MODEL COLLABORATIVE STRANGULATION RESPONSE PROTOCOL FOR INDIANA JURISDICTIONS

INDIANA COALITION AGAINST DOMESTIC VIOLENCE

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THIS MANUAL IS DEDICATED TO THE COUNTLESS SURVIVORS OF STRANGULATION WHOSE LIVES WILL BE IMPROVED AND PERHAPS EVEN SAVED BECAUSE OF THEIR OWN COURAGE. WE ALSO RECOGNIZE AND APPRECIATE THE APPRECIATE THE COLLABORATIVE EFFORTS OF THE AGENCIES WHO HELPED AUTHOR THIS MANUAL.

This model protocol is based on the collaborative work of:

- Marion County Prosecutor's Office, Indianapolis Metropolitan Police Department, Marion County Centers of Hope Forensic Units and The Julian Center
- Amended with permission by members of Indiana Domestic Violence Fatality Review Team — Spring 2023

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A NOTE ABOUT LANGUAGE

It is first critical to note that because Indiana's strangulation statute (IC 35-42-2-9) includes suffocation, specifically the acts of impeding a person's breathing by covering their nose or mouth or by applying pressure to their chest or torso, the authors have chosen to address any and all acts of violence that impede the flow of oxygen to a person's brain under the umbrella term "strangulation." This is done not to diminish the trauma or injury done using those forms of violence, but for the flow and focus of the narrative and because the statute allows us to. They are different acts of violence with different modalities. However, they ultimately have the same physiological outcome — depriving the brain of oxygen — which, in turn, carries the same risk for lethality. There will be points within this document where the individual acts might be addressed. However, the model protocol should be understood as addressing both when the singular term "strangulation" is used.

Additionally, this model protocol is drafted as a response to strangulation specifically in the context of intimate partner violence, or IPV. Throughout this document, the terms "intimate partner violence" and "domestic violence" are used interchangeably. This is because, while the advocacy community uses the more specific term "intimate partner violence" to refer to a pattern of coercive and abusive acts throughout a relationship between emotionally intimate partners used to gain and exercise power and control over a partner, the criminal justice community often still uses the slightly broader "domestic violence," which can be broadened to include violence between family or household members. The authors are very aware that strangulation can and often does also happen in the context of both sexual violence committed by an individual other than an intimate partner and of child abuse. However, because of the repetitive and cyclical nature of IPV-related strangulation, as well as the elevated risk of future homicide, the authors have drafted this protocol as a strategy specifically focused on prevention of intimate partner violence-related homicide.

THE AUTHORS HAVE WORKED DILIGENTLY TO ENSURE THE MOST CLARITY FOR THE GIVEN AUDIENCE WHILE STILL HONORING OUR COMMITMENT TO RECOGNIZING AND SPEAKING TO SURVIVORS' EXPERIENCES AND REMAINING TRAUMA-INFORMED.

Finally, it is important to note that this model protocol is written with a survivor-centered and trauma-informed focus. To that end, the words and language used reflect that focus. Survivor-centered and trauma-informed language focuses on putting the person first, and on empowering those who have suffered trauma to guide their individual journey of healing.

Accordingly, where it is appropriate:

- Terms such as "survivor" and "person causing harm" are used.
- The terms "victim," "suspect," "defendant" or "perpetrator" are used in the discussions of criminal acts as that is how they are identified and differentiated in those contexts.
- The term "client" is used in discussions of advocacy response.
- The term "patient" is used during discussion of medical response.

INTRODUCTION

Strangulation and suffocation are violent physical acts that occur when the flow of oxygenated blood traveling to or from the brain becomes interrupted; thereby depriving the brain of the oxygen it needs to carry out the body's functions. The brain — and therefore the body — cannot survive without oxygen. A mere eight seconds of oxygen deprivation to the brain can result in a loss of consciousness and death shortly thereafter. For victims of strangulation who survive, the physiological and psychological effects, such as strokes, seizures, post-traumatic stress disorder and short or long-term memory loss, can have **profound effects that can last a lifetime**. It is not uncommon for acts of strangulation to be a component of intimate partner violence, sexual violence and child abuse cases. These crime types are driven by a perpetrator's need to have power over and to control a victim; determining whether or not a person will take a next breath is the **ultimate form of control**. Although always dangerous and potentially lethal, strangulation rarely leaves any injury on the victim's face or neck that is visible to the naked eye or detectible by unaided digital photography. In light of this, it is imperative that our advocates, first responders — law enforcement and medical professionals — and criminal justice system representatives — prosecutors and corrections professionals — are aware of the signs and symptoms of strangulation so that survivors/victims receive the trauma response services and medical attention needed, and perpetrators are held accountable for this violent crime.

750%

A SURVIVOR OF NON-FATAL STRANGULATION IS APPROXIMATELY **750% MORE LIKELY** TO BECOME THE VICTIM OF AN ATTEMPTED OR COMPLETED DOMESTIC HOMICIDE.

1 Glass, N., et al. (2008). "Non-fatal Strangulation is an Important Risk Factor for Homicide of Women," *The Journal of Emergency Medicine*, 35(3). 329-335.

In the state of Indiana, strangulation is a felony offense and is defined under IN Code §35-42-2-9 (2020) *as a person who in a rude, insolent or angry manner, knowingly or intentionally*

(1) applies pressure to the neck or throat of another person;

(2) obstructs the nose or mouth of another person; or

(3) applies pressure to the torso of another person in a manner that impedes the normal breathing or blood circulation of the other person.

Survivors who experience a single episode of strangulation at the hands of a partner causing harm are 750% more likely to become victims of attempted or completed homicide by that partner.[1] The Lethality Assessment Protocol — Maryland Model is an on-scene research-based assessment tool utilized by law enforcement jurisdictions across Indiana. This tool is designed for use by first responders with the goal of identifying survivors at elevated risk of dying at the hands of their partner causing harm and making an immediate connection between survivors and trained advocates. The protocol uses a screen derived from the Danger Assessment as created by Dr. Jacqueline Campbell and includes a question regarding the use of strangulation. Of the over 2,000 survivors screened with the tool just since January 2019, roughly 57% report surviving at least one act of strangulation. When one views these facts through the lens of research which clearly demonstrates that more than half of all intimate partner violence-related homicides or attempted homicides involve at least one incident of strangulation prior to the fatal act, it is clear that targeting incidents of strangulation for effective collaborative inter-agency intervention strategies can save lives.

The history of intimate partner violence intervention work has taught us that a collaborative multi-disciplinary approach is the most effective at reducing retraumatization of survivors and holding partners causing harm accountable for their actions. This model strangulation response protocol is designed to involve critical partners — medical response, advocacy, criminal justice and select others — in every step of the response to non-fatal strangulation. The model protocol is written in such a way as to provide **minimum standards** and response practices that should be added to existing agency protocols and procedures to improve the response to non-fatal strangulation incidents. It is crafted with the intent that counties, cities and jurisdictions across the state of Indiana can utilize it as the basis for a strong collaborative response to strangulation within their own boundaries. The authors encourage agencies, counties, cities and jurisdictions to view the included practices as a foundation on which more robust protocols can be built, ultimately improving outcomes for survivors and saving lives.

57% OF THE OVER 2,000 SURVIVORS SCREENED WITH THE TOOL JUST SINCE JANUARY 2019, ROUGHLY **57% REPORT SURVIVING** AT LEAST ONE ACT OF STRANGULATION.

LAW ENFORCEMENT AGENCIES

A critical role in the community effort to seek accountability for partners causing harm and safety for survivors is that of the law enforcement agency that responds to a crime of violence. Strangulation ranks alongside ownership and/or possession of firearms as a predominant predictor of future homicide. Given the level of lethality associated with such cases, survivors of strangulation may be even less likely to cooperate with prosecution than survivors of non-strangulation domestic violence cases. Therefore, when strangulation is alleged, it is critical that every representative of the responding law enforcement agency respond appropriately and take full advantage of the small window of opportunity given to locate, properly document and preserve evidence related to the strangulation crime. It is recommended that each individual law enforcement agency have a policy and response protocol in place specifically focused on non-fatal strangulation incidents. This model protocol recognizes that the manpower, technology and funding resources vary from one law enforcement agency to another. This section is designed to assist law enforcement agencies in utilizing the resources they have to develop a protocol for responding to strangulation cases in a way that is most likely to increase survivor safety and perpetrator accountability.

ROLE OF THE DISPATCHER

- All dispatchers should participate in specialized training focused on strangulation and appropriate response. One easily accessible option is to watch the most current version of the recorded webinar ***Investigating Strangulation*** produced by the Alliance for HOPE International. The webinar and related reference materials are available on the Alliance for Hope website at www.strangulationtraininginstitute.com/training/online-strangulation-training/. For agencies wishing to provide in-person training for their staff, the Indiana Coalition Against Domestic Violence can assist in identifying other appropriate and qualified training resources.
- Dispatchers should be specifically alert during domestic violence calls — including "domestic disturbance" and "invasion of privacy" calls — for callers who are relaying indicators of a potential strangulation. Audible signs to be aware of include the following:
  - Gasping for breath or difficulty breathing
  - Frequent swallowing
  - Difficulty speaking
  - A raspy voice
  - Regular coughing or clearing the throat
  - Reporting gaps in memory or an inability to recall parts of the incident
  - Reporting that their partner in any way made it difficult to breathe, specifically placing hands around the throat, covering the nose and/or mouth in any way, or placing pressure on the chest or torso.
- Suggested best practice for response to all domestic violence calls, but particularly to calls where possible strangulation is reported or

recognized by the dispatcher, is to dispatch a two-officer team to the incident.

- If a caller reports any of the signs or symptoms listed above, Responding Officer(s) should be informed and emergency medical services dispatched to conduct medical assessment and provide treatment if necessary.

ROLE OF RESPONDING OFFICER

- All law enforcement officers — including public assistance officers and evidence technicians — should participate in specialized training focused on strangulation and appropriate investigation and response. One easily accessible option is to watch the most current version of the webinar ***Investigating Strangulation*** available on the Alliance for Hope website at **www.strangulationtraininginstitute.com/training/online-strangulation-training/**, along with related reference materials. For agencies wishing to provide in-person training for their officers, the Indiana Coalition Against Domestic Violence can assist in identifying other qualified and appropriate training resources.
- Responding Officer(s) should be aware that lack of visible injury to the neck or throat does not negate the possibility of strangulation and/or strangulation-related injury, and should understand that it is common for victims of strangulation to have no visible marks or injuries.
- The Responding Officer(s) should document all signs and symptoms, visible and not visible, associated with the act of strangulation either reported by or observed of the victim. Model strangulation documentation forms are provided in the Resource Appendices to this document. Signs and symptoms to take notice of include but are not limited to the following:
  - Loss of bladder or bowel control
  - Loss of or altered state of consciousness — It is particularly important to document the process and recognition of loss of or altered state of consciousness, ie gaps in memory and loss of time, change of location, etc.
  - Petechiae (red spots) or pooling of blood in the eyes
  - Nausea or vomiting
  - Injury to the lips or tongue
  - Difficulty breathing
  - Difficulty swallowing
  - Vision (spots or flashing lights) or hearing (rushing or ringing) changes
  - Light headedness or headache
  - Unsteady on feet
  - A more complete list of signs and symptoms can be found on the Strangulation Assessment Card in the Resource Appendices.
- The Responding Officer(s) should always request assistance from Emergency Medical Services (EMS) personnel when strangulation is alleged. In jurisdictions where that may not be feasible, EMS response should be standard when a victim of strangulation has lost consciousness or shows signs of altered consciousness, has experienced the loss of bowel or bladder control during the act of strangulation, or has any visible sign of injury resulting from strangulation such as petechiae, marks or bruising. Additionally, the Responding Officer(s) should encourage the victim to seek treatment at a hospital and with a forensic nurse examiner (FNE) to assist with further treatment and documentation of injuries.
- The Responding Officer(s) should provide an immediate (and where possible direct) referral to victim assistance or local domestic violence service provider agency advocate.
- The Responding Officer(s) should properly document any and all alleged acts of strangulation or suffocation by preparing an incident report and/or officer information sheet, regardless of whether the victim indicates intent to cooperate with criminal investigation

2 Strack, G., et al., (2001). "A Review of 300 Strangulation Cases Part 1: Criminal Legal Issues", The Journal of Emergency Medicine, 21(3). 303-309.

and/or prosecution, and regardless of whether or not there are visible signs of injury present. Model strangulation documentation and report forms are available in the Resource Appendices.

- The Responding Officer(s) should request the assistance of an Evidence Technician to:
  - Ensure that the crime scene is photographed and evidence is collected. Critical evidence to document and collect includes but is not limited to:
    - Clothing worn by victim — especially if urine or feces-stained, or stretched or torn around the collar/neck
    - Objects reportedly or possibly used to strangle (for example necklaces, cords, scarves, towels, blankets, clothing items) or suffocate (for example pillows, pillowcases, blankets) the victim
  - Photograph the victim when injury (no matter how slight) is visible to the naked eye. Photographs should be taken with the Alternative Light Source (ALS) camera whenever possible, where and how protocol and staffing permits or requires. If photographs are taken with the ALS camera, pictures should first be taken without ultraviolet light source. A second set of identical pictures should then immediately be taken with the ultraviolet light source.
  - Photograph the suspect (hands, forearms, face, neck, etc.) to preserve evidence of what may be defensive or offensive injuries.
- If the suspect is on scene, Responding Officer(s) should take appropriate law enforcement action to ensure the safety and wellbeing of the victim, *including removal of firearms and weapons pursuant to Mandate to Prevent Further Violence (IC 35-33-1-1.5) and the Laird Law (IC 35-47-14).*
- If applicable, the Responding Officer(s) should contact an appropriate investigating detective if a victim alleging strangulation has experienced any of the following symptoms, which are indicative of use of greater / more extreme force and greater level of lethality:
  - Loss of or altered state of consciousness
  - Vomiting
  - Loss of bladder or bowel control
  - Petechiae (red spots) in eyes or on skin, or pooling of blood in eyes
  - Changes in voice — raspy, breathy, weak, failing
  - Changes in vision — spots, "floaters," clouded or tunnel vision
  - ANY marks on the neck

If none of these signs or symptoms are present, Responding Officer(s) may still contact a detective if the officer determines it to be appropriate given all surrounding circumstances. Further, if Responding Officer(s) does not work in a law enforcement jurisdiction that has an investigating detective, the Responding Officer(s) may have to take on the role of the Investigating Officer (see below) themselves.

- The Responding Officer(s) should contact a victim assistance advocate whenever strangulation is alleged if available.
- The Responding Officer(s) must provide the victim with information regarding their rights as the victim of a crime and should also provide information regarding local advocacy resources and a strangulation intervention card or information brochure. Model templates are available in the Resource Appendices.

ROLE OF INVESTIGATING DETECTIVE

- All law enforcement officers — including public assistance officers and evidence technicians — should participate in specialized training focused on strangulation and appropriate investigation and response. One easily accessible option is to watch the most current version of the webinar ***Investigating Strangulation*** available on the Alliance for Hope website at www.strangulationtraininginstitute.com/training/online-strangulation-training/, along with related reference materials. For agencies wishing to provide in-person training for their officers, the Indiana Coalition Against Domestic Violence can assist in identifying

other qualified and appropriate training resources.

- Incidents of strangulation involving intimate partners should be investigated by a Domestic Violence Unit, or a Domestic Violence Detective if available, unless otherwise directed by protocol.
- Detectives should record all statements of victims of non-fatal strangulation. This can assist in documenting vocal changes over the pendency of the case.
- Detectives should make a best effort to interview first non-law enforcement persons contacted (as noted on the incident report/ officer information sheet) by the victim during or after the act of strangulation. Questions should include inquiries about strangulation signs and symptoms experienced by the victim and observed by the witness.
- Detectives should recognize the signs, symptoms, and physiological effects of strangulation and the severity and potential lethality of the crime.
- Detectives should ensure that the crime scene is processed and evidence is collected — including photos of the victim and of the suspect, collection of weapons and objects used, and general crime scene corroborating evidence.
- Detectives should request any medical records that may be related to the investigation and any photographs taken during treatment. If a victim does not seek medical treatment, detectives should encourage the victim to seek treatment.
- Detectives should acquire at least one set of follow-up photographs of injuries to the victim where injuries may have further developed or where they have become more pronounced over time. A minimum of 24-48 hours should elapse following the incident. Additional follow-up photographs can be helpful to detail the progression of any visible injuries.
- Where an Alternate Light Source (ALS) camera was used to take pictures of the victim and bruising has since become visible to the naked eye (or has become more pronounced), where staffing and protocol permit, detectives should arrange for follow-up photographs to be taken by an ALS camera trained evidence technician. As described above in Role of the Responding Officer, Paragraph 6 d., photos should be taken first without the ultraviolet light source and then with the ultraviolet light source. If the victim is unwilling to allow photographs to be taken, this should be noted in the detective's case notes.
- Detectives should make all reasonable effort to interview the following individuals:
  - The victim
  - All named witnesses, including children
  - The first non-law enforcement individual contacted by the victim
  - The suspect; On all outright cases, and on warrant cases where it is possible to conduct an interview without compromising the safety of the victim. If an interview of the suspect is not conducted, the reason why should be noted in the detective's case notes.
  - Note; victims/witnesses under the age of 14 or having cognitive, learning or communicative disabilities should be interviewed by a professional trained in forensic child interviewing or in interviewing those with compromised cognitive or communication abilities if at all possible. Arrangements for such an interview should be made promptly to reduce the likelihood that someone may seek to influence the child's / witness' account of what happened. In the event that an interview is not or cannot be conducted by an appropriately trained individual, the child/ witness should be interviewed separately from other witnesses and without either the alleged victim or suspect present. Additionally, children who have been interviewed already pursuant to a Department of Child Services (DCS) investigation should not be reinterviewed. Notes or recordings of those interviews can and should be obtained by detectives.
- If the victim's medical condition is noted as Critical, the Detective should notify Homicide.

COLLABORATING COMMUNITY ADVOCATES

Community advocates — those advocates working outside of the criminal justice system — play an important role in offering survivors information, support, resources and assistance — all of which is tailored to each survivor's individual circumstances. Even though all physical violence is a possible precursor to homicide, this protocol focuses on adequately addressing the unique needs of strangulation survivors. The following recommendations are made for service provider advocates, including those advocates in jurisdictions where law enforcement does not have ready access to advocates or victim assistants.

- Every Advocate should receive basic training on strangulation. One possible resource is the webinar ***Investigating Strangulation***, available on the Alliance for Hope website at www.strangulationtraininginstitute.com/training/online-strangulation-training/. Agencies wishing to provide more in-depth in-person training for their staff can reach out to the Indiana Coalition Against Domestic Violence, who can assist in identifying appropriate training resources.
- When survivor contact originates through a law enforcement report or other referral source such as hospital staff, every strangulation report should receive prompt attention from an Advocate.
- Assessment or intake questions regarding the use of strangulation as a form of physical violence within the relationship should be included for ALL new clients.
- If a safe(r) contact phone number has been provided, that should be the primary form of initial contact.
- If the survivor cannot be reached via phone, a standard contact letter should be sent.
- Once a survivor of strangulation is contacted or if the original contact happens because of survivor outreach, it is important to ask if they are in a safe environment and whether it is safe to speak. Once it is safe to talk, below are some important questions and/or discussion points to share with survivors:
  - Ask the survivor about their symptoms of strangulation. Signs and symptoms to take notice of include but are not limited to the following:
    - Loss of bladder or bowel control
    - Loss of or altered state of consciousness — It is particularly important to discuss the process and recognition of loss of or altered state of consciousness, i.e., gaps in memory and loss of time, change of location, etc.
    - Petechiae (red spots) or pooling of blood in the eyes
    - Nausea or vomiting
    - Difficulty breathing
    - Difficulty swallowing
    - Vision (spots or flashing lights) or hearing (rushing or ringing) changes
    - Light headedness or headache
    - Unsteadiness on their feet
    - A more complete list of signs and symptoms can be found on the Strangulation Assessment Card in the Resource Appendices.
  - Discuss the seriousness of any possible injuries or future injuries that can result from strangulation.

- Encourage survivor to receive medical attention — preferably from a trained Forensic Nurse if possible — if they have not yet done so. Emphasize medical danger and long- term consequences of strangulation / repeated strangulation.
- With any survivor of non-fatal strangulation, Advocates should provide specific and detailed information regarding the immediate and long-term risks of strangulation. A model is provided in the Resource Appendices.
- Advocates should complete a danger assessment — either formal or informal — that examines the potential for reassault or lethality.
- Advocates should discuss safety planning, including assistance with shelter or other safe(r) housing options, protective orders, lock changes, lease termination and other services that may help the survivor to feel safe(r).
- If available, and if the partner that caused harm was arrested, Advocates should offer information about the partner's bond, future hearing dates and what to expect during the criminal process.
- If criminal charges are pending against the partner who caused harm, Advocates should discuss how to contact the assigned deputy prosecutor and/or victim assistance staff, as well as information about what services those individuals can or should be providing to the survivor.
- Advocates should Inform the survivor of their rights according to IC 35-40-5 (see appendices) and other applicable statutes and, if requested, advocate for them to ensure that their rights are respected.
- All Advocates should maintain updated information regarding services available through their program as well as through affiliated or collaborating programs to share with survivors. Additional services of interest to survivors may include individual counseling, support group, services for child(ren), economic justice assistance, housing assistance, as well as others.
- In situations where it might be necessary to discuss survivor's case with other service providers or agencies, Advocates should discuss the benefits and risks of sharing information with other providers with the survivor and, if appropriate, assist the survivor in reviewing and signing a Release of Information. A signed release of information must be obtained before sharing any information about the survivor or the survivor's situation with any agency, including law enforcement, prosecutor's office or medical professionals. Guidance and model release forms are provided in the Resource Appendices. Releases of information must be:
  - Informed; it is critical to discuss at length the possible benefits and challenges regarding whatever information is being requested or authorized for sharing
  - Specific; what information can be shared and the agency or professional with whom that information can be shared should be clearly stated and understood
  - Time-limited; it is recommended that releases of information be in effect for no more than 30-45 days at a time and regularly revisited to ensure the survivor's continued understanding and authorization to share information
- Advocates should discuss with the survivor the benefits, possible drawbacks and process for petitioning for a civil Protective Order. This can be done regardless of whether a criminal No Contact Order may be or has been enacted as a result of a criminal case. Petitions for a civil Protective Order can be filed in several ways;
  - In person at the local courthouse, usually at the office of the Clerk of Courts
  - Remotely using the web-based electronic filing portal, available at **https://public.courts.in.gov/porefsp#/**

While the online e-filing portal includes specific instructions and helpful information, it is always recommended that survivors work with a local advocate in filing a petition for a protective order.

Not all strangulation survivors contact law enforcement. There may be times when survivors call or walk into domestic violence programs directly to request assistance. It is important to make survivors feel safe and welcome. Below are some suggested steps for advocates in engaging survivors regarding strangulation;

- Before beginning any in-depth discussion regarding their situation, Advocates should always inform survivors about their requirements around confidentiality and mandatory reporting of suspected child abuse or neglect.
- All assessment / intake forms or protocols for new clients encountering domestic violence service provider programs should include questions about incidents or a history of strangulation.
- With any survivor of non-fatal strangulation, Advocates should provide specific and detailed information regarding the immediate and long-term risks of strangulation. A model is provided in the Resource Appendices.
- Advocates should discuss the option of making a police report with the survivor, including the benefits and drawbacks, while making it clear that that decision remains with the survivor.
- Advocates should encourage survivors to seek medical attention. Inform the survivor that hospitals can offer additional services beyond medical care.
- Advocates should encourage survivors to seek counseling for themselves and for their children who may have heard or seen violence in the home. Strangulation is a particularly intimate form of violence that can increase the level of trauma experienced by the survivor as well as any children who may have witnessed the act. Counseling may help survivors understand that they are not to blame for the partner's abusive actions and to process and cope with the trauma in healthier and more productive ways.

Although strangulation is not always associated with intimate partner violence cases, the majority of strangulation cases are likely to be intimate partner violence related. Advocates can and should advocate for survivors on a systems level to help provide a better, more trauma-informed experience overall. Advocates can do this by helping educate law enforcement, prosecutors and other collaborative partners regarding the unique nature of intimate partner violence, and specifically strangulation cases. They can do this by:

- Training new and existing collaborative partners on strangulation, survivor experience and behavior, and resources available through your agency.
- Speaking at community functions and meetings about the realities of intimate partner violence and the dangers of strangulation.
- Other activities that advocates should engage in which are beneficial to a collaborative response include the following:
  - Data Collection — Utilize a spreadsheet or other tracking method, to record the numbers of strangulation survivors with whom you work in order to accurately reflect for law enforcement, grant reports and systemic advocacy on behalf of those survivors.
  - Collaboration — Advocates should make and continue to strengthen relationships with hospitals, police departments, prosecutors offices and other social service organizations. It is important for all community agencies to know of all resources available for survivors of violent crime. Specifically, advocates should participate, where appropriate, in local and/or regional collaborative response teams addressing intimate partner violence and strangulation.

EMERGENCY MEDICAL SERVICES

Emergency Medical Service (EMS) and first responders may be the first, and sometimes only, interaction a survivor of strangulation has with the healthcare system. They play a vital role in the care of the survivor patient by assessing, treating and documenting injuries, and (where immediate transport is not involved) encouraging the survivor to pursue proper medical follow-up by explaining the potential health-related issues that can accompany strangulation injuries. The following protocols should be followed in every case involving an ambulance run where strangulation or suffocation is reported in order to promote the safety and wellbeing of survivors of strangulation and/or suffocation.

- Every Emergency Medical Provider (EMP) should receive basic training on strangulation. One possible resource is the webinar ***EMS & Paramedic Response to Strangulation***, which is posted on Alliance for Hope, International's website at **www.familyjusticecenter.org/resources/ems-and-paramedic-response-to-strangulation-webinar/**. Agencies wishing to provide more in-depth in-person training for their staff can reach out to the Indiana Coalition Against Domestic Violence, who can assist in identifying appropriate training resources.
- ALL patients who have experienced intimate partner violence should be asked specifically about strangulation and suffocation. The current incident(s) of strangulation should be documented, as should the approximate number and frequency of prior incidents. This documentation can provide crucial information to medical professionals who ultimately treat the patient.
- All patients who disclose strangulation should be strongly encouraged to seek further medical evaluation and treatment, given the potential lethality associated with strangulation cases, as well as the potential for serious short-term and long-term health effects.
- Patients should be transported to a facility with a Forensic Nurse Examiner (FNE) available if at all possible. One task the collaborative response team can take on is to create and maintain a list of trained forensic nurses in their jurisdiction/county. A county-by-county list updated annually is available in the online Resource Appendices.
- If the patient declines transport by ambulance, the responding EMS professional should educate the patient about signs and symptoms of strangulation which, if experienced, should cause the patient to call for and/

or seek immediate medical attention. A model document is provided in the Resource Appendices.

- Even if a patient signs a Statement of Release, detailed documentation of the patient's condition should still be completed and should include the elements listed below.
  - Assessment should include determining the presence of the following:
    - Petechiae — including eyes, inside mouth, throat, behind the ears, at the hairline
    - Chin rub — abrasion on chin
    - Tongue injuries
    - Frenulum injuries
    - Bruising behind ears
    - Neck pain or injuries
    - Changes in voice
    - Pain when swallowing
    - Evidence on clothing of bowel or bladder void. If not seen, ask patient whether they have changed clothes since assault.
    - Any other injuries
  - Documentation should include (at a minimum):
    - Manner of strangulation/suffocation (one hand, two hands, ligature, etc.) based on patient's report; if patient cannot recall details, please note the inability to recall in documentation.
    - All injuries
    - Notation of any statements made by patient about what they were thinking/feeling during assault; where possible include direct quotes
    - Loss of consciousness or indicators of altered state of consciousness
    - Bowel or bladder void (ask patient specifically as they may not volunteer this information)
    - Position of patient and perpetrator during assault (patient lying down with perpetrator on top, facing each other, etc.)
    - Vomiting
    - Voice changes
    - Pain or difficulty swallowing
    - Petechiae
- Presence of children in the house should be noted and children should be assessed for any potential injuries. If children were injured, confirm with law enforcement whether the Department of Child Services has been notified.
- It is important that the responding law enforcement officers have all the correct contact information for members of the responding EMS crew(s) in case of need for later contact.
- For incidents where transport for additional treatment is done, a run sheet MUST be left at the hospital where the patient is transported.

THE FORENSIC NURSE

The Forensic Nurse Examiner (FNE) plays an essential role in ensuring the medical care and safety of the survivor through proper evaluation and treatment of the patient. In performing their healthcare duties, FNEs can provide essential information in their notes and as experts at trial that promotes the goal of patient safety and healing from the trauma they have experienced. The following practices detail how the FNE can properly document and handle the exam in a way that will maximize the effort to assist the medical provider in diagnosis and treatment of the non-fatal strangulation survivor patient. The FNE documents the findings of the medical forensic exam on an institution-specific strangulation chart, model templates of which are available in the Resource Appendices.

Discussion of the consent process is focused on the adult patient (18 years old and having adequate capacity to determine their own well-being). Children and adolescents still need to assent to the Medical Forensic Exam (MFE), but the parent, legal guardian or custodian must sign consent prior to examination and medical care. It is important that the FNE follows the state-mandated reporting and informed consent statutes (see appendices) when obtaining consent and when it is appropriate to notify law enforcement or other mandated agencies.

- The qualified health care provider, based on the institution's policies or procedures of medical screen exams, performs the medical screening upon the patient's arrival to the Emergency Department (ED). The purpose of the medical screening is to determine whether any of the following are needed:
  - Further evaluation/testing/imaging
  - Further medical care by emergency medicine provider
  - Additional consults to specialist due to medical findings on exam
- The FNE should discuss with the patient their role in the medical care of the patient while they are in the ED. The FNE should explain their role as a collaborative partner with the emergency medicine provider to determine a plan of care of the patient.
- The FNE should offer a Medical Forensic Exam (MFE) and available support resources while the patient is receiving care in the ED. The FNE should provide an explanation of a medical exam versus a Medical Forensic Exam (MFE), and discuss the risks, benefits and alternatives to the MFE. The exam is conducted along with the provider's medical exam for the purpose of treatment and diagnostic needs of the patient.
  - The patient will have the option of receiving or declining all or any part of the Medical Forensic Exam. The FNE should document what services the patient consents to and/or declines.
  - The FNE should request the patient sign the treating institution's consent form that will allow for the Medical Forensic Exam, and the consent form for the release of medical records, EMS records, and MFE report generated on the day of patient's visit to law enforcement and/or prosecution.

- If the patient declines to sign the consent for release of records, then the medical records, EMS record and MFE report are NOT released to law enforcement and/or prosecution without a subpoena. A medical exam is necessary before medical providers discharge the patient from the ED.
- If the patient consents to the Medical Forensic Exam, the FNE should obtain a medical history, a history of events, and perform a physical exam to document clinical signs and symptoms, and should include body mapping and photo documentation. The FNE may obtain photo documentation even if patient reports law enforcement already obtained pictures of injuries at the scene unless patient specifically declines additional photos at the hospital by the FNE.
- The FNE should be very specific in documenting clinical signs and symptoms, especially noting petechiae, loss of consciousness, loss of bowel or bladder control, and marks anywhere around the neck, face or chest.
- The FNE should document voice changes and/or swallowing issues reported by patient following strangulation.
- The FNE should ask the patient about the presence of children at the time of the assault for the purposes of determining if there was child abuse / neglect, which would mandate a report to the Indiana Department of Child Services.

• The FNE should discuss exam findings with the emergency medicine provider and provide recommendations for further diagnostics, such as CTA of the neck, MRI/MRA, etc., if indicated, and collaboratively develop a plan of care with the provider. The FNE will document the collaborative medical plan of care in their documentation and educate the patient on long-term effects of strangulation. Medical Radiographic Imaging Guidelines are included in the Resource Appendices as a reference for all medical providers.

• Where the community or collaborative domestic violence service provider agency does not have a trained advocate or victim assistant that responds to the hospital, it is recommended that the FNE conduct a danger assessment to assess the patient's current and future risk of lethality. If the FNE conducts a danger assessment, it is recommended that a discussion of lethality of the situation is documented in the chart. It is imperative the patient is aware of risk of lethality in the relationship and is provided resources to seek and address their safety. FNEs who conduct and discuss the results of a danger assessment should/can access training on the assessment tool and the process of discussing it with patients at **www.dangerassessment.org**.

• Where the community or collaborative domestic violence service provider agency does have a trained advocate or victim assistant that responds to the hospital, the FNE should discuss contacting that agency/advocate in order to provide immediate advocacy services, including danger assessment, safety planning, accessing community resources such as emergency shelter, counseling and other resources to assist the patient in seeking safety. FNEs and hospitals can identify and locate their local domestic violence service provider via the website for the Indiana Coalition Against Domestic Violence at **www.icadvinc.org/domestic-violence-programs/**.

• In facilities where an advocate does not respond to the hospital, discharge instructions related to strangulation, safety planning, community resources such as emergency shelter, counseling, and where to obtain a civil protection order should be provided to the patient. The discharge instructions should include the contact information for the local community or collaborative partner domestic violence service provider agency.

• The FNE should obtain the EMS record for inclusion as part of the Medical Forensic Exam documentation. The FNE should scan the record into the institution's electronic records system

as it may be helpful for the patient's plan of care and corroborate a patient's history of strangulation.

  - If law enforcement is involved, they and/or prosecutor can obtain medical records by contacting the health care institution health information management (HIM) department where the patient received their medical care. The patient MUST sign a medical release form before the institution can release the requested documents.
  - With the patient's written consent, the medical records of the emergency department visit, the Medical Forensic Exam report and the EMS run sheet may be released to law enforcement and/or prosecution.

- Per institution protocol, the FNE should discuss, explain and/or initiate an application to the violent crime compensation fund with the patient if the patient meets eligibility requirements. The online filing portal can be found on the Indiana Criminal Justice Institute website at **www.in.gov/cji/victim-compensation/**.
- Per institution protocol, the patient may return to the ED for further care and documentation of new injuries.

It is common for Forensic Nurse Examiners (FNE) to be asked to testify in criminal cases regarding their care of the survivor. If asked to testify in court proceedings, below are some suggested steps to prepare for that process.

- The FNE should ask to meet with the prosecutor at least one week before set trial date to discuss testimony, needed documents and photos (if taken at the time of the emergency department visit).
- The FNE should obtain and review all relevant documents regarding the patient's encounter in the ED.
  - Prosecutors will be responsible for obtaining necessary releases for medical records and photographs prior to meeting with the FNE.

PROSECUTING ATTORNEY

The role of the prosecuting attorney on strangulation cases is critical in holding partners who cause harm accountable for their violence. Successful prosecution of strangulation cases depends in part on the identification and preservation of evidence of signs and symptoms of strangulation and/or suffocation, which must be gathered early by both the responding officer and the detective. The use of a medical professional (trauma physician, forensic nurse, etc.) who can testify about (a) the connection between the act of strangulation and the signs and symptoms and (b) what the signs and symptoms tell a trier of fact about the seriousness of the event and the physiology behind what has occurred is also a critical component. The prosecutor should also be able to explain, through testimony and argument, why strangulation may not have any external indication or corroborating evidence as well as the importance of holding persons who strangle their partner accountable.

- A Prosecutor working on domestic violence or sexual assault cases should seek out training on the medical aspects of strangulation prior to trying a case. Prosecutors should work with and train initial response and investigating law enforcement officers regarding what types of evidence are critical in strangulation prosecution. This should include but not be limited to proper documentation of and photograph techniques for strangulation injuries, documentation of secondary symptoms of strangulation such as raspy voice, altered mental state etc. One training resource available for Prosecutors is the recorded webinar ***What Attorneys Need to Know About Strangulation***, which can be found on the Alliance for Hope website at www.familyjusticecenter.org/resources/what-attorneys-need-to-know-about-strangulation/. Agencies can also reach out to the Indiana Coalition Against Domestic Violence for assistance in identifying appropriate training resources for their staff.
- Prosecutors responsible for reviewing charging information and filing cases should identify those cases where the elements of strangulation are present and documented and charge accordingly to ensure that the alleged perpetrator is held accountable for all acts of violence.
- In reviewing the case for filing, the Prosecutor should also consider all evidence from the investigation and determine whether or not a strangulation assault rises to the level of additional, more serious charges.
- During trial preparation, Prosecutors should also consider these areas of focus:
  - Prosecutors should review jail calls for further evidence including symptoms of strangulation in the victim, as well as indications of intimidation, forfeiture by wrongdoing, harassment or other additional crimes.

- Prosecutors should have at least one detailed pretrial meeting with the victim about their strangulation experience using trauma-informed interview techniques. It is critical for Prosecutors to remember that both trauma and strangulation can effect how victims recall and relay memories of the incident. Best practice suggests that multiple interviews with a victim will provide a more complete understanding of the incident. Information about trauma informed interviewing is included in the Resource Appendices, but brief notes on trauma-informed interviewing techniques are below:
  - Due to the neurobiology of trauma, the interview should not involve a battering ram of questions forced at the victim. Rather, a productive interview (involving any traumatic event) will begin by making the victim comfortable and then asking the victim to relay the incident as they remember it.
  - Begin the conversation with questions about sense memories, i.e. were there specific sounds, smells, images that stuck out, and then building around those memories.
  - The interview should attempt to elicit detailed information about how the victim was strangled or suffocated as well as any physical and psychological symptoms they experienced or may be currently experiencing as a result of the assault.
  - The interview should include questions for the victim about other signs and symptoms of strangulation that they may not have included in their initial report to the Responding Officer.
  - Be sure to ask the victim about any witnesses to the crime, or about signs or symptoms of strangulation displayed after the assault that may have now manifested.
- Prosecutors should encourage the victim to seek medical treatment if they have not already done so. Encourage the victim to specify to a medical provider that they have been strangled and their medical evaluation and care should be specific to that.
- For agencies that have a victim assistance program, Prosecutors should connect the survivor with that program and/or provide the survivor with the direct contact information for their assigned victim assistant.
- Prosecutors should provide the victim with contact information for a local community advocate or advocacy program as well. Community advocates and criminal justice system victim assistants have different roles and different resources that can benefit the victim.
- Prosecutors should meet with any and all witnesses who are medical providers to ensure that you understand the medical information and their ability to give testimony on the issues pertinent to strangulation. If the victim did not seek medical care and therefore you do not have a medical witness, consider adding a subject matter witness who can testify regarding the basic dynamics of strangulation and why there may not be external indicators of a strangulation assault. Work with the witness(es) to determine what visuals or demonstrative exhibits will best support their testimony at trial. An example of medical visual aids for trial are included in the Resource Appendices.
- As with all cases involving domestic violence, pretrial monitoring via GPS or community corrections is important if maintaining the defendant in custody is not an option.
- Pre-trial motions including forfeiture by wrongdoing, 404(b), and rulings for admissibility of evidence should be utilized when appropriate.

Whether the defendant is convicted or not, advocates should play a key role in safety planning and in educating the victim about the dangers of being in a relationship where strangulation is used as a tool of abuse. Victims should be encouraged to work with victim assistance programs and community advocates or domestic violence service providers both during the case as well as after its conclusion.

CONCLUSION

A survivor of non-fatal strangulation is approximately 750% more likely to become the victim of an attempted or completed domestic homicide. For individuals who survive a strangulation attack, many will suffer temporary, protracted or even permanent physiological, neurological and/or psychological injury that will have profound impacts on their families and, by extension, our community. Recent studies also show that 30-50% of the suspects in officer-involved shootings have a criminal background involving non-fatal strangulation.

All these facts strongly suggest that homicide prevention efforts and a safer, healthier community can both be supported through the development of effective protocols both within and between agencies who provide services to either survivors or perpetrators of the crime of strangulation. This model protocol represents the first steps in creating communities across the state of Indiana that take the threat of strangulation as seriously as it must be taken. The authors encourage all jurisdictions and agencies who respond to these cases, as well as the communities they serve, to use this template to draft and implement their own collaborative strangulation response protocol with the ultimate outcome being fewer victims lost to intimate partner homicide.

A SURVIVOR OF NON-FATAL STRANGULATION IS APPROXIMATELY **750% MORE LIKELY** TO BECOME THE VICTIM OF AN ATTEMPTED OR COMPLETED DOMESTIC HOMICIDE.

RECENT STUDIES ALSO SHOW THAT **30-50% OF THE SUSPECTS** IN OFFICER-INVOLVED SHOOTINGS HAVE A CRIMINAL BACKGROUND INVOLVING NON-FATAL STRANGULATION.

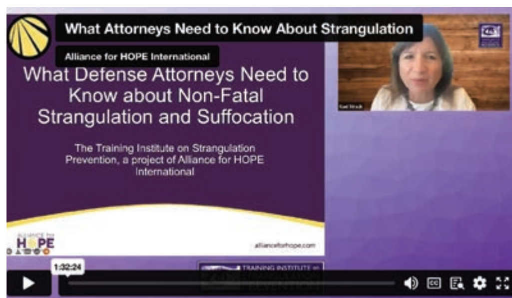
RESOURCE APPENDICES

REFERENCES & RESOURCES FOR INDIANA MODEL COLLABORATIVE STRANGULATION RESPONSE PROTOCOL

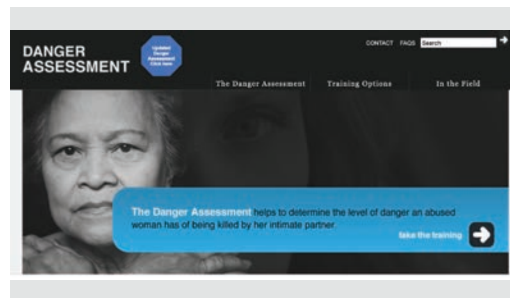
TRAINING VIDEOS & RESOURCES

Strangulation Intervention and Prevention e-training video (Law Enforcement / Advocates) — www.strangulationtraininginstitute.com/training/online-strangulation-training

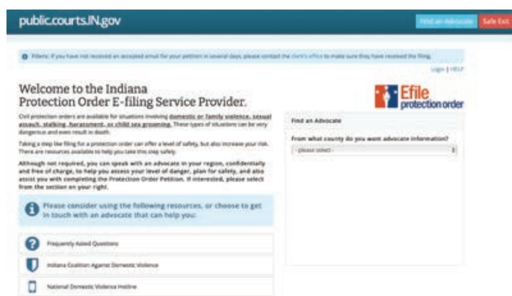
EMS & Paramedic Response to Strangulation e-training video — www.familyjusticecenter.org/resources/ems-and-paramedic-response-to-strangulation-webinar/



What Attorneys Need to Know About Strangulation e-training video — www.familyjusticecenter.org/resources/what-attorneys-need-to-know-about-strangulation



Danger Assessment Training — www.dangerassessment.org



Protective Order Efiling Portal — www.public.courts.in.gov/porefsp#

Crime Victim Compensation Fund — www.in.gov/cji/victim-compensation

APPENDICES BY CHAPTER

All of the below listed resources are available for download at the following link or by scanning the QR code. https://rebrand.ly/m6w8f2x

INDIANA LEGISLATION

rebrand.ly/90o70rz

- IC 35-31.5-2 Definitions of Crimes of Domestic or Family Violence, Serious Violent Felon
- IC 35-42-2-9 Strangulation
- IC 31-33-5 Mandatory Reporting of Child Abuse or Neglect
- IC 12-10-3-9 Reporting Abuse of Endangered Adults
- IC 35-47-7-1 Reporting Weapon Inflicted Injuries
- IC 35 40-5 Rights of Crime Victims

LAW ENFORCEMENT

rb.gy/yz1p4

- Intl Association of Chiefs of Police Model Policy on Strangulation
- IACP Strangulation Response Checklist
- Dispatchers
  - Alliance for Hope Strangulation Infographic
  - Alliance for Hope Strangulation Assessment Card
- Response & Investigation
  - Indianapolis Metropolitan Police DV Officer Information Sheet
  - San Diego Co Strangulation Supplemental Report Form
  - San Diego Co Strangulation Documentation Form
  - Lancaster Strangulation Supplemental Report
  - Alliance for Hope Strangulation / Suffocation Investigative Worksheet
  - Alliance for Hope Strangulation Assessment Card
  - Indiana Victims' Rights Summary
  - ICADV / Alliance for Hope Strangulation Resource Brochure

COLLABORATING COMMUNITY ADVOCATES

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- ICADV / Alliance for Hope Strangulation Resource Brochure
- Indiana Victims' Rights Summary
- Alliance for Hope Safety Planning for Strangulation Brochure
- Release of Information Guidance
- Release of Information Model

EMERGENCY MEDICAL SERVICES

rb.gy/g2rze

- Signs & Symptoms of Strangulation Quick Reference
- Recommendations for Adult Medical / Radiological Evaluation of Non-Fatal Strangulation
- 2023 Medical Forensic Exam Providers List

FORENSIC NURSES

rb.gy/bfpqx

- IC 31-33-5 Mandatory Reporting of Child Abuse or Neglect
- IC 12-10-3-9 Reporting Abuse of Endangered Adults
- IC 35-47-7-1 Reporting Weapon Inflicted Injuries
- Intl Association of Forensic Nurses Non Fatal Strangulation Documentation Toolkit
- Recommendations for Adult Medical / Radiological Evaluation of Non-Fatal Strangulation

PROSECUTORS

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- Trial Visual Aide — Esperanza
- Trial Visual Aide — Vital Neck Structures
- Physiological Consequences of Strangulation
- Trauma Informed Interviewing Techniques — Office on Victims of Crime Training & Technical Assistance Center
- Successful Trauma Informed Interviewing — International Association of Chiefs of Police
- Trauma Informed Interviewing for the Justice System — Battered Women's Justice Project Recorded Webinar — https://www.bwjp.org/resource-center/resource-results/trauma-informed-victim-informed-interview-for-the-justice-system.html

GENERAL REFERENCES

rebrand.ly/jz6x3pg

- No Visible Bruises — Article discussing strangulation and traumatic brain injury
- Strangulation as an Important Risk Factor for Homicide of Women

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