

Strangulation in Cases Involving Children

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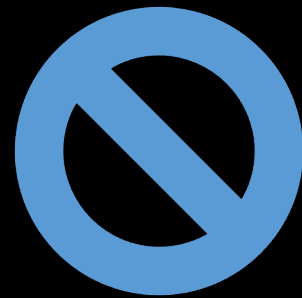


Rachel Fischer R.N.

Objectives

- Understand the lethality of a strangler
 - Learn anatomy and mechanics of strangulation
 - Identify and address health consequences
 - Implement best practices for strangulation
 - Address unique concerns of pediatric strangulation
- ***Primary Goal: SAVE LIVES***

Disclaimer



- Sex
- Language
- Child Abuse
- Violence
- Reality

What they say....

I was choked

“What they mean....

I was strangled

Definitions



Definition of Choking

Choking

- An internal blockage or obstruction of upper airway/windpipe
- Prevents normal breathing
- Think:
 - Food
 - Object



Definition of Strangulation

- Strangulation is defined as a form of asphyxia (lack of oxygen) characterized by intentional closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck.

Patients may have no visible trauma but have internal injuries that are life threatening!!

Definition of Asphyxiation

- Asphyxiation: *dysfunction or cell death* within vital organs by *loss of oxygen delivery* to those cells.
- Various Methods:
 - Strangulation
 - Suffocation
 - Drowning, Water boarding
 - Position Asphyxiation.

Definition of Hypoxia

- Deficiency in the amount of oxygen reaching the tissue.

Definition of Anoxia

- Absence of oxygen supply to tissue

Neurons lost per second = 32,000

Synapses lost per second = 230 million



Stroke, 2006; 37: 263-266

- Oxygen is the basis of the life pyramid.
- If oxygen is cut off, even for seconds, It causes a “domino effect” that can be life threatening

Definition of Suffocation

- Obstructing oxygen from getting to the lungs
- Sealing off the mouth and nose by manual compression
- Duct tape over face
- Head inside plastic bag
- Pillow over mouth and nose
- Sitting on chest

Types of Strangulation

- Hanging
 - Mark is usually above the level of the thyroid cartilage
 - Intact hyoid/thyroid cartilage
- Manual (“throttling”)
 - • The use of bare hands, standing on neck, kneeling on neck
 - 1/3 of manual strangulation victims have fractured hyoid
- Chokehold (“sleeper hold”)
 - Elbow bend compression
 - Formerly used by police
- Ligature (“garroting”)
 - • Use of a cord-like object, clothing, rope, belt (Funk & Schuppel, 2003)
 - Mark is usually below level of the thyroid cartilage
 - Fractured hyoid/thyroid cartilage
 - 2 halves of hyoid don’t fuse until age 30, therefore younger
 - victims of strangulation may not have fx hyoid
- **Manual self-strangulation is not possible.**

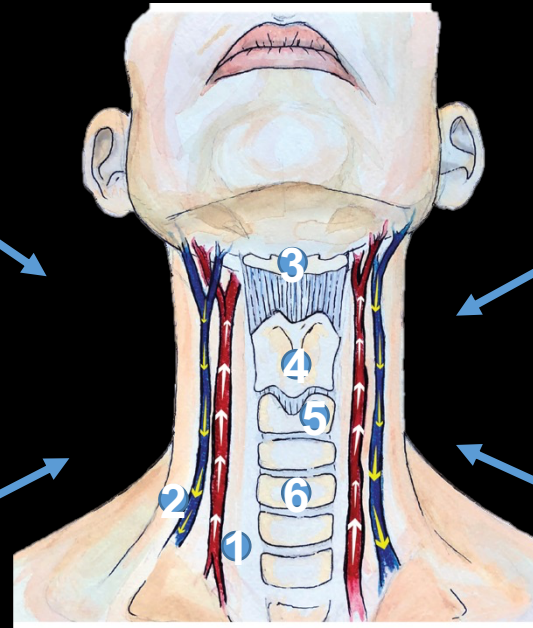
Anatomy and Health



Considerations

Exact Anatomic
Location of Applied
Force

Quantity of
Applied Force



Duration of Applied
Force

Surface Area of
Applied Force

Pediatric Specific Anatomy with Strangulation

- ***Not just little adults***
- Not a lot of research specific to strangulation, because no one is identifying and tracking.
 - Look to other areas (anatomy) for guidance.
- Head proportion
- Less developed neck structures
- Lighter body weight
- Airway/Trachea difference
- Proportionally larger tongue size
- Epiglottis shape
- Smaller nasal passages
- ***All make the anatomy of a child MORE vulnerable***



Pediatric Anatomy

- Tongue is proportionally larger in the oropharynx when compared to adults, and it may obstruct the airway due to this size
- The trachea is shorter
- Airway is narrowest at the cricoid ring



In a young child, the epiglottis is located more superiorly and anteriorly than in an adult

Lung Capacity

- Smaller lung capacity in pediatric patients means that a child can become hypoxic more quickly than an adult



Consequences of Strangulation



Physical Injury: Death, unconsciousness, fractured trachea / larynx, internal bleeding (hemorrhage) and artery damage (intimal tears), dizziness, nausea, sore throat, voice changes, throat and lung injuries, swelling of the neck (edema)



Neurological Injury: Facial or eyelid droop (palsies), left or right sided weakness (hemiplegia), loss of sensation, loss of memory, paralysis



Psychological Injury: PTSD, depression, suicidal ideation, memory problems, nightmares, anxiety, severe stress reaction, amnesia and psychosis



Delayed Fatality: Death can occur days or weeks after the attack due to carotid artery dissection and respiratory complications such as pneumonia, ARDs and the risk of blood clots traveling to the brain (embolization)

Non-Visible Strangulation Effects

Short Term: Memory Loss, Petechiae, LOC, Loss of bowel/bladder control, Voice changes, Seizures, Cervical spine injury, Acute ischemic stroke, Tinnitus, Hyoid fracture

Long Term: Delayed cryptogenic strokes, Multi-system organ failure due to anoxia, Encephalopathy, Airway swelling, PTSD

Agonal Sequences in 14 Filmed Hangings With Comments on the Role of the Type of Suspension, Ischemic Habituation, and Ethanol Intoxication on the Timing of Agonal Responses

Anny Sauvageau, MD, MSc, Romano LaHarpe, MD,† David King, MD,‡ Graeme Dowling, MD,* Sam Andrews, MD,§ Sean Kelly, MD,¶ Corinne Ambrosi, MD,¶ Jean-Pierre Guay, PhD,|| and Vernon J. Geberth, MS, MPS for the Working Group on Human Asphyxia*

- Unconscious: 10 +/- 3 seconds
- Anoxic convulsions: 14 +/- 3 seconds
- Loss of muscle tone: 77 +/- 25 seconds
- Last respiration: 62 to 157 seconds

Neurologic Insult to Brain

ACUTE ARREST OF CEREBRAL CIRCULATION
IN MAN

LIEUTENANT RALPH ROSSEN (MC), U.S.N.R.*

HERMAN KABAT, M.D., PH.D.
BETHESDA, MD.

AND

JOHN P. ANDERSON
RED WING, MINN.

Archives of Neurology and Psychiatry, 1944 Vol. 50, 5



Rachel Fischer R.N.

Acute Arrest of Cerebral Circulation in Man”

- “Acute arrest of circulation in the human brain was studied in 11 schizophrenic patients and in 126 normal young male subjects (inmates)”
- Over 500 controlled strangulations
- “The neurons in the brain are the cells of the body most sensitive to anoxia.”

Results

5-10 seconds

- ~ fixation of the eyeballs,
- ~ blurring of vision,
- ~constriction of the visual fields,
- ~ loss of consciousness
- ~anoxic convulsions.”

>6-8 seconds

- Anoxic Convulsions
- Tonic Clonic
- No memory of seizures due to LOC

>6-8/10 seconds

- LOC

**“Point of no
return”**

- Occurs after ~ 50 seconds of continuous strangulation with complete disruption of oxygenated blood flow to the brain with victim unlikely to regain consciousness.

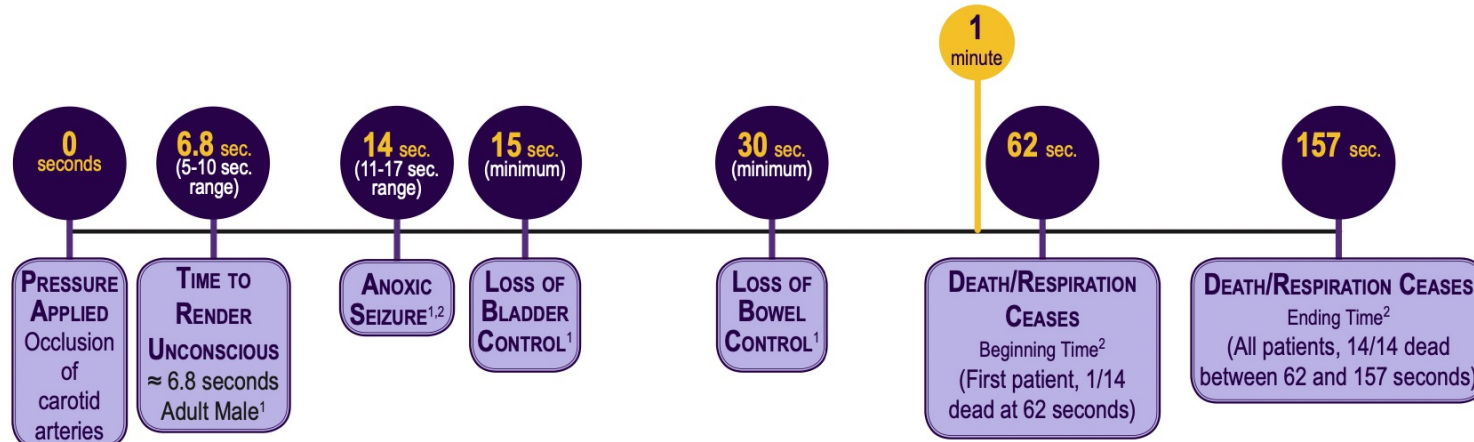


PHYSIOLOGICAL CONSEQUENCES OF STRANGULATION

Occlusion of Arterial Blood Flow: Seconds to Minutes Timeline

v6.18.19

Created by: Ruth Carter; Bill Smock, MD; Gael Strack, JD; Yesenia Aceves, BA; Marisol Martinez, MA; and Ashley Peck



REFERENCES AND RESOURCES

¹ Acute Arrest of Cerebral Circulation in Man, Lieutenant Ralph Rossen (MC), U.S.N.R.; Herman Kabat, M.D., PH.D. Bethesda, MD. and John P. Anderson Red Wing, Minn.; Archives of [Neurology](#) and [Psychiatry](#), 1944, Volume 50, #5.

² Anny Sauvagneau, MD, MSc; Romano LaHarpe, MD; David King, MD; Graeme Dowling, MD; Sam Andrews, MD; Sean Kelly, MD; Corinne Ambrosi, MD; Jean-Pierre Guay, PhD; and Vernon J. Geberth, MS; MPS for the Working Group on Human Asphyxia, [Forensic Med Pathol](#) 2011;32: 104 – 107.

³ Training Institute on Strangulation Prevention: strangulationtraininginstitute.com



strangulationtraininginstitute.com

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Hippocampus

- Most sensitive to lack of oxygen.
- Forms, organizes and stores memory
- No blood flow = Brain not working.
- No blood flow = No memory.
- No memory = Hippocampus damage



Memory Loss

- Survivors often lose their memories as a result of trauma and lack of oxygen to the brain, and instead of doubting credibility, this common reality can add value and evidence.

Petechiae

- Petechiae is smooth to the touch, non textured
- If textured, consider rash, acne, allergic reaction
- Makeup can easily cover
- Will geographically track along blood vessels that were obstructed
- The more petechial present, the longer the assault was occurring
- If killed immediately, petechiae will NOT be present

Petechial Hemorrhages



Are there other causes for petechiae?



YES



STRENUOUS
LABOR



SCUBA
DIVING



SEVERE
COUGHING



VOMITING



WHAT ELSE?

Domestic violence incidents on sexual assault and strangulation



Lethality of a Strangler

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



strangulationtraininginstitute.com

Lethality



“Surviving victims of strangulation assault are 750% more likely of becoming a homicide victim.” (Glass, et al, 2008).



Men who strangle women are linked to shooting and kill police officers and now mass shootings

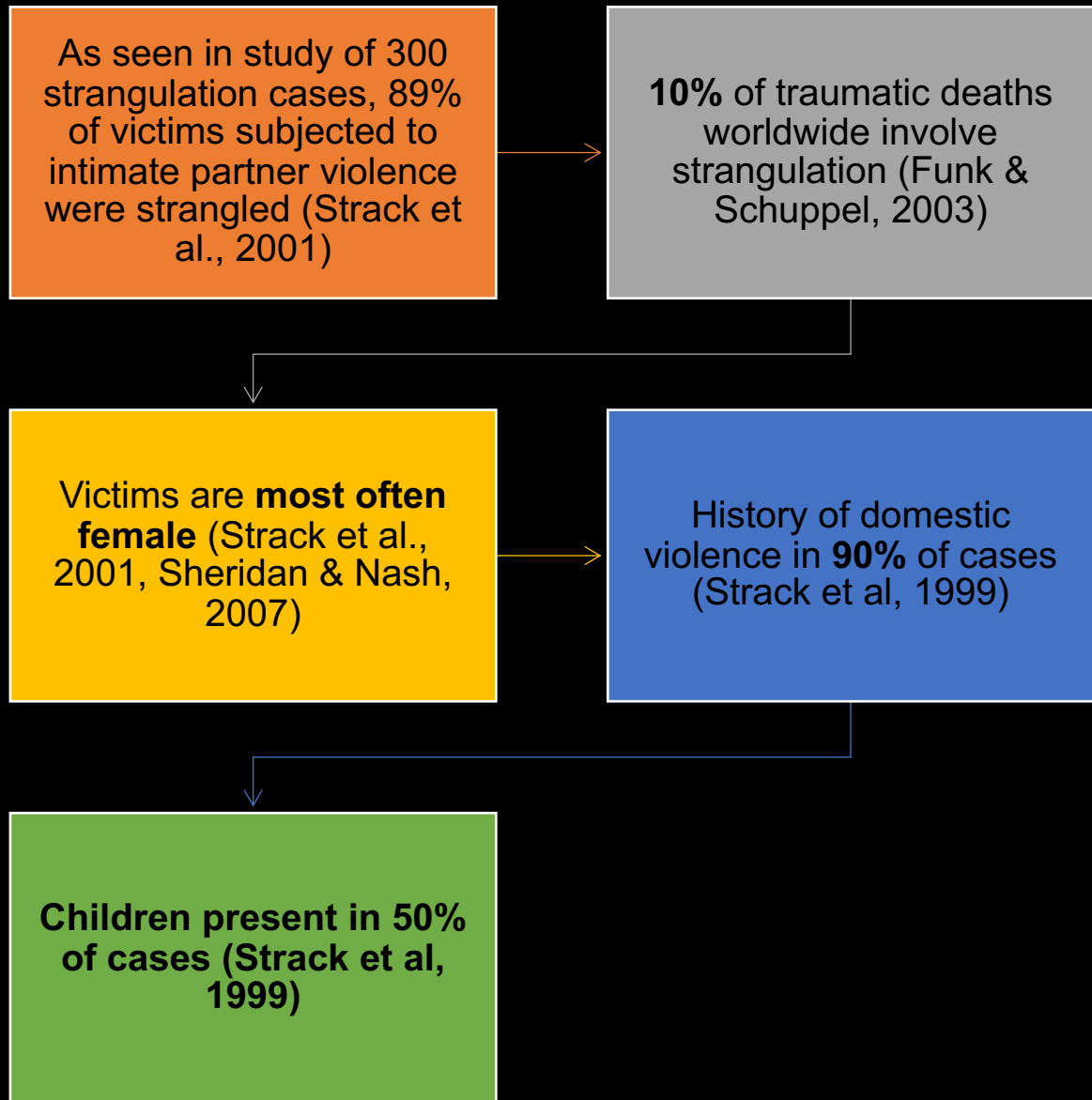


Strangulation is **THE LAST WARNING SHOT.**

Strangulation is a lethality marker
-The next step is homicide

750 0%

Frequency



Dynamics: Co-Occurrence of Child Abuse & Pediatric Strangulation

Horrific details emerge as Perris parents accused of holding 13 kids captive are charged with torture



Parents accused of holding their 13 children captive charged with torture, sexual abuse — Los Angeles Times

Formal charges were announced Thursday in the case of the parents accused of torture and child endangerment after authorities said their 13

APPLE NEWS



Dynamics: Sexual Abuse

Tennessee dad accused of sexually assaulting infant, strangling her to death with cord

by WZTV | Wednesday, November 15th 2017



CLARKSVILLE, Tenn. (WZTV) — Clarksville Police said a dad is charged with homicide and aggravated rape in connection with the death and sexual assault of his 9-month-old daughter.

Christopher Paul Conway, 22, is accused of sexually assaulting the baby then wrapping a cord around her neck, causing her death.

Police were called to the home along Cindy Jo Court Tuesday for a CPR in progress. The child was transported to Tennova Healthcare where she was pronounced dead.

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

-Law enforcement officers killed in the line of duty

1993-2013

-50% of officers were killed by a criminal suspect with a public records act history of strangulation assault against a woman in a prior relationship

2013 Treasure Valley (ID) Study

10 officer-involved critical incidents where officer shot a suspect or suspect shot an officer

-80% of suspects with domestic violence history

Non-fatal strangulation history

-30% HAD Non-fatal strangulation history

-Based only on public records history

-We all should be looking for it/tracking it



**2017
Analysis of
Alliance for
HOPE
International**

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

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

Childhood Trauma...

Mass Killings have a connection to IPV and strangulation

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

THE BODY POLITIC

What Mass Killers Really Have in Common

By Rebecca Traister



Photo: Getty; AP; Getty

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

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

- Focused on...
- Location
- Nature of Call
- Officer's actions
- Killer's actions
- Felony criminal history
- Facts of incident
- "16% of known offenders had prior DV arrest"
- "8% related to domestic disturbance OR DV calls"

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U.S. DEPARTMENT OF JUSTICE • FEDERAL BUREAU OF INVESTIGATION • CRIMINAL JUSTICE INFORMATION SERVICES DIVISION



2019 LAW ENFORCEMENT OFFICERS KILLED & ASSAULTED

Criminal Justice Information Services Division [Feedback](#) | [Contact Us](#) | [Data Quality Guidelines](#) | [UCR Home](#)

Home	Officers Feloniously Killed	Officers Accidentally Killed	Federal Officers Killed and Assaulted	Officers Assaulted	About LEOKA
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**By the time they
kill a police officer
or become mass
murderers...**

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

Strangulation and Domestic Violence: The Edge of Homicide

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

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

The deaths of Casandra Stewart and Tamara Smith triggered profound changes in San Diego and ultimately around the world, but such profound

Law Reform Targets the Crime of Strangulation

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

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

—Former San Diego Family Justice Center Client (2010)

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

as attempted murders, serious felony assaults, or misdemeanors.

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

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

See LAW REFORM, next page

About This Issue . . .

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

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

ALSO IN THIS ISSUE

Men Who Strangle Women Also Kill Cops

by Casey Gwinn, J.D.

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

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

National studies have found that 14% of officers killed in the line of duty are killed in domestic violence or "domestic dispute" incidents.¹ But what if we have been asking the wrong question? Instead of asking how many officers die in domestic violence incidents, perhaps we should be asking, what is the relationship history of the cop killer? What are his prior relationships like? Is there a correlation between domestic violence history and later homicide of law enforcement officers? And because of our focus at the National Family Justice Center Alliance on the lethal nature of strangulation assaults, why not look at the cop killer's relationship history and see if we can find strangulation

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

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

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

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

Soon after the Nampa review was completed, Supervising Riverside County Deputy District Attorney Jerry Fineman called to say he was going to conduct a public records act check of the killers of law enforcement officers

the California District Attorneys Association's Domestic Violence Legislative Committee. He is a true advocate and zealous prosecutor. Jerry's review is now complete and posted on the Training Institute for Strangulation Prevention's online Resource Library.² The findings clearly show the danger to law enforcement officers of men who strangle women and should promote more research on this topic.

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

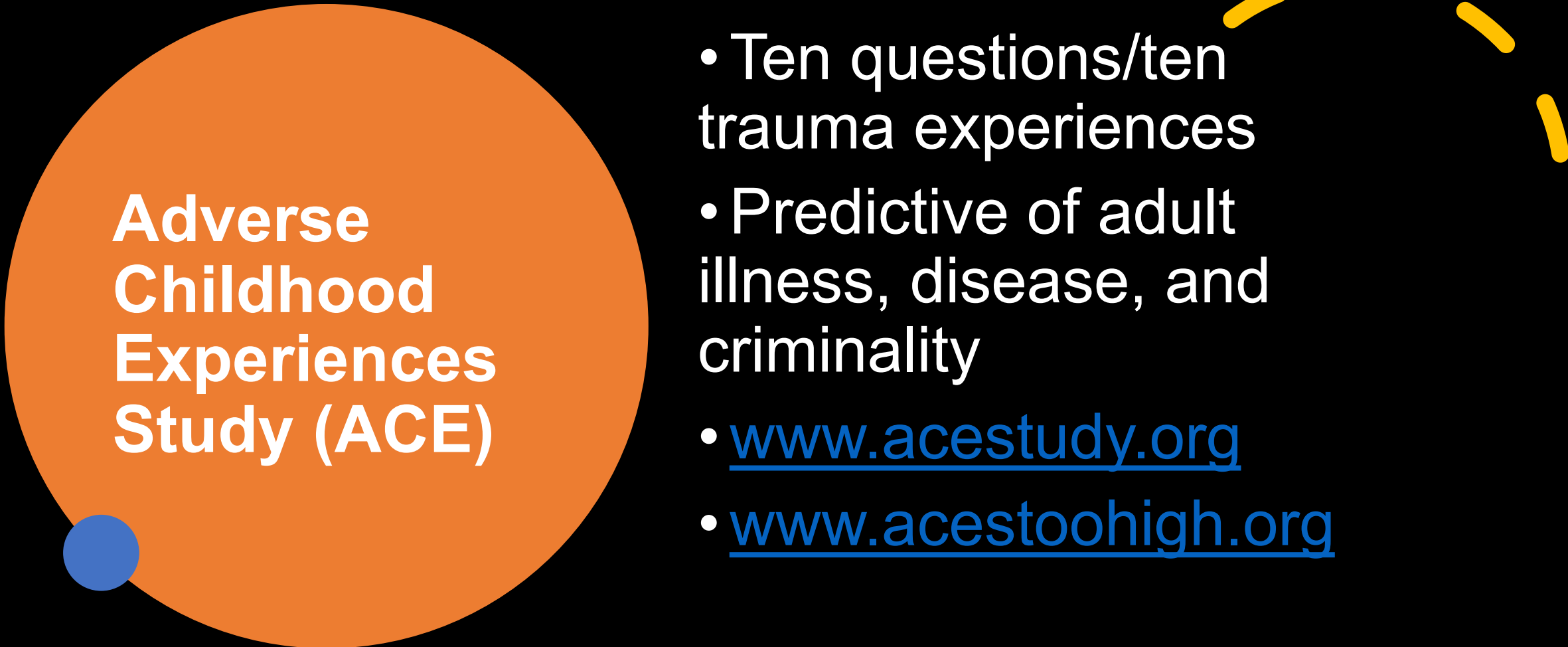
act history of strangulation assault and each of them had a history of domestic violence. A fifth officer was killed by a man with a history of domestic violence but no public record was found to document strangulation history. A sixth officer was killed by a man whose prior girlfriend had warned other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

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

Fineman concluded that there does appear to be a link between strangulation assault and intentional homicide of police officers. Though the sample

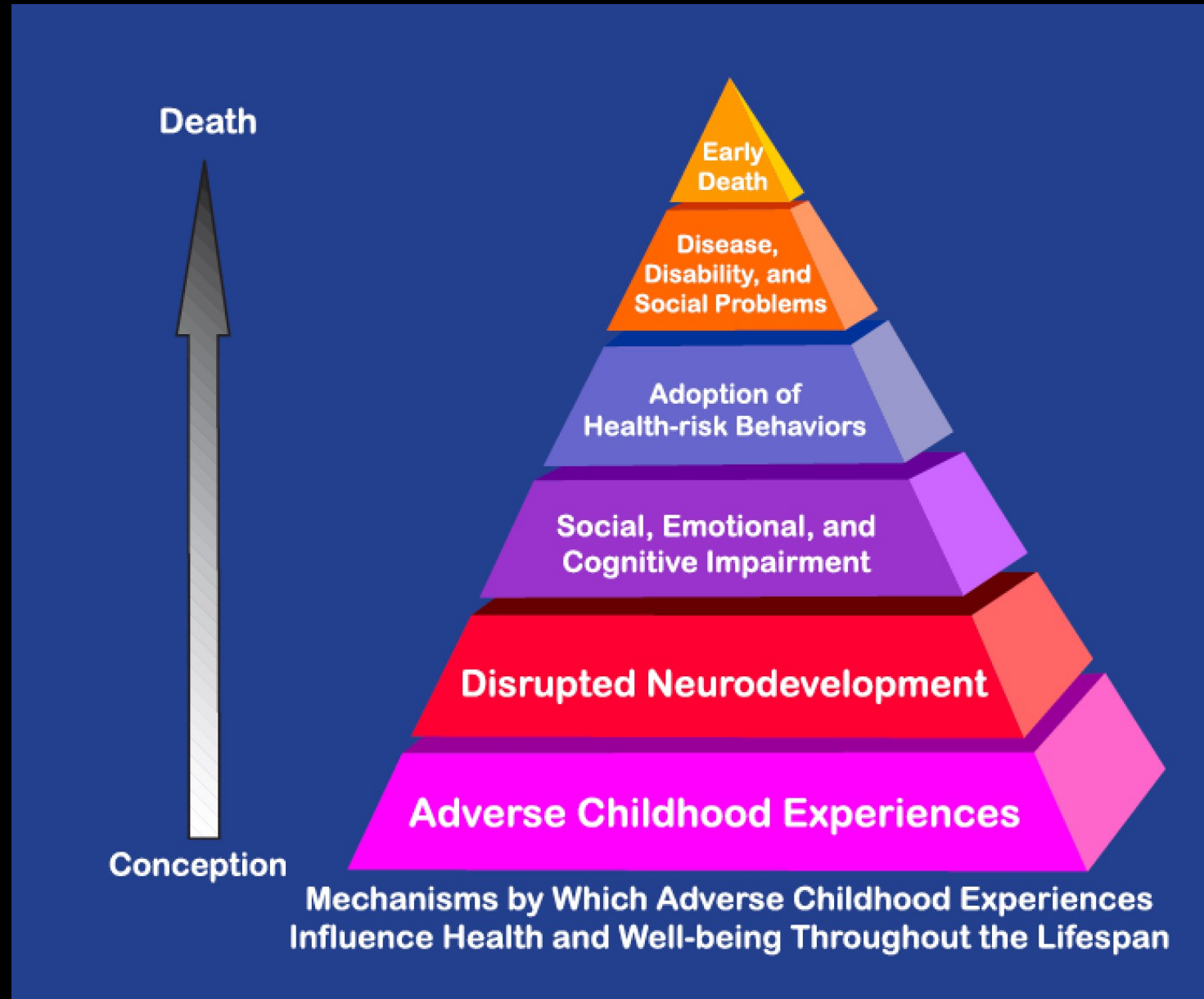
Latest Research on the Children of Domestic Violence Homes

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



Adverse Childhood Experiences Study (ACE)

- Ten questions/ten trauma experiences
- Predictive of adult illness, disease, and criminality
- www.cestudy.org
- www.cestoohigh.org



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

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

And see:

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

<https://www.cdc.gov/violenceprevention/aces/index.html>

Coordinated Community Response

- Forensic Nursing - Put me in coach!!
- Victim Advocacy
- Social Workers
- Law enforcement
- District attorney



Minimization



Victims may not understand the danger and maybe reluctant to seek medical attention.



“He didn’t really choke me, he just had me in a headlock and I couldn’t breathe.”



Dispatch operators may not realize the danger and trivialize the violence



- Police
- Investigators • Prosecutors • Court



- Probation • Victims
- Offenders

Forensic Investigation



- Ensure patient is medically cleared first
- Documentation
- Photograph
 - A/P and lateral neck, with hair up
 - Consider serial photography
- DNA swabs

- **Strangulation is always a life threatening emergency, and sequel can develop over several days following.**
- **Always consider 24-48 hr. in-house observation.**

Strangulation Assessment

FORM TO BE COMPLETED BY FORENSIC NURSING STAFF. This assessment form should be modified appropriately for the patients developmental age.

PATIENT/CASE
Patient's Name: _____ DOB: _____

Incident Date: _____ Today's Date: _____

What was used to apply pressure? (How were you strangled?): One Hand (L or R) Both Hands

Forearm (L or R) Knee/Foot Other Objects (Describe): _____

How was the pressure applied? (Ex: From behind, face to face): _____

Where was the pressure applied? (Ex: Neck, chest, face): _____

Estimate level of pressure (check one): 1 2 3 4 5 6 7 8 9 10
(1 = weak, 10 = extremely strong)

Estimate how long: _____ min _____ secs Multiple times? Yes # _____ No

Was pressure applied to the neck consistently or did it change? (Describe): _____

Were you shaken or head hit against surface or object? (Describe): _____

At any point was any pressure placed on your chest/torso? (Describe): _____

Is the victim pregnant? Yes # of weeks _____ No Is perpetrator aware of pregnancy? Yes No

What did perpetrator say while strangling you? _____

Describe the perpetrator's face/demeanor during strangulation: _____

What were you thinking during the assault? _____

What did you think was going to happen? _____

What caused the strangulation to stop? _____

Has perpetrator strangled/suffocated you before? Yes # of times _____ When _____ No

Were you or the assailant wearing any jewelry? (If yes, describe): _____

Examiner's Initial _____

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Adapted from McKay Training + Consulting Strangulation Supplement, the IAFN Strangulation Assessment Toolkit and the Strangulation Institute's Recommendations for Medical/Radiographic Evaluation.

Signs/Symptoms of Strangulation

The following signs/symptoms should be asked about, assessed for and documented in writing, with body mapping, and by photo-imaging. (If applicable). Check ALL that apply.

	During Strangulation	After Strangulation	On Assessment		During Strangulation	After Strangulation	On Assessment		
NEUROLOGICAL	LOC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EARS	Petechiae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Uncertain if LOC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Incontinence of urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Incontinence of feces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Bleeding from ear canal			
	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Headaches (Pain scale 0-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Discoloration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fainting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Auditory changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Visual Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
HEAD/SCALP	Petechiae on scalp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOSE	Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pulled hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Petechiae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Discoloration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FACE	Red, flushed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOUTH	Discoloration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Petechiae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Swollen tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Swollen lips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lacerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Discoloration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Petechiae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EYES	Discoloration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THROAT/VOICE	Dysphagia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Odynophagia (pain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Aphasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Petechiae:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Drooling or inability to swallow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Conjunctiva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Throat pain (Pain scale 0-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hoarse/Raspy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Upper right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Lower right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Upper left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Lower left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Examiner's Initial _____

Page 2 of 3

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Adapted from McKay Training + Consulting Strangulation Supplement, the IAFN Strangulation Assessment Toolkit and the Strangulation Institute's Recommendations for Medical/Radiographic Evaluation.

	During Strangulation	After Strangulation	On Assessment		During Strangulation	After Strangulation	On Assessment		
NECK/UNDER CHIN	Redness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHEST	Redness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Scratch marks/abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bruses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Bruses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Neck pain (Pain scale 0-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Neck Pain (Pain scale 0-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ligature marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Subcutaneous emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHOULDERS	Subcutaneous emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESPIRATORY	Stridor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hoarseness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Hyperventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Respiratory distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENTOURINARY & GASTROINTESTINAL	Redness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESPIRATORY	Hemoptysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Inability to tolerate supine position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bruses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Neck pain (Pain scale 0-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
GENTOURINARY & GASTROINTESTINAL	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESPIRATORY	Incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Dysuria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the patient has any of the following, a CT Angio of the carotid/vetbral arteries should be discussed with the provider.

- Loss of consciousness
- Visual changes
- Presence of petechial hemorrhage
- Ligature marks
- Incontinence
- Any positive neurological findings
- Dysphonia/aphonia
- Dyspnea
- Subconjunctival emphysema

CT Angio of carotid/vertebral arteries needed
evaluation of vessels and bony/cartilaginous structures

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

For positive CTA findings:

- Consult neurology/trauma surgery for admission
- Consider ENT consult for laryngeal trauma with dysphonia

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

Examiner's Initial _____

Page 3 of 3

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Adapted from McKay Training + Consulting Strangulation Supplement, the IAFN Strangulation Assessment Toolkit and the Strangulation Institute's Recommendations for Medical/Radiographic Evaluation.

Agency



Texas Strangulation Supplement

AGENCY/CASE
 Agency: _____ Case #: _____ Today's Date: _____ Incident Date: _____
 Officer Name: _____ EMS? Yes No EMS Agency: _____ EMS Event #: _____

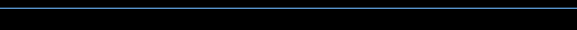
RELATIONSHIP
 Victim's Name (Last, First, Middle): _____ Race: _____ Gender: _____ DOB: _____
 Suspect's Name (Last, First, Middle): _____ Race: _____ Gender: _____ DOB: _____
 Victim/Suspect Relationship: Married Dating/Engaged Children Together Same Household Former Relationship
 Recently Separated Other (Explain) _____ Length of relationship: _____

MECHANISM OF INJURY
 What was used to apply pressure? (How were you strangled?): One hand (R or L) Both hands Forearm (R or L) Knee/foot
 Other/Object (Describe) _____ How was pressure applied? (Ex: from behind, face to face): _____
 Where was pressure applied? (Ex: neck, chest, face): _____
 Estimate level of pressure (check one): 1 2 3 4 5 6 7 8 9 10
 (1 = weak, 10 = extremely strong)
 Estimate how long: ____ min ____ secs Multiple times? Yes # _____ No
 Was pressure applied to the neck consistently or did it change? (Describe): _____
 Did victim physically attempt to stop the strangulation? No Yes Describe _____
 Were you shaken or head hit against surface or object? (Describe): _____
 At any point was any pressure placed on your chest/torso? (Describe): _____
 Is the victim pregnant? Yes # of weeks _____ No Is suspect aware of pregnancy? Yes No

INTENT
 Estimate level of fear (check one): 1 2 3 4 5 6 7 8 9 10
 (1 = low, 10 = high)
 What did suspect say while strangling you? _____
 Describe suspect's face/demeanor during strangulation: _____
 What were you thinking during the assault? _____
 What did you think was going to happen? _____
 What caused the suspect to stop? _____
 Has suspect strangled/suffocated you before? Yes # of times _____ When _____ No

BLOOD/CIRC
 Loss of consciousness? Yes No Not Sure (describe) _____
 Loss of memory? (Describe): _____
 Did the victim: Urinate Defecate Feel the urge to do one or both? (collect and picture clothing)
 KEY: d/a = during/after, s/s = strangulation/suffocation
 Any change or loss of hearing d/a s/s? No Yes (describe) _____
 How did your ears feel d/a s/s? _____
 Any change or loss of vision d/a s/s? No Yes (describe) _____
 How did your head feel d/a s/s? _____
 How did your body feel d/a s/s? _____
 Any other feelings/sensations d/a s/s? _____

Mechanism of Injury



Intent



Blood Circulation



Breathing / Airway



Was your breathing **NORMAL**? (if not, what was **NOT** normal about it): _____

Breathing Changes: Unable to breathe Difficult to breathe Rapid breathing Shallow breathing Other: _____

How did your **throat** feel during/after the strangulation? _____

Voice Changes: Painful to speak Raspy/hoarse voice Unable to speak Whispering Other: _____

Swallowing Changes: Painful to swallow Trouble swallowing Neck tender Neck pain Difficult to swallow Other: _____

SYMPTOMS	DURING		AFTER		SYMPTOMS	DURING		AFTER	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feel faint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disoriented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting/dry heaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coughing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

FACE	EYES & EYELIDS	EARS	NECK
<input type="checkbox"/> Red or flushed	<input type="checkbox"/> Petechiae in R/L eyeball	<input type="checkbox"/> Petechiae on ear(s)	<input type="checkbox"/> Redness
<input type="checkbox"/> Petechiae	<input type="checkbox"/> Petechiae in R/L eyelid	<input type="checkbox"/> Bruising/dyscoloration behind Ear(s)	<input type="checkbox"/> Tender
<input type="checkbox"/> Scratches/abrasions	<input type="checkbox"/> Redness in eyes	<input type="checkbox"/> Bleeding from ear(s)	<input type="checkbox"/> Finger marks
<input type="checkbox"/> Bruising		<input type="checkbox"/> Injury behind ear	<input type="checkbox"/> Scratches
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Fingernail marks
			<input type="checkbox"/> Ligature marks

Other physical observations including possible defensive injuries: _____
(i.e., inside mouth, under chin, back of the neck, etc.)

Please take photographs:

Describe any additional injuries: _____
(Document injuries on victims with photographs, call CSI if available)

CHECKLIST

- If strangled/suffocated with object: photograph object where found and collect for evidence
- Determine if jewelry worn by either party and look for imprints & photograph
- Photograph suspect: Hands, arms, face, chest and any areas suspect states contact/injuries occurred
- Give victim FV materials
- Refer to medical treatment per agency policy

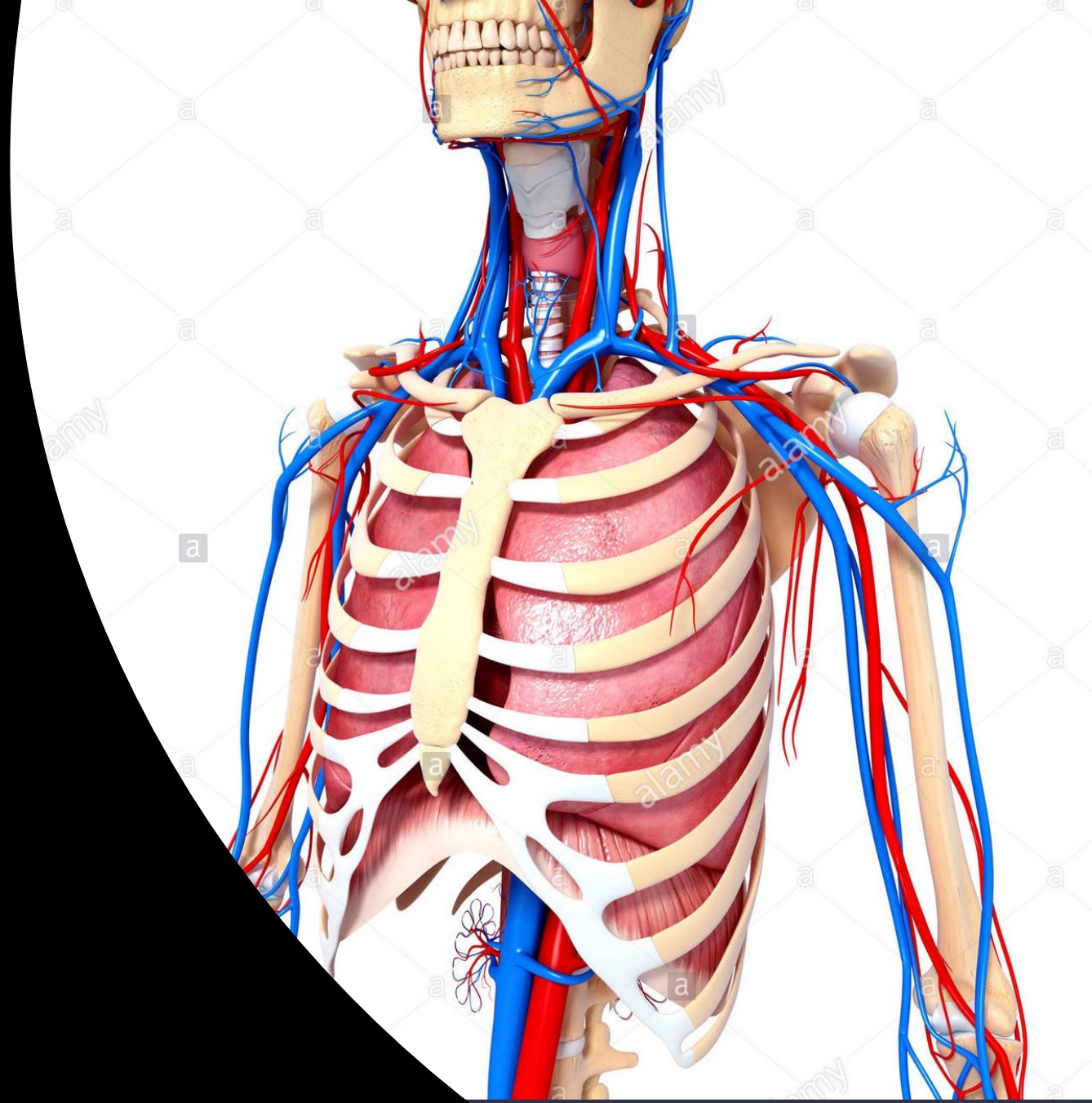
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External Signs



IMPEDING NORMAL BREATHING

- How is this element normally investigated?
 - “Could you breathe?”
- Problems with this approach?
- Alternative ways to investigate?





IMPEDING NORMAL CIRCULATION OF BLOOD

- How would you typically investigate?
 - “Was your blood circulating?”
- Alternative ways to investigate?
 - Symptom focused interviewing

Assessment Questions

How did you feel?

What was he saying while it happened?

Were you able to talk?

- - What did you say?

What did you see?

What did you think was going to happen?

How did it stop?

- - Did anybody watch this happen?
- Children, other offenders etc.
- - Interrupting event



What is the Law?

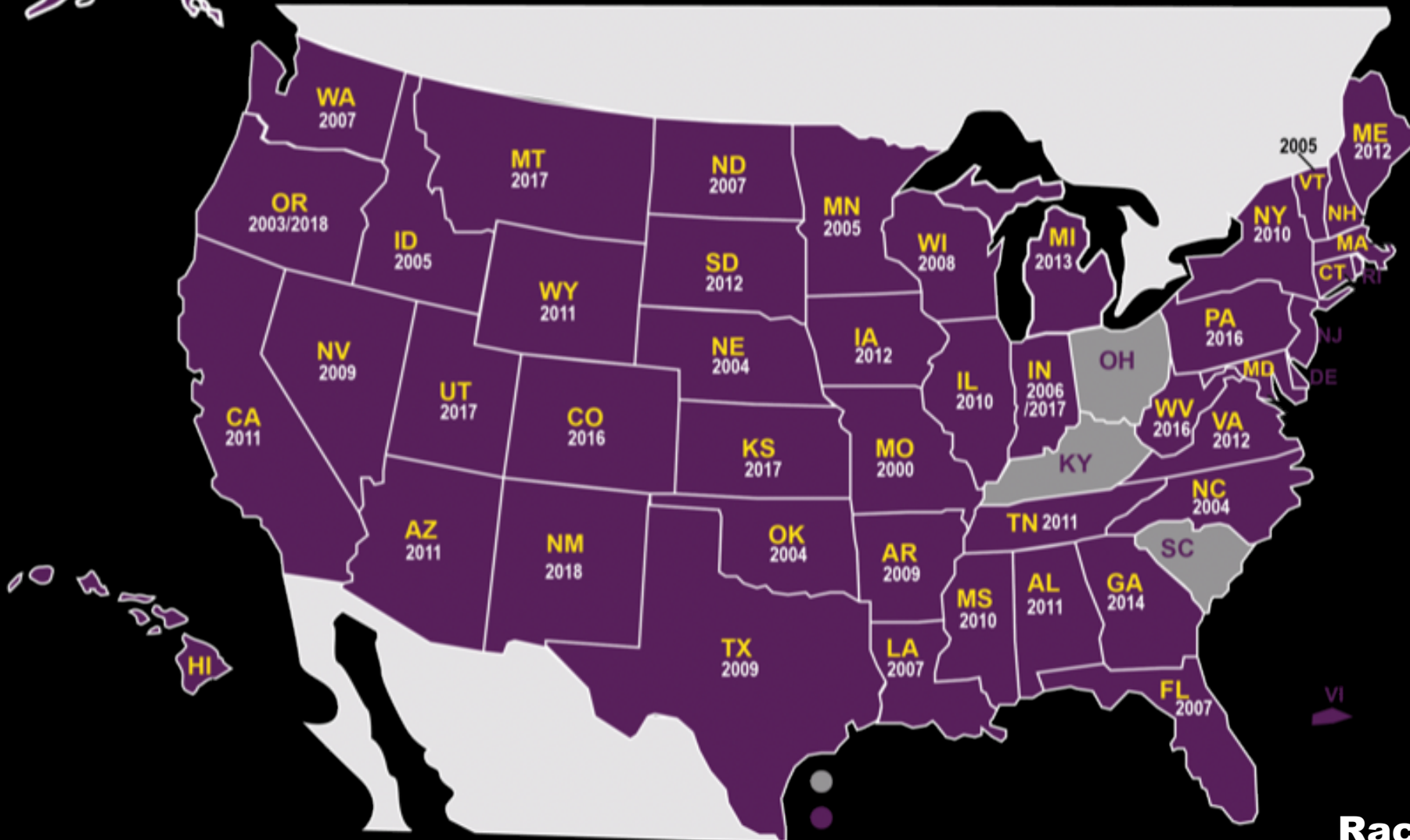
What evidence do you need to prove strangulation or suffocation?



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



strangulationtraininginstitute.com



Rachel Fischer R.N.

VAWA 2013

- Gave tribal governments jurisdiction to prosecute non-natives for DV.
- Made strangulation/suffocation a felony.
- Strangulation is defined as “intentionally knowing, or recklessly impeding the normal breathing or circulation of the blood of a person by applying pressure to the throat or neck, **regardless of whether that conduct results in any visible injury or whether there is any intent to kill or protractedly injure the victim**”

The image features a stack of three books on a wooden desk in the foreground. The top book is open, showing its pages. The background is a blurred library with bookshelves. Overlaid on the image are various white mathematical symbols and icons, including a plus sign, a zero, a question mark, a pi symbol, a lambda symbol, an x, a magnifying glass, a pencil, a hand, and a bar chart. The main text is centered in a large, bold, white font.

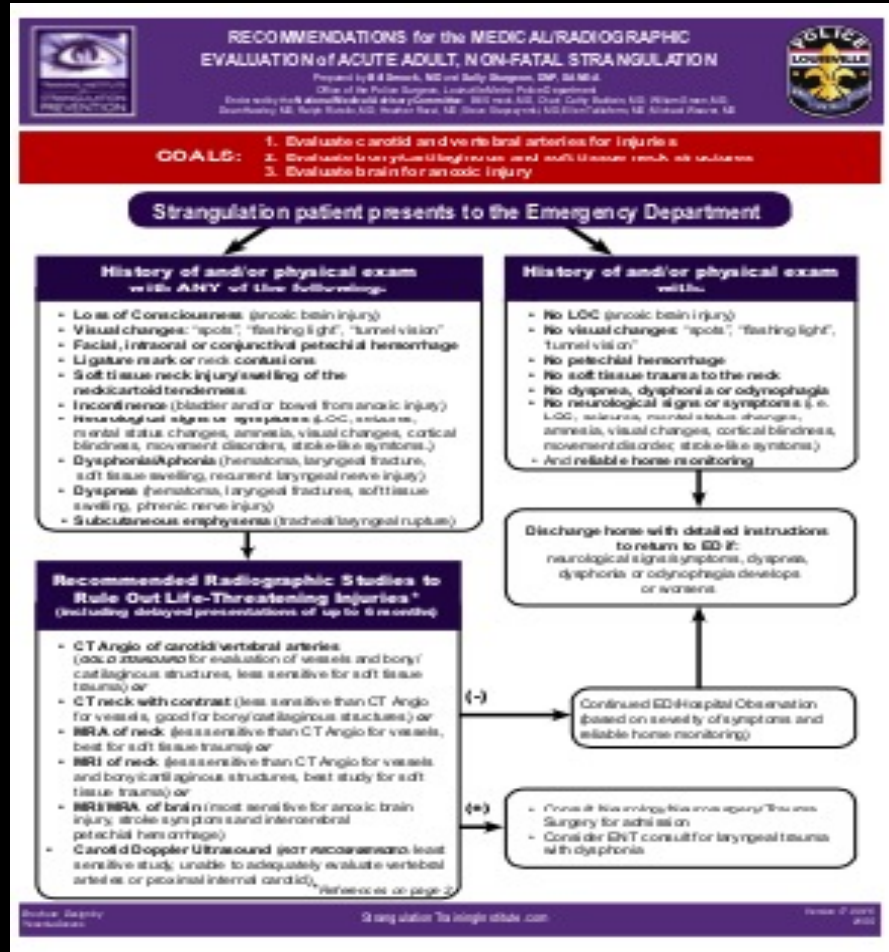
**Passing a law is easier
than implementing it**

We need leaders!




Collaboration vs. Competition

Special thanks to LMPD, Dr. Smock & National Advisory Board




EMS /Paramedics

November 2017




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




Gael Strack, CEO, Alliance for HOPE International
Casey Gwinn, President, Alliance for HOPE International
Sarah Sherman Julien, Program Manager, Training Institute on Strangulation Prevention
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This project is supported all or in part by Grant No. 2016-TA-AX-K067 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

March 2018



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



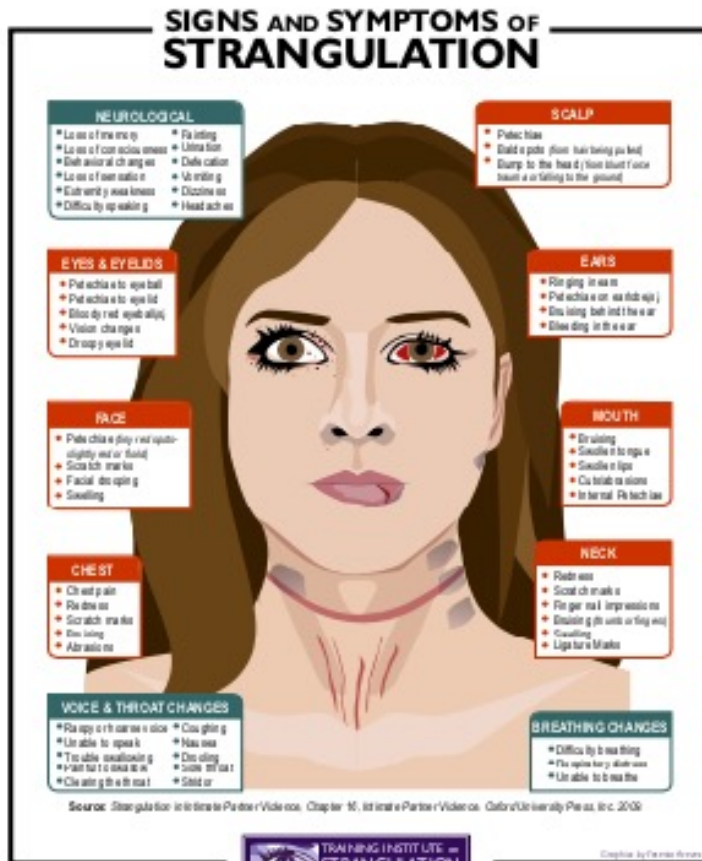
Gael Strack, CEO, ALLIANCE FOR HOPE INTERNATIONAL
Casey Gwinn, President, ALLIANCE FOR HOPE INTERNATIONAL
DR. RALPH RIVIELLO, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS (ACEP)
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MICHAEL BURKE, DIRECTOR OF COMMUNITY ENGAGEMENT, ALLIANCE FOR HOPE INTERNATIONAL
YESENIA ACEVES, GRAPHIC DESIGNER, ALLIANCE FOR HOPE INTERNATIONAL

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Rachel Fischer R.N.

Signs & Symptoms

SIGNS AND SYMPTOMS OF STRANGULATION



NEUROLOGICAL

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

SCALP

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

EYES & EYELIDS

- Petechiae to eye ball
- Petechiae to eye lid
- Blood to red eyeball(s)
- Vision changes
- Droopy eye lid

EARS

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

FACE

- Petechiae (tiny red spots usually not itchy)
- Scratch marks
- Facial drooping
- Swelling

MOUTH

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

CHEST

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

NECK

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

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Coughing
- Hoarseness
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

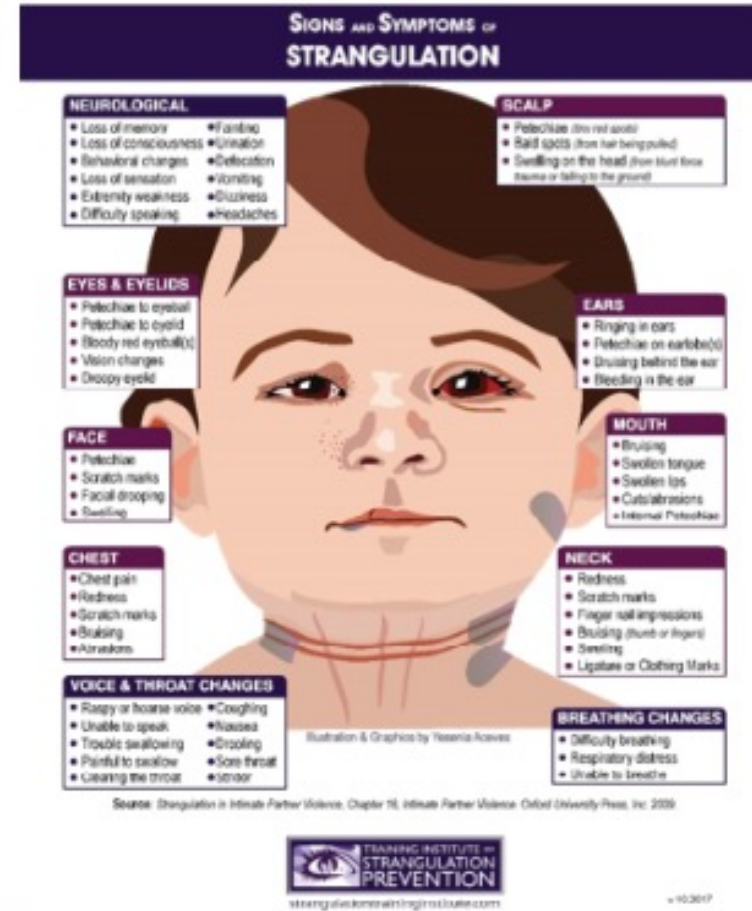
- Difficulty breathing
- Respiratory distress
- Unable to breathe

Source: Strangulation in Intimate Partner Violence, Chapter 10, Intimate Partner Violence, Oxford University Press, Inc. 2020

Illustration by Terence Brown

TRAINING INSTITUTE IN STRANGULATION PREVENTION
www.strangulationinstitute.com

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- Unable to breathe

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Illustration & Graphics by Yessica Alvarez

TRAINING INSTITUTE IN STRANGULATION PREVENTION
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ALLIANCE for

Rachel Fischer R.N.

strangulationtraininginstitute.com

The screenshot shows the homepage of the Training Institute on Strangulation Prevention. At the top left is the logo for the Training Institute on Strangulation Prevention, featuring a stylized eye. To its right is the logo for the Alliance for Hope International. The navigation bar includes a search icon, social media icons for Twitter, Facebook, and Instagram, and an 'ESCAPE' button with a right-pointing arrow. Below the navigation bar are three yellow buttons: 'RESOURCE LIBRARY', 'UPCOMING TRAININGS', and 'NEWS'. The main content area is divided into four sections: 1. 'FREE ONLINE TRAINING' with a 'LEARN MORE' button, featuring a police officer using a tablet. 2. 'RESOURCE LIBRARY' with a 'LEARN MORE' button, featuring an anatomical diagram of the neck with numbered points 2, 3, 5, and 6. 3. 'LEGISLATION MAP' with a purple map of the United States. 4. 'REQUEST TRAINING' with a 'LEARN MORE' button, featuring a group of people in a meeting. A small 'Privacy - Terms' icon is visible in the bottom right corner of the 'REQUEST TRAINING' section.

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Contact/Follow Up

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