone**
  - **35-46 pounds** of pressure for
- **Trachea**
  - Anterior Mid-Neck
  - **34 pounds** of pressure

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Examples of Pounds of Pressure

- Handgun Trigger Pull
  - 6 pounds of pressure
- Opening a can of soda
  - 20 pounds of pressure
- Average adult male hand shake
  - 80-100 pounds of pressure
- Maximum adult male hand shake
  - 160-180 pounds of pressure

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Suffocation

- Obstructs oxygen from getting into the lungs
  - Covering face with hand or pillow intended to prevent victim from calling for help
  - Covering mouth and pinching nostrils to prevent victim from breathing
  - Forcing victim's face down into bed or floor to cause injury when victim is in a face-down position
  - Using plastic bag over head or duct tape across face

Sitting or straddling the victim's chest or abdomen preventing the chest wall from expanding to breathe is not suffocation, but can result in asphyxiation

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Injuries

- Most victims lack physical evidence of being strangled
- 50% - No visible injury
- 35% - Injuries were too minor to photograph
- 15% - Visible injuries - red marks, bruises
- 3% - Seek medical attention primarily due to persistent pain, voice changes, or trouble swallowing

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Physical Signs of Strangulation

- **Petechiae**
  - Tiny red spots (petechiae) – ruptured capillaries
    - Found in and around the eyes, anywhere on the face and neck
      - **Strangulation** – found above the area of constriction
      - **Suffocation** – found at or below area of restriction
  - Occurs when Jugular veins are occluded (blocking return of blood flow to the heart – it is trapped in the brain)
- **Blood red eyes**
  - Due to capillary rupture in the white portion of the eyes
  - May suggest a vigorous struggle or intermittent pressure

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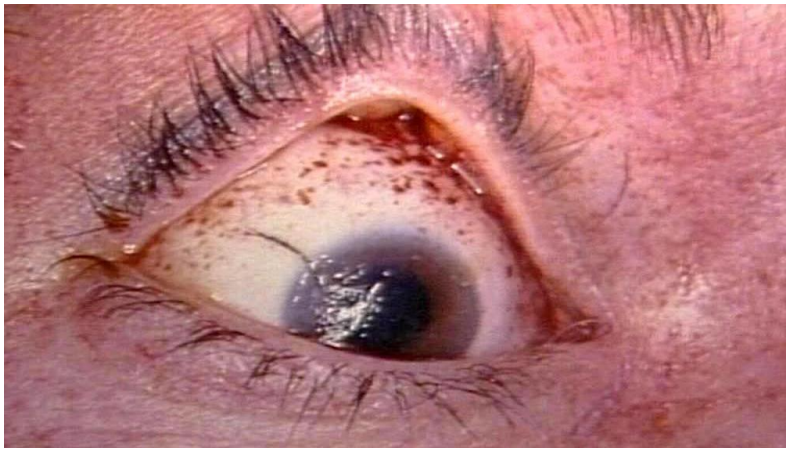

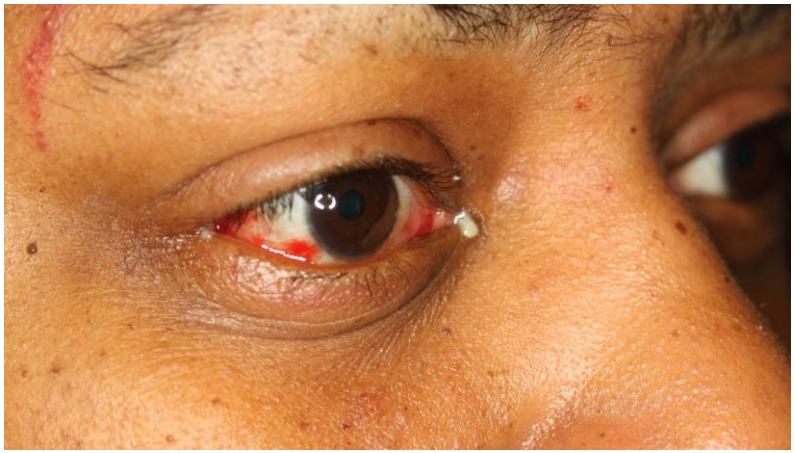

Physical Signs of Strangulation

- **Injuries on the Head**
  - **Face**
    - Abrasions
    - Red/flushed face
    - Florid petechiae
  - **Mouth**
  - **Lips**
  - **Chin**
    - Redness and/or bruises under chin
  - **Hair** pulling
  - **Head** banged or bumped

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Petechiae

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Physical Signs of Strangulation

- **Neck Injuries**
  - Bruises
  - Redness
  - Abrasions
  - Swelling
    - Internal bleeding
    - Injury of any of the underlying neck structures
    - Fracture of the larynx allowing air to escape into tissues of the neck

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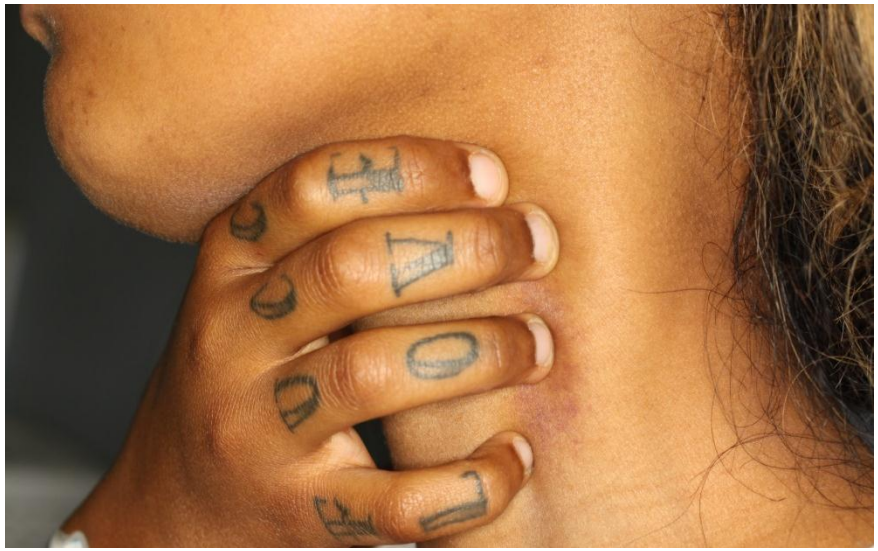
Examples of Injuries on the Neck



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Symptoms of Strangulation

- **Breathing Changes**
  - Difficulty breathing
  - Shortness of breath
  - Hyperventilation
    - May be symptomatic of an underlying neck injury
- Esophagus and nerves can be pushed against cervical spine
- Swelling occurs and can occlude the airway

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Symptoms of Strangulation

- **Voice Changes**
  - Raspy voice
  - Hoarse voice
  - Coughing
  - Unable to speak
- Voice changes are caused by damage to Left Recurrent Laryngeal Nerve
- Use camera video function to record vocal changes

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Symptoms of Strangulation

- **Swallowing Changes**
  - Trouble swallowing
  - Painful to swallow
  - Nausea/vomiting
  - Sore Throat
- Swallowing changes occur from compression of esophagus by the larynx
- And/or injury of the larynx cartilage and/or hyoid bone

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Symptoms of Strangulation

- **Auditory Changes**
  - Rushing sound
  - Ringing
  - Muffled

"Couldn't hear anything"

"It got quiet"

"Buzzing sound and ears felt like they were popping"

"Felt my face get hot and could hear a rushing sound in my ears"

"sounded like sound was coming through a can"

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Symptoms of Strangulation

- **Visual Changes**
  - Blurred vision
  - Tunnel vision
  - "Seeing spots"

"I saw stars, then white."

"I saw anger, madness and hatred in his eyes."

"He had the eyes of a demon. They were full of hate."

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Symptoms of Strangulation

- **GI**
  - Nausea/vomiting
- **Lung**
  - Pneumonia hours or days later
  - Aspiration pneumonitis
  - Pulmonary Edema
- **Pain**
  - Pain is often the only presenting complaint
  - Neck pain
  - 85% experienced level of pain at "5" or above

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Symptoms of Strangulation

- **Behavioral Changes**
  - Agitation
  - Amnesia
  - PTSD
  - Hallucinations
  - Combativeness
- Mental status changes - agitation/restlessness and combativeness due to temporary brain anoxia and/or severe stress reaction
- Amnesia - can't create memories when there is NO O2 to brain

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Symptoms of Strangulation

- **Neurological Changes**
  - Unconsciousness
    - Loss of memory
    - Standing then waking up on the floor
    - Unexplained bump on the head
  - Dizziness
  - Headaches
  - Fainted
  - Weakness one side of the body, eyelid droop

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Symptoms of Strangulation

- **Involuntary urination and defecation**
  Indicates severe strangulation

  - Sign of early organ failure –
    perpetrator kept pressure on neck past point of unconsciousness in order for it to occur

  - Involuntary urination – 8%
  - Involuntary defecation – 8%

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Injuries of the Suspect

- Pattern of injuries can help corroborate position of victim and suspect during assault
- Self-defense of victim is common……can be confusing to all (investigators, prosecutors, judges, and jurors) when the suspect is the one with injuries
  - Suspect may be the only one with injuries
  - Important to document statements from victim regarding injuring suspect (or a struggle during assault)
- Transfer of DNA evidence can help corroborate struggle as well as identify identity of suspect

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Defensive Wounds on Victim

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Self-Defense Wounds from the Victim on Suspect

Self-Defense Wounds on Suspect

Medical Treatment & Documentation

Complications of Strangulation

- **Delayed death may occur**
  - Strangulation is unreported
  - Medical assessment isn't offered
  - Victim refuses medical assessment

- **Long-Term Complications resulting in Death**
  - Pneumonia
  - Fracture of trachea or larynx with air leak
  - Swelling - airway obstruction (complicated by intoxication)
  - Stroke
  - Persistent pain on swallowing apparently caused the victim to become dehydrated in a hot residence, and death was by dehydration.

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Factors to Consider - **Pregnancy**

- Miscarriage is a complication of strangulation
- 240,000 pregnant women are subjected to domestic violence each year
- 40% of assaults begin during the first pregnancy.

Pregnant women are at twice the risk of IPV than non-pregnant women.

www.Americanpregnancy.org/main/statistics/html

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Factors to Consider - **Suicide**

- Women who experience domestic violence are **12 times** more likely to end their lives by suicide

- Research also indicates a 2 to 5 times increase in suicidal behavior for children exposed to domestic violence

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Medical Care Following Strangulation

- **Medical Evaluation Required!**
- Observe 12-24 hours
- Oxygen levels
- X-rays
- Fiber optic laryngoscopy
- CT Angiogram of carotids
- Carotids Doppler
- MRI

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Discharge instructions

Strangulation Discharge Instructions

Strangulation can produce serious medical problems hours or days after the event. Repeated strangulation may put you at increased risk for more serious problems.

We recommend that you have someone stay with you for the first 24 hours after you return home.

Please report to the nearest ER or call 911 immediately if you notice:

- Difficulty breathing or shortness of breath
- Loss of consciousness or "passing out"
- Changes in your voice or difficulty speaking
- Difficulty swallowing, lump in throat, or muscle spasms in throat or neck
- Tongue swelling
- Swelling to throat or neck
- Prolonged nose bleed (greater than ten minutes)
- Persistent cough or coughing up blood
- Persistent vomiting or vomiting up blood
- Left or right-sided weakness, numbness, or tingling
- Headache not relieved by pain medication (Tylenol or Ibuprofen as directed on bottle)
- Seizures
- Behavioral changes or memory loss
- Thoughts of harming self or others
- If pregnant - lack of movement of fetus or vaginal bleeding greater than 1 pad an hour

You may notice some bruising, or mild discomfort. You can apply ice to the sore areas for 20 minutes, 4 times per day, for the first 2 days after the injury.

If you notice new bruising or injury after discharge, you should follow-up with law enforcement or SANE for photographs of new bruising or injury.

I have been made aware of and understand the importance of following the above outlined instructions.

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Documentation of Strangulation

Documentation Chart for Strangulation Cases

Symptoms and/or Internal Injury:

Breathing Changes	Voice Changes	Swallowing Changes	Behavioral Changes	OTHER
☐ Difficulty Breathing ☐ Hyperventilation ☐ Unable to breathe Other:	☐ Raspy voice ☐ Hoarse voice ☐ Coughing ☐ Unable to speak	☐ Trouble swallowing ☐ Painful to swallow ☐ Neck Pain ☐ Nausea /Vomiting ☐ Drooling	☐ Agitation ☐ Amnesia ☐ PTSD ☐ Hallucinations ☐ Combativeness	☐ Dizzy ☐ Headaches ☐ Fainted ☐ Urination ☐ Defecation

Use face & neck diagrams to mark visible injuries:

Face	Eyes & Eyelids	Nose	Ear	Mouth
☐ Red or flushed ☐ Pinpoint red spots (petechiae) ☐ Scratch marks	☐ Petechiae to **R** and/or **L** eyeball (circle one) ☐ Petechiae to **R** and/or **L** eyelid (circle one) ☐ Bloody red eyeball(s)	☐ Bloody nose ☐ Broken nose (ancillary finding) ☐ Petechiae	☐ Petechiae (external and/or ear canal) ☐ Bleeding from ear canal	☐ Bruising ☐ Swollen tongue ☐ Swollen lips ☐ Cuts/abrasions (ancillary finding)
Under Chin	**Chest**	**Shoulders**	**Neck**	**Head**
Redness ☐ Scratch marks ☐ Bruise(s) ☐ Abrasions	☐ Redness ☐ Scratch marks ☐ Bruise(s) ☐ Abrasions	☐ Redness ☐ Scratch marks ☐ Bruise(s) ☐ Abrasions	☐ Redness ☐ Scratch marks ☐ Finger nail impressions ☐ Bruise(s) ☐ Swelling ☐ Ligature mark	☐ Petechiae (on scalp) **Ancillary findings:** ☐ Hair pulled ☐ Bump ☐ Skull fracture ☐ Concussion

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Look for injuries consistent with the method of strangulation

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Questions to ASK: Method and/or Manner:

How and where was the victim strangled?

☐ One Hand (R or L) ☐ Two hands ☐ Forearm (R or L) ☐ Knee/Foot

☐ Ligature (Describe):_____

☐ How long? _____ seconds _____ minutes ☐ Also smothered?

- ☐ From 1 to 10, how hard was the suspect's grip? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)
- ☐ From 1 to 10, how painful was it? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

☐ Multiple attempts:_____ ☐ Multiple methods:_____

Is the suspect **RIGHT** or **LEFT** handed? (Circle one)

What did the suspect say while he was strangling the victim, before and/or after?

Was she shaken simultaneously while being strangled? Straddled? Held against wall?

Was her head being pounded against wall, floor or ground?

What did the victim think was going to happen?

How or why did the suspect stop strangling her?

What was the suspect's demeanor?

Describe what suspect's face looked like during strangulation?

Describe Prior incidents of strangulation? Prior domestic violence? Prior threats?

MEDICAL RELEASE

To All Health Care Providers: Having been advised of my right to refuse, I hereby consent to the release of my medical/dental records related to this incident to law enforcement, the District Attorney's Office and/or the City Attorney's Office.

Signature:_____ Date:_____

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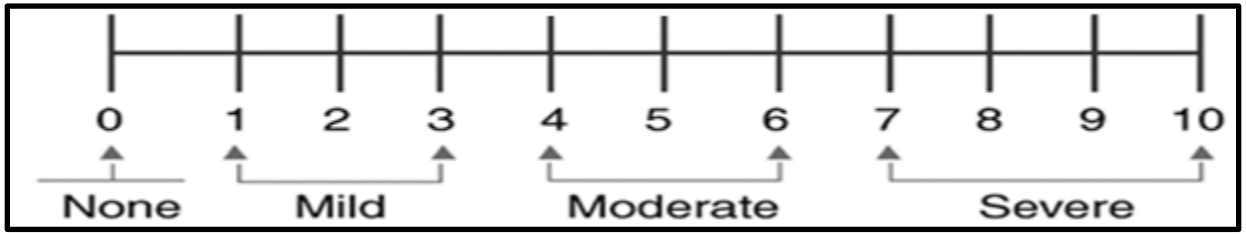
Additional Follow-Up Questions

- **Gather the following information:**
  - Any jewelry worn by victim or suspect
  - If an object was used, determine if suspect brought the object to the scene (i.e., ligature)
  - Any witnesses?
    - Any children?
  - Prior incidents of strangulation or abuse?

If victim is able, have them demonstrate assault on a mannequin head and photograph it.

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



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Forensic Evidence

- **Evidence Collection**
  - Fingernail Swabs
  - Touch DNA
  - Bite marks
  - Consider others

  - Measure circumference of patient's neck and document

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Photographic Documentation

- Photograph using Strangulation Protocol
  - 360 degrees neck
  - Both surfaces of ears
  - Sclera looking up/down
  - Sclera looking medial/lateral
  - Conjunctiva
  - Under chin
  - Soft palate
  - Inner surface upper and lower lip
  - Inner aspects of cheeks

- Full body- to show general appearance
- Injury sites to show location
- Close up of injury sites
- Patterned Impressions

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Strangulation is a Multidisciplinary Issue

Role of Advocates

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Monitor Your Signs and/or Symptoms

Date and Time:	Journal Your Signs	Journal Your Symptoms	Journal Any Other Sensation

Signs of Strangulation

- **Face**- red or flushed, pinpoint red spots (petichiae), scratch marks
- **Eyes and eyelids**- petichiae to the left or right eyeball, blood shot eyes
- **Nose** – bloody nose, broken nose, petichiae
- **Finger tips**- bruises are circular and oval and often faint
- **Ear**- petichiae (external and/or ear canal), bleeding from ear canal
- **Mouth**- bruising, swollen tongue, swollen lips, cuts/ abrasions
- **Under the chin**- redness, scratch marks, bruise(s), abrasions
- **Chest**- redness, scratch marks, bruise(s), abrasions
- **Shoulders**- redness, scratch marks, bruise(s), abrasions
- **Neck**- redness, scratch marks, finger nail impressions, bruise(s), swelling, ligature mark
- **Head**- petichiae (on the scalp)
- **Other**- hair pulled, bump(s), skull fracture, concussion

Symptoms of Strangulation

- **Voice changes**
  - Raspy voice
  - Hoarse voice
  - Coughing
  - Unable to speak
  - Complete loss of voice
- **Swallowing changes**
  - Trouble swallowing
  - Painful to swallow
  - Neck pain
  - Nausea/ Vomiting
  - Drooling
- **Breathing Changes**
  - Difficulty breathing
  - Hyperventilation
  - Unable to breath
- **Behavioral changes**
  - Restlessness or combativeness
  - Problems concentrating, amnesia
  - Agitation
  - Post-traumatic Stress Syndrome
  - Hallucinations
- **Memory Loss**
- **Unconsciousness**
- **Dizziness/ headaches**
- **Involuntary urination or defecation**

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707 Broadway, 2nd Floor
San Diego, CA 92101

Call us Toll-Free: (619) 533-6000
http://www.familyjusticecenter.org

Family Justice Center Alliance

FJC Legal Network

Seeking Hope and Justice for All Our Clients

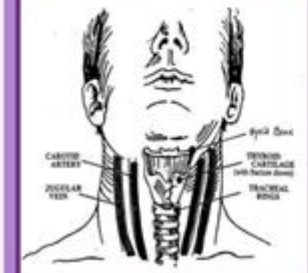
Facts Victims of Choking (Strangulation) Need to Know!

Strangulation

Strangulation has only recently been identified as one of the most lethal forms of domestic violence: **unconsciousness may occur within seconds and death within minutes.** When domestic violence perpetrators choke (strangle) their victims, not only is this a felonious assault, but it may be an attempted homicide. Strangulation is an *ultimate form of power and control*, where the batterer can demonstrate control over the victim's next breath; having devastating psychological effects or a potentially fatal outcome.

Sober and conscious victims of strangulation will first feel terror and severe pain. *If strangulation persists, unconsciousness will follow.* Before lapsing into unconsciousness, a strangulation victim will usually resist violently, often producing injuries of their own neck in an effort to claw off the assailant, and frequently also producing injury on the face or hands to their assailant. These defensive injuries may not be present if the victim is physically or chemically restrained before the assault.

Important Parts of the Neck



Strangulation (Cont.)

Losing Consciousness

Victims may lose consciousness by any one or all of the following methods: blocking of the carotid arteries in the neck (depriving the brain of oxygen), blocking of the jugular veins (preventing deoxygenated blood from exiting the brain), and closing off the airway, making breathing impossible.

Very little pressure on both the carotid arteries and/or veins for ten seconds is necessary to cause unconsciousness. However, if the pressure is immediately released, consciousness will be regained within ten seconds. To completely close off the trachea (windpipe), three times as much pressure (33 lbs.) is required. Brain death will occur in 4 to 5 minutes, if strangulation persists.

Observing Changes

Observation of the changes in these signs over time can greatly facilitate determination of the nature and scope of internal damage produced during the assault, and lend credibility to witness accounts of the force and duration of the assault.

Documentation by photographs sequentially for a period of days after the assault is very helpful in establishing a journal of physical evidence.

Victims should also seek medical attention if they experience difficulty breathing, speaking, swallowing or experience nausea, vomiting, light headedness, headache, involuntary urination and/or defecation.

Although most victims may *suffer no visible injuries* whatsoever and many fully recover from being strangled, *all victims, especially pregnant victims, should be encouraged to seek immediate medical attention.* A medical evaluation may be crucial in detecting internal injuries and saving a life.

Use the Face and Neck Diagram to Mark Visible Injuries:

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Law Enforcement Investigation

Use of Forms is a Best Practice

- The San Diego Police Department's Domestic Violence reporting form is a "revolutionary sheet of paper." 13 BYU Journal of Public Law 427 (1999).

- Use of the word "strangulation" and description of the method significantly increased felony prosecutions. (WATCH)

L

Specialized DV Form

- Information about Children
  - Names
    Ages
    Statements
    Demeanor
- Body chart
- Restraining orders
- Victim information
- Medical release

PAGE ____ OF ____

WITNESSES

WITNESSES PRESENT DURING DOMESTIC VIOLENCE? ☐ YES ☐ NO
STATEMENT(S) TAKEN? ☐ YES ☐ NO
CHILDREN PRESENT DURING DOMESTIC VIOLENCE? ☐ YES ☐ NO
Names, Ages and DOB of ALL Children Present: _____
STATEMENT(S) TAKEN? ☐ YES ☐ NO
WITNESS INFO LISTED ON ARJIS FORMS? ☐ YES ☐ NO

RESTRAINING ORDERS: ☐ YES ☐ NO
☐ CURRENT ☐ EXPIRED
TYPE: ☐ EMERGENCY ☐ TEMPORARY ☐ PERMANENT
ISSUING COURT: _____
ORDER OR DOCKET NUMBER: _____

VICTIM GIVEN:
☐ DOMESTIC VIOLENCE INFORMATION SHEET (PD-964)
☐ SDPD CRIME CASE NUMBER
☐ DOMESTIC VIOLENCE UNIT PHONE NUMBER

VICTIM WILL BE AT A TEMPORARY ADDRESS? ☐ ***YES, INTEROFFICE MEMO ATTACHED.*** ☐ ***NO***

WITNESSES/CHILDREN

W1. _____
___ Apologies
___ Afraid
___ Angry
___ Calm
___ Calmed Down
___ Tearful/Crying
___ Hysterical
___ Irrational
___ Nervous
___ Upset
___ Threatening
___ Other, Explain

W2. _____
___ Apologies
___ Afraid
___ Angry
___ Calm
___ Calmed Down
___ Tearful/Crying
___ Hysterical
___ Irrational
___ Nervous
___ Upset
___ Threatening
___ Other, Explain

W3. _____
___ Apologies
___ Afraid
___ Angry
___ Calm
___ Calmed Down
___ Tearful/Crying
___ Hysterical
___ Irrational
___ Nervous
___ Upset
___ Threatening
___ Other, Explain

V. S.? **HT.** _____ **WT.** _____

PLEASE DRAW ON DIAGRAM(S) THE LOCATION OF ANY INJURIES.

V. S.? **HT.** _____ **WT.** _____

☐ CONTINUED ON ARJIS 9 FORM

TO ALL HEALTH CARE PROVIDERS:
Having been advised of my right to refuse, I hereby consent to the release of my medical records to law enforcement, the District Attorney's Office, and the City Attorney's Office.

Signature _____

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Travis County, Texas

AUSTIN POLICE DEPARTMENT - STRANGULATION SUPPLEMENT

TO BE COMPLETED IN ADDITION TO AVS

CASE # _____-_____ DATE OF ASSAULT _____ TODAY'S DATE _____

VICTIM INFORMATION

TO BE COMPLETED BY POLICE OFFICERS

Victim's Name (last, first, middle) _____ DOB _____ SS _____

- Method and Manner (how was Victim strangled) ☐One Hand - R ☐One Hand - L ☐Two Hands ☐Forearm ☐Knee/Foot ☐Chokehold ☐Other (explain) _____
- Is the Suspect right or left handed? ☐Right Handed ☐Left Handed
- Estimate how long you were strangled _____ Minute(s) _____ Second(s) Multiple times? ☐Yes # _____ ☐No

Estimate Pressure Used (check) C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 (1=WEAK - 10=EXTREMELY STRONG)

- Suffocated? ☐Yes ☐No ____ Minute(s) ____ Second(s) What was used? _____
- What did Suspect say during strangulation/suffocation? _____
- Describe Suspect's demeanor during strangulation/suffocation? _____
- Describe how Suspect's face looked during strangulation/suffocation? _____
- What made Suspect stop? _____
- What did Victim think was going to happen during strangulation/suffocation? _____
- Has Suspect strangled/suffocated you before? ☐Yes # _____ ☐No

VICTIM'S SYMPTOMS

TO BE COMPLETED BY POLICE OFFICERS

SYMPTOMS	DURING	AFTER
unable to breathe	☐	☐
difficult to breathe	☐	☐
physical pain	☐	☐
rapid breathing	☐	☐
shallow breathing	☐	☐
coughing up blood	☐	☐
nausea	☐	☐
wheezing/noisy breathing	☐	☐
dizziness	☐	☐
headache	☐	☐
hair hurt	☐	☐
disoriented	☐	☐

VOICE CHANGES	SWALLOWING CHANGES
Painful to speak	Cheek tenderness
Raspy/hoarse voice	Difficult swallowing
Coughing	Painful to swallow
Unable to speak	Cheek pain
Whispering	Other _____
Other _____	

Explain other _____

- Loss of consciousness? ☐Yes ☐No ☐Victim not sure Unexplained Injury? Describe _____
- Any change or loss of hearing during/after strangulation/suffocation? ☐Yes ☐No Describe _____
- Any change or loss of vision during/after strangulation/suffocation? ☐Yes ☐No Describe _____
- How did your body/head feel during/after strangulation/suffocation? Describe _____
- Did the victim... ☐Urinate ☐Defecate ☐Feel the urge to do one or both? _____

FACE	EYES AND EYELIDS	NOSE	EARS
Red or flushed	Petechiae to R eye	Petechiae	Petechiae on ear(s)
Petechiae	Petechiae to L eye	Scratches or abrasion(s)	Bleeding from ear(s)
Scratches or abrasion(s)	Petechiae to R eyelid	Swelling	Bruising/discoloration behind ear(s)
Swelling	Petechiae to L eyelid	Other _____	Swelling
Bruising	Blood in eyeball(s)		Other _____
Other _____	Other _____		

PD-0010 S
Feb 2013

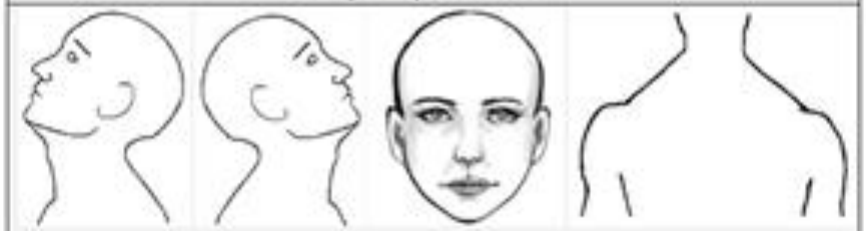
Explain other _____

MOUTH	UNDER CHIN	CHEST	SHOULDERS
Redness	Redness	Redness	Redness
Swollen tongue	Scratches/abrasion(s)	Scratches/abrasion(s)	Scratches/abrasion(s)
Swollen lip(s)	Laceration(s)	Laceration(s)	Laceration(s)
Scratches/abrasion(s)	Bruise(s)	Bruise(s)	Bruise(s)
Other _____	Fingernail impression(s)	Other _____	Other _____
	Other _____		

NECK	HEAD
Redness	Petechiae on scalp or head
Tenderness/pain	Laceration(s)
Finger mark(s)	Scratches/abrasion(s)
Scratches/abrasion(s)	Hair pulled
Fingernail impression(s)	Bump(s)
Bruise(s)	Other _____
Ligature mark(s)	
Petechiae	
Swelling	
Other _____	

*****PLEASE TAKE PHOTOGRAPHS*****

Diagram all injuries on the Victim



Describe any other injuries or symptoms _____

OFFICER CHECKLIST

☐If strangled/suffocated with object(s), photograph object(s) and collect for evidence.
☐Document where the object(s) was/were found in the Offense Report.
☐Determine if jewelry was worn by either party (ring(s), necklace(s), watch(es), etc.). Photograph / look for patterns and photograph.
☐If defecation or urination in clothes, collect clothes as evidence.
☐If Victim vomited, take a photo of vomit.
☐Call On-Call Family Violence Detective if you need assistance.
☐Call On-Call Family Violence Detective if Victim is transported to the hospital from injuries due to strangulation/suffocation.
☐If Victim is transported to the hospital from injuries due to strangulation/suffocation, then an officer needs to stand by at hospital until relieved by the On-Call Family Violence Detective.

PD-0010 S
Feb 2013

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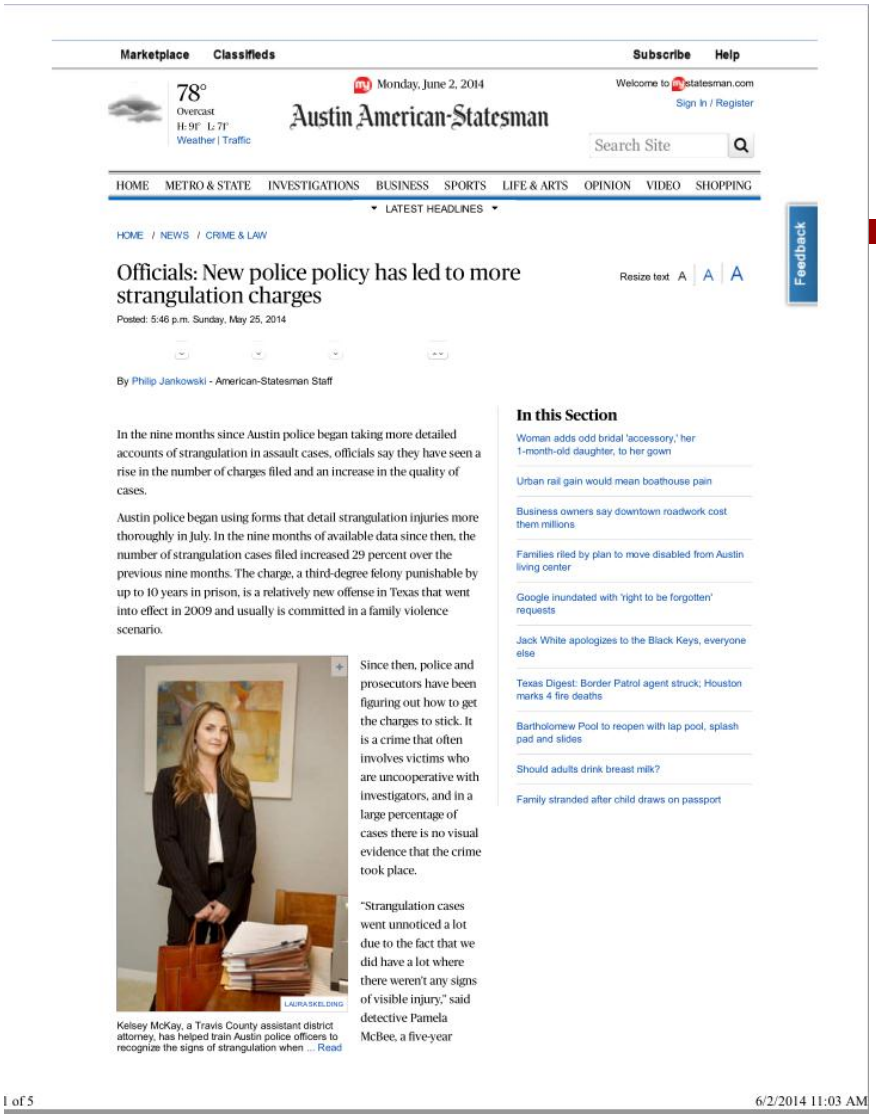
Travis County, Texas



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Monday, June 2, 2014

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Feedback

Officials: New police policy has led to more strangulation charges

Resize text A A A

Posted: 5:46 p.m. Sunday, May 25, 2014

By Philip Jankowski - American-Statesman Staff

In the nine months since Austin police began taking more detailed accounts of strangulation in assault cases, officials say they have seen a rise in the number of charges filed and an increase in the quality of cases.

Austin police began using forms that detail strangulation injuries more thoroughly in July. In the nine months of available data since then, the number of strangulation cases filed increased 29 percent over the previous nine months. The charge, a third-degree felony punishable by up to 10 years in prison, is a relatively new offense in Texas that went into effect in 2009 and usually is committed in a family violence scenario.

LAURA SKELDING

Kelsey McKay, a Travis County assistant district attorney, has helped train Austin police officers to recognize the signs of strangulation when ... Read

Since then, police and prosecutors have been figuring out how to get the charges to stick. It is a crime that often involves victims who are uncooperative with investigators, and in a large percentage of cases there is no visual evidence that the crime took place.

"Strangulation cases went unnoticed a lot due to the fact that we did have a lot where there weren't any signs of visible injury," said detective Pamela McBee, a five-year

In this Section

Woman adds odd bridal 'accessory,' her 1-month-old daughter, to her gown

Urban rail gain would mean boathouse pain

Business owners say downtown roadwork cost them millions

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Google inundated with 'right to be forgotten' requests

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Bartholomew Pool to reopen with lap pool, splash pad and slides

Should adults drink breast milk?

Family stranded after child draws on passport

1 of 5 6/2/2014 11:03 AM

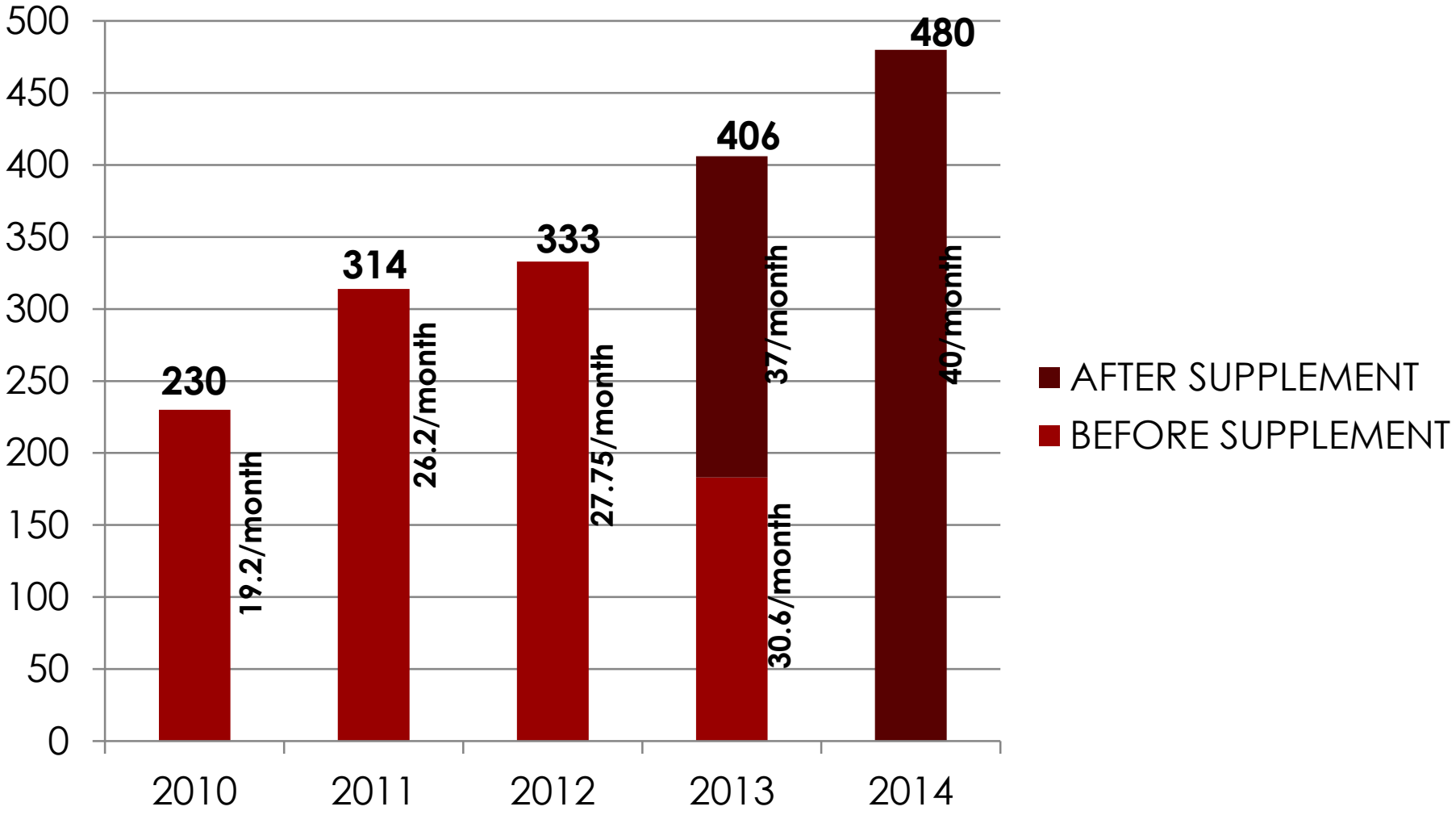
- Within in nine months of using the new form, prosecution of strangulation cases increased by 29%

K

Filed Strangulation Statistics

36% increase in the 18 months before and after the supplement

Travis County, Texas



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Prosecution & Use of Experts

Using an Expert in Trial

Use An Expert to Help Educate the Judge & Jury:

- Asphyxiation
- Choking v. Strangulation
- Signs & Symptoms
- Misconceptions & Expectations
- Neck Anatomy
- Pressure & Injury
- Complications and Delayed Consequences

K

Shift the Focus

Shift the focus away from "assault" and visible injury and to the unique dangers/risks of strangulation.

- Dangers of lack of blood flow/airflow
- Describe "impeding"

K

What to do with the non-visible injuries?

- Turn them into "injuries" to the jury
- Use an expert to describe what assaultive act causes each injury and explain how it relates to impeding air or blood flow
  - Allows the jury to visualize the assault
  - Provides them with evidence
- Someone must have asked the victim for this evidence, we can't expect her to tell

K

Lack of Bruising

- Neck anatomy and amount of pressure helps explain the lack of bruising
- *"Bruising can be delayed. When you have a deep bruise [i.e., more pressure], it takes some time to get to the skin. It doesn't necessarily show up immediately. It doesn't necessarily mean worse injury, it means that there was more pressure. It might take a day or two to show."*

L

Pain without Injury

- Prosecutor: "*Does all pain manifest itself in some type of physical, visible injury or evidence?*"
- Expert: "*No. The best example would be anyone who hit their funny bone on the elbow, so when that happens, what happens is you get extreme pain but there is no bruising or swelling. That is actually because a nerve was hit, and so that nerve is what is causing the pain.*"

L

Closing Argument Examples

- "He may be letting her breathe today, but he isn't letting her go."
- "He didn't kill her that night, or else we would be here on an attempted murder. But he showed her that he can and that he will."
- "Victims are always thinking of their own personal safety. The same reason she told the truth that night is the same reason she lied for him today."

L

Forming a Multidisciplinary Team to Address Strangulation Cases

Sample Implementation Plan

- Pass new legislation → Done!
- Develop a state/local implementation team
- Schedule training for everyone
- Incorporate training at police academies
- Use at bail hearings, trial and at sentencing
- Develop experts
- Establish protocols
- Train again and again and again

K

Develop an Advisory Team

- City, County or State representatives from:
  - Law Enforcement
  - Prosecution
  - Probation and Parole Officers
  - Judges/Court Staff/Family Law Facilitators
  - Medical (physicians, nurses, paramedics)
  - Social workers (CPS, APS, Juvenile)
  - Advocates (Government & Community)
  - Civil Attorneys

K

WRAP-UP

DA Assessment is available by App One Love Foundation

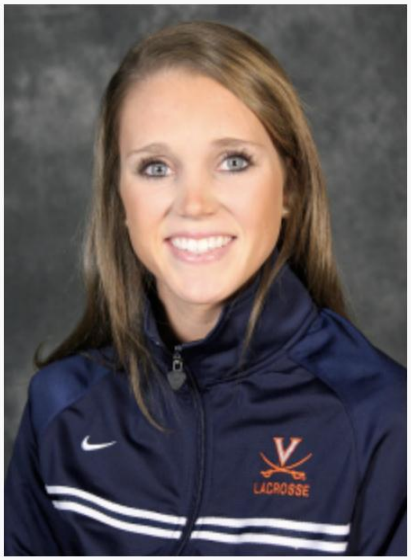
DOMESTIC VIOLENCE: App offers 20 questions to assess risk

Recommend 427 33

Posted: Oct 08, 2013 8:15 PM PDT
Updated: Nov 05, 2013 8:15 PM PST

posted by Shelby Capacio - email
video report by Scott Wasserman - bio | email

Murder of Yeardley Love



Date	May 3, 2010
Location	222 14th Street, Charlottesville, Virginia, USA
Coordinates	38.035568°N 78.498778°W
Cause	Blunt force trauma
Deaths	Yeardley Love
Burial	Baltimore, Maryland
Suspect(s)	George Wesley Huguely V
Charges	First degree murder, felony murder, robbery of a residence, burglary, entering a house with an intent to commit a felony, grand larceny
Verdict	Guilty, sentenced to 23 years in prison (release date of 2029)

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Document It! App

Document It!

By National Family Justice Center Alliance

Open iTunes to buy and download apps.

View in iTunes

$1.99

Category: Education
Updated: Apr 02, 2014
Version: 1.1
Size: 7.4 MB
Language: English
Seller: National Family Justice Center Alliance
© NFJCA
Rated 4+

Compatibility: Requires iOS 6.1 or later. Compatible with iPhone, iPad, and iPod touch. This app is optimized for iPhone 5.

Customer Ratings

We have not received enough ratings to display an average for the current version of this application.

Description

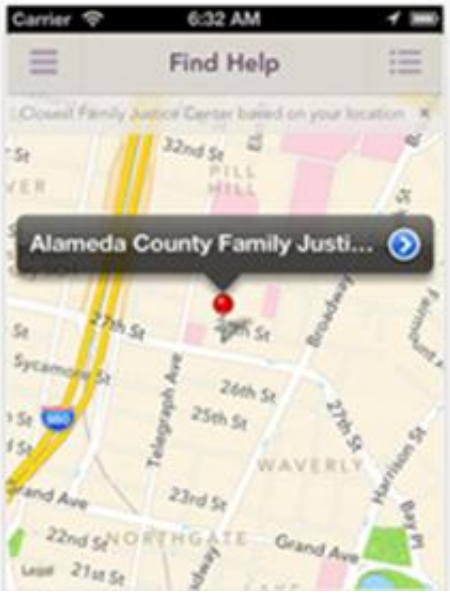
The application Document It is designed by Strangulation Training Insititute to help women document their incidents and references of an event. Gather as much detail as possible using a mobile application and submit the evidence to law enforcement officers or to an attorney with a click of a button

Document It! Support ›

What's New in Version 1.1

File uploading to your Dropbox account from each documented incident and other minor issues are fixed.

iPhone Screenshot



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Take home message

- Use terms “strangulation” and “choking” appropriately
- Be aware of the prevalence of strangulation and its lack of reporting…..**Ask!**
- No injury does not equal no strangulation
- Ask patients directly about bowel and bladder incontinence
- Document carefully
- Ensure chain of custody is maintained for evidence collected

L

Ruth

- *"Actually, when I came out of that [strangulation incident], I was more submissive – 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"*

L

THANK YOU

Q&A

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