

When Strangulation Victims Seek Advocacy

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Who's in the room?

* Trigger Warning



The Friendship Center

Strangulation Of Partner Or Family Member (MCA 45-5-215)

(1) A person commits the offense of strangulation of a partner or family member if the person purposely or knowingly impedes the normal breathing or circulation of the blood of a partner or family member by:

(a) applying pressure on the throat or neck of the partner or family member;

or

(b) blocking air flow to the nose and mouth of the partner or family member.

SIGNS AND SYMPTOMS OF STRANGULATION

NEUROLOGICAL

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

SCALP

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

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

EARS

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

FACE

- Petechiae (tiny red spots-slightly red or florid)
- Scratch marks
- Facial drooping
- Swelling

MOUTH

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

CHEST

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

NECK

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

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

Source: Strangulation in Intimate Partner Violence, Chapter 16, Intimate Partner Violence. Oxford University Press, Inc. 2009.



www.strangulationtraininginstitute.com

Graphics by Yesenia Aceves

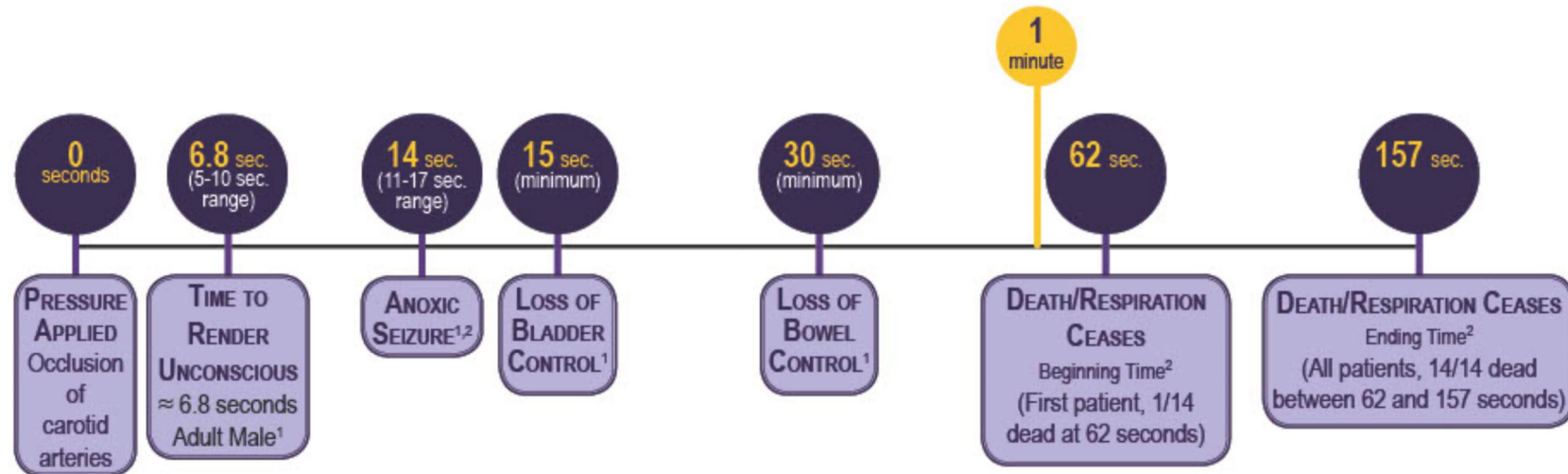


PHYSIOLOGICAL CONSEQUENCES OF STRANGULATION

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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Domestic Violence Lethality Screen For First Responders



Officer:

Date:

Case:

Victim:

Offender:

☐ Check here if victim did not answer any of the questions.

▶ A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.

- | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|----------|
| 1. Has he/she ever used a weapon against you or threatened you with a weapon? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Ans. |
| 2. Has he/she threatened to kill you or your children? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Ans. |
| 3. Do you think he/she might try to kill you? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Ans. |

▶ Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.

- | | | | | | | |
|--|--------------------------|-----|--------------------------|----|--------------------------|----------|
| 4. Does he/she have a gun or can he/she get one easily? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Ans. |
| 5. Has he/she ever tried to choke you? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Ans. |
| 6. Is he/she violently or constantly jealous or does he/she control most of your daily activities? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Ans. |
| 7. Have you left him/her or separated after living together or being married? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Ans. |
| 8. Is he/she unemployed? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Ans. |
| 9. Has he/she ever tried to kill himself/herself? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Ans. |
| 10. Do you have a child that he/she knows is not his/hers? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Ans. |
| 11. Does he/she follow or spy on you or leave threatening messages? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Ans. |

▶ An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.

Is there anything else that worries you about your safety? (If "yes") What worries you?

What Do We Do?

- 24/7 Crisis Line
- Emergency & transitional shelter
- Case management
- Crisis intervention & emotional support
- Law enforcement and criminal justice advocacy
- Legal advocacy – protection orders
- Limited emergency financial assistance
- Safety planning
- Information & referrals
- Support groups
- Community education & outreach



- Safety Planning includes planning for safety at all stages of the relationship
- Leaving can be MORE dangerous
- A creative process led by the victim
- May or may not involve the criminal justice system

* It is important to remember that although safety planning can increase safety, the responsibility for the violence remains with the offender



FIVE MYTHS ABOUT STRANGULATION

Prepared by Gerald Fineman, Assistant District Attorney, Riverside County, and Dr. William Green, Medical Director, California Clinical Forensic Medical Training Center/ CDA

1 MYTH STRANGULATION AND CHOKING ARE THE SAME THING FACT STRANGULATION is the <u>external</u> application of physical force that impedes either air or blood to or from the brain. CHOKING is an <u>internal</u> obstruction of the airway by a foreign object. SOLUTION Use a diagram. Compare to the flow of electrical current. Compare to the flow of air/water through a closed system (fish tank).	2 MYTH STRANGULATION ALWAYS LEAVES VISIBLE INJURIES FACT Studies show that over half the victims of strangulation lack visible external injury. A victim without visible external injury can still die from strangulation. SOLUTION Demonstrate cutting off blood flow to your fingertips by squeezing your wrist with your other hand. Upon release of the grip, you will likely have no identifiable marks. If you do, they will be very short in duration.	3 MYTH IF THE VICTIM CAN SPEAK, SCREAM, OR BREATHE, THEY ARE NOT BEING STRANGLED FACT Since strangulation involves obstruction of blood flow, a person can have complete obstruction and continue breathing until the moment they die from lack of oxygenated blood flow to the brain. SOLUTION Again, grab your wrist and squeeze. You can still breathe, yet blood flow is obstructed to the fingertips. If this was the victim's neck, they could still have an open trachea (windpipe) but have lack of blood flow to the brain.	4 MYTH STRANGULATION CANNOT BE HARMFUL BECAUSE MANY PEOPLE PRACTICE IT (MARTIAL ARTS, MILITARY, LAW ENFORCEMENT) FACT Martial arts are a form of combat. The military and law enforcement use strangulation as a lethal form of force. RISK There are numerous incidents of death resulting from strangulation. This can even occur during otherwise supervised events, such as sporting events, law enforcement training, etc.	5 MYTH STRANGULATION VICTIMS SHOULD BE ABLE TO DETAIL THEIR ATTACK FACT <u>Trauma</u> impacts the brain's ability to store memory. In addition, the hippocampus (part of the brain where memory is stored) is the most sensitive to <u>oxygen deprivation</u> . When a victim is strangled, both factors can impact the ability to recall. SOLUTION Give the example of how limiting the flow of electricity to a digital recording device will prevent it from recording.
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