LEARNING OBJECTIVES

❖ Participants will understand why everyone needs to know about strangulation and impact of strangulation.

❖ Participants will gain knowledge of research findings on clients at One Safe Place.

❖ Understanding of opportunities for intervention in strangulation situations.

❖ Participants will be provided with 6 key items to consider in effective safety planning with victims of strangulation.
The content of this presentation includes graphic content, images, and audio/video that some may find disturbing.
Why Does Everyone Need to KNOW about Strangulation???????
DEFINITION

• **Strangulation** – Pressure placed on the neck so that there is reduced blood flow through the brain or a constriction of breathing through the airway in the throat resulting in a disruption of brain function by asphyxiation.

• Any grabbing, suppression, squeezing, or crushing of the throat is actually strangulation (Turkel, 2007).

• **Felony Offense** in Texas.
• **Manual Strangulation** – Most common method used
  
  (97% of OSP clients identify method as manual).

• Victim may have **NO** visible injuries.

• Victims of strangulation are **750%** more likely of becoming a homicide victim (Glass, et al, 2008).
STRANGULATION/CHOKING

❖ Loss of consciousness can occur in 6.8 seconds.

❖ Anoxic injury to the brain cells (Brain damage) begins in seconds.

❖ Death can occur between 62 and 157 seconds.
KIDS & THE CHOKING GAME

Mostly kids 9-16 years old.

High-achieving in academics, activities and sports.

Taught through word of mouth and the internet.

Estimated 250 to 1,000 kids die every year in the US.

Difficult to track because many are reported as suicide.

Kids do this to be “COOL” or for a HIGH.
Why Do Abusers Strangle???
OUR RESEARCH

N = 1,391 (January 1, 2017 – June 30, 2018)

• Age Range 14-74 (Mean 36, Std. Dev. 10.5)

• 98% Female v. 2% Male

• 35% Hispanic, 38% White, 19% Black, 3% Asian, 5% Other

• 57% Report Strangulation
FREQUENCY OF STRANGULATION

- 4 or More Times: 39%
- 2-3 Times: 28%
- 1 Time: 31%
- Unsure: 2%
During Incident

Range 0-6 Symptoms

(Mean 2; SD 1.46)

✓ 74% Difficulty Breathing
✓ 60% Lightheaded or Dizzy
✓ 37% Vision or Hearing Issues
✓ 7% Pass Out
✓ 5% Victims Reported Urination
✓ < 1% Victims Reported Defecation

Post Incident

Range 0-5 Symptoms

(Mean 1.72; SD 1.36)

✓ 63% Difficulty Breathing
✓ 37% Voice Changes
✓ 54% Had Bruising
✓ 41% Difficulty Swallowing
✓ 3.6% Other
OPPORTUNITIES FOR INTERVENTION

Medical

- 84% did NOT seek medical treatment
  - Why?
    - Not offered and/or victim minimization

- 16% sought/received medical treatment

Law Enforcement

- 54% had no LE Involvement

- 12% had LE Involvement but strangulation was not addressed

- 35% had LE Involvement where strangulation was addressed
CLIENTS REPORTING STRANGULATION BY RACE/ETHNICITY

- African American: 71%
- White: 55%
- Other: 52%
- Hispanic/Latina: 52%
Safety Planning & Strangulation
1. Use Risk Assessment Tools
DR. JACKIE CAMPBELL’S DANGER ASSESSMENT TOOL

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up": severe contusions, burns, broken bones, miscarriage
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes or No for each of the following.

(*He* refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Has the physical violence increased in severity or frequency over the past year?</td>
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<tr>
<td>2. Does he own a gun?</td>
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<tr>
<td>3. Have you left him after living together during the past year?</td>
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<tr>
<td>3x. (If have never lived with him, check here.)</td>
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<td>4. Is he unemployed?</td>
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<td>5. Has he ever used a weapon against you or threatened you with a lethal weapon?</td>
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<tr>
<td>5x. (If yes, was the weapon a gun?)</td>
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<tr>
<td>6. Does he threaten to kill you?</td>
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<td>7. Has he avoided being arrested for domestic violence?</td>
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<tr>
<td>8. Do you have a child that is not his?</td>
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<tr>
<td>9. Has he ever forced you to have sex when you did not wish to do so?</td>
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<tr>
<td>10. Does he ever try to choke you?</td>
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<tr>
<td>11. Does he use illegal drugs? By drugs, I mean &quot;uppers&quot; or amphetamines, speed, angel dust, cocaine, &quot;crack&quot;, street drugs or mixtures.</td>
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<tr>
<td>12. Is he an alcoholic or problem drinker?</td>
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<td>13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?)</td>
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<tr>
<td>(If he tries, but you do not let him, check here.)</td>
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<tr>
<td>14. Is he violently and constantly jealous of you?</td>
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<td>(For instance, does he say &quot;If I can't have you, no one can.&quot;)</td>
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<tr>
<td>15. Have you ever been beaten by him while you were pregnant?</td>
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<tr>
<td>(If you have never been pregnant by him, check here.)</td>
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<tr>
<td>16. Has he ever threatened or tried to commit suicide?</td>
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<td>17. Does he threaten to harm your children?</td>
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<tr>
<td>18. Do you believe he is capable of killing you?</td>
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<tr>
<td>19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to?</td>
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<tr>
<td>20. Have you ever threatened or tried to commit suicide?</td>
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Total “Yes” Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.
DA ASSESSMENT IS AVAILABLE BY APP FROM THE ONE LOVE FOUNDATION — MY PLAN

DOMESTIC VIOLENCE: App offers 20 questions to assess risk

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

There are plenty of helpful apps that promise to boost personal safety, but a

2. Ask More Questions About Strangulation
OSP STRANGULATION QUESTIONNAIRE

Strangulation Questionnaire

If at any time during an intake, the client discusses or discloses being choked/strangled during an incident, discuss questions. This is a guide to better understand the dangers of strangulation.

1.) Has the abuser strangled/choked you more than once?
   - 1 time
   - 2 to 3 times
   - 4 or more times
   - Unsure

Notes:

2.) When you were previously strangled/choked what method was used?
   - With hands, arm, other body part (manually)
   - With rope, cord, or something placed around the neck

Notes:

3.) Did you experience any of the following while being strangled/choked? Check all that apply.
   - Changes in vision or hearing
   - Feeling light headed or dizzy
   - Pass out or black out
   - Wake up not remembering what happened
   - Difficulty breathing
   - Unsee
   - No

Notes:

4.) While being strangled/choked did you lose any bodily functions?
   - Urination – losing control of bladder
   - Defecation – losing control of bowels
   - Unsure
   - No

Notes:

5.) Was anyone else present while you were being strangled/choked?
   - Child
   - Children
   - Roommate or other family member in the house
   - Unsure
   - No one was present at the time

Notes:

6.) Did the abuser say anything before or during the strangulation/choking happened? What were you feeling or thinking while it was happening? What made the abuser stop?

Description:

7.) Did you experience any of the following changes immediately after being strangled/choked?
   - Breathing changes (difficulty breathing, hyperventilation (breathing very fast, unable to breathe, etc.)
   - Voice changes (angry or hoarse, whispering or soft voice, coughing or unable to speak)
   - Swallowing changes (trouble or painful swallowing, nausea or vomiting, neck pain)
   - Bruising, scrape or scratches, redness or swelling, etc.
   - None of the above
   - Unsure
   - Other

Notes:

8.) Was law enforcement involved? If so did the police officer(s) ask or talk to you about the strangulation/choking?
   - Yes law enforcement was involved, yes they spoke about the strangulation/choking
   - Yes law enforcement was involved, but they did not speak about the strangulation/choking
   - No law enforcement was not involved

Notes:

9.) Did you seek medical attention? If yes, did the medical provider ask or talk to you about the strangulation/choking? What medical procedures were conducted?

Description:
3. Educate, Educate, Educate
MAKE IT YOUR PRIORITY TO WARN VICTIMS OF THE DANGER OF STRANGULATION

• Detection is critical for homicide prevention.

• Non-fatal strangulation can lead to homicide.

  ▪ Victims of DV who experience non-fatal are 7.5 times more likely to be victims of a homicide.

(Block, 2004; Campbell et al, 2003; Glass et al., 2008; Strack & Gwinn, 2011; Strack, Gwinn, Fineman, & Agnew, 2014)
4. Use Resources
One Safe Place gratefully acknowledges Alliance for HOPE International for allowing us to reproduce, in part or in whole, the Signs and Symptoms of Strangulation.
**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 ferocious 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 react 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.

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

**Observing Changes**

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.

**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 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 (53 lbs.) is required. Brain death will occur in 4 to 5 minutes, if strangulation persists.

**Facts Victims of Strangulation (Choking) Need to Know**

- 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.

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**Justice Legal Network**

Seeking Hope and Justice for All Our Clients

**Alliance for HOPE International**

101 Broadway Suite 1770
San Diego, CA 92101
Call Us Toll Free (626) 511-3522
Strangulationtraininginstitute.com
VICTIM BROCHURE (BACK)

**Monitor Your SIGNS**

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<th>Date &amp; Time</th>
<th>Journal Your Signs</th>
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**Signs of Strangulation**

- Head: pinpoint red spots (petechiae) on scalp, hair pulled, bump(s), skull fracture, concussion
- Face: red or flushed, petechiae, scratch marks
- Eyes and Eyelids: petechiae to the left or right eyelid, bloodshot eyes
- Ear: petechiae (external and/or ear canal), bleeding from ear canal
- Nose: bloody nose, broken nose, petechiae
- Mouth: bruising, swollen tongue, swollen lips, cuts/abrasions
- Under the chin: redness, scratch marks, bruise(s), abrasions
- Neck: redness, scratch marks, fingernail impressions, bruise(s), abrasions, swelling, ligation marks
- Chest and Shoulders: redness, scratch marks, bruise(s), abrasions

**Monitor Your Symptoms**

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**Symptoms of Strangulation**

- Voice changes: raspy and hoarse voice, coughing, unable to speak, complete loss of voice
- Swallowing changes: trouble swallowing, painful swallowing, neck pain, nausea/vomiting, drooling
- Breathing changes: difficulty breathing, hyperventilation, unable to breathe
- Behavioral changes: restlessness or combativeness, problems concentrating, amnesia, agitation
- Post-traumatic Stress Syndrome, hallucinations
- Vision changes: complete loss or black & white vision, seeing "stars", blurry, darkness, fuzzy around the eyes
- Hearing changes: complete loss of hearing, gurgling, ringing, buzzing, popping, pressure, tunnel-like hearing
- Other changes: Memory loss, unconsciousness, dizziness, headache, involuntary urination or defecation, loss of strength, going limp

**Diagrams to Mark Visible Injuries**

- Use a pen or a marker to indicate any visible signs and/or symptoms

<table>
<thead>
<tr>
<th>Front</th>
<th>Under Chin</th>
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<table>
<thead>
<tr>
<th>Right Side</th>
<th>Left Side</th>
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<table>
<thead>
<tr>
<th>Back</th>
<th>Inside Mouth</th>
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</table>
HOW TO GET YOUR OWN BROCHURE:

- Email TISP@allianceforhope.com the following:
  - High resolution color logo in png, eps or jpeg (not a scanned logo or downloaded logo from the internet). Send your Contact information that you want to appear on the brochure (i.e. for victims to get help).

- You can also access a digital copy of the Alliance Brochure from Alliance for Hope website.
## STRANGULATION ASSESSMENT CARD

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

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

### CHECKLIST

**Scene & Safety.** Take in the scene. Make sure you and the victim are safe.

**Trauma.** The victim is traumatized. Be kind. Ask: what do you remember? See? Feel? Hear? Think?

**Reassure & Resources.** Reassure the victim that help is available and provide resources.

**Assess.** Assess the victim for signs and symptoms of strangulation and TBI.

**Notes.** Document your observations. Put victim statements in quotes.

**Give.** Give the victim an advisal about delayed consequences.

**Loss of Consciousness.** Victims may not remember. Lapse of memory? Change in location? Urination? Defecation?

**Encourage.** Encourage medical attention or transport if life-threatening injuries exist.

### TRANSPORT
If the victim is Pregnant or has life-threatening injuries which include:
- Difficulty breathing
- Difficulty swallowing
- Petechial hemorrhage
- Urinated
- Defecated

### DELAYED CONSEQUENCES
Victims may look fine and say they are fine, but just underneath the skin there would be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated.

The victim may develop delayed swelling, hematomas, vocal cord immobility, displaced laryngeal fractures, fractured hyoid bone, airway obstruction, stroke or even delayed death from a carotid dissection, bloodclot, respiratory complications, or anoxic brain damage.


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5. The Actual Plan
SAFETY WHILE LIVING TOGETHER

• Plan an escape route.
• Think of places you can stay temporarily and have the address written down.
• Make an extra set of car keys and hide them in an easy place to reach.
• Have a recent photo of abuser and children in case of an emergency.
• Prepare clothing needs.
• Prepare financial needs.
• Prepare for pet needs.
• Create a code word and share with trusted individuals and children.
• Financial planning - new accounts.
• Don’t disclose that you are seeking services or om a plan beforehand.
IF YOU HAVE LEFT THE RELATIONSHIP

• If you have a protective/restraining order keep it with you at all times.

• Leave copies of your protective/restraining order with your boss and your children’s teacher.

• Notify a trusted neighbor to be on alert of suspicious noises and to call the police.

• Make a habit of backing the car into the driveway and keeping it fueled.

• Consider renting a post office box or using the address of a friend for your mail.

• Change routines wherever possible.

• Change place of worship.

• Reschedule appointments of which the offender is aware.

• Use different stores and go to different social spots.
IF A VIOLENT INCIDENT OCCURS:

• Call 911.

• Leave the home immediately.

• If leaving is not possible, move quickly to a room of low risk (avoid kitchens, bathrooms, garages or any other room containing possible weapons).

• Have children scream to alert neighbors.

• If able to leave by car, lock doors immediately.
SAFETY PLANNING FOR WORK:

• Ask people at work to have your phone calls screened.

• Request caller ID; ask that your number be blocked so that it is not visible to others.

• Park close to the entrance of your building, and talk with security, the police, or a manager about walking with you to your car.

• Identify an emergency contact person should the employer be unable to contact you.

• Provide a picture of the perpetrator to reception areas and/or Security.
SAFETY PLANNING WITH CHILDREN:

• Alert school authorities of situation.

• Consider who has permission to pick up your children from school/daycare and discuss necessary changes with the appropriate caretaker.

• Consider changing your children’s school.

• Prepare for children’s needs (where children are involved).
  1. Teach child how to call 911.
  2. Create a code with children to encourage quick action.
  3. Take something meaningful for each child (blanket, pillow, etc.)
  4. Discuss what is happening if you must leave the home.
  5. Identify a safe place for children to go and plan with them.
SAFETY PLANNING ON TECHNOLOGY:

• Consider changing your profile picture to a generic photo not of you.
• Ensure accounts are set to the most private setting.
• Unfriend or block your abuser if possible.
• Understand that even if you block your abuser, mutual friends still have access to your social media.
• Ask your friends or family not to tag you or your children in posts, pictures, updates, etc.
• Avoid tagging or “checking in” at various locations.
  Avoid posting any updates that could upset or provoke your abuser.
• Screenshot any threatening posts.
CASE EXAMPLE — GROUP ACTIVITY

Client scores in extreme danger

Tells you that she is going back home for 2 more weeks until 14 year old daughter leaves for church camp

With the client you discuss if a violent incident occurs what to do.

She tells you that her law enforcement friend told her that she needs to get rid of the gun in the house and asks YOU “What do you think, should I get rid of the gun”

WHAT DO YOU DO NEXT???
6. Wrap Client in Supportive Services
MEET THE TEAM

COMMONWEALTH AND COUNTY ATTORNEYS
LAW ENFORCEMENT
DCBS WORKERS
CAC STAFF
MENTAL HEALTH PROFESSIONALS
MEDICAL PROFESSIONALS
VICTIM ADVOCATES
EDUCATORS
RELATED PROFESSIONALS
Safety Planning is On-Going!!!!

Not Just a 1 time Plan!!!
JUST DO RIGHT
THANK YOU!!

Michelle Morgan
Vice President of Programming and Director of Family Justice Center
One Safe Place, Fort Worth Texas
mmorgan@onesafeplace.org

One Safe Place main number 817-916-4323
www.onesafeplace.org – Like us on Facebook!!!