ALLIANCE for HOPE INTERNATIONAL

Training Institute on Strangulation Prevention

San Diego, CA - August 2018

Masters' Course - Class #1

TRAINING INSTITUTE on STRANGULATION PREVENTION

August 21st-23rd, 2018 in San Diego, California

ALLIANCE for HOPE INTERNATIONAL

Training Institute on Strangulation Prevention

San Diego, CA - August 2018

Masters' Course - Class #1

TRAINING INSTITUTE on STRANGULATION PREVENTION

This project is supported all or in part by Grant No. 2014-TA-AX-K008 & 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.

Overview of the Masters' Summit

The Masters' Summit was for Alumnus of the 4 Day Advanced Course handling domestic violence and sexual assault cases. This summit brought together 65 prior attendees who have distinguished themselves in the handling of non-fatal strangulation cases by testifying as experts, providing training and or by making significant contributions to the field. The Masters' Summit was a special and unique opportunity to have a National think tank and learning exchange. This training updated attendees about our current knowledge of non-fatal strangulation and suffocation assaults by continuing where the 4-Day Advanced course left off.

The Goals of the Masters' Summit are to:

- Increase public awareness & education
- Focus on lethality assessment
- Integrate HOPE into our practice
- Recommit to evidence based prosecution
- Increase advocacy from all disciplines
- Enhance legislation & legal strategies
- Identify best practices, develop model protocols & implement those plans
- Focus on health & long-term consequences of strangulation
- Form multi-disciplinary Strangulation Response Teams
- Increase sustainable funding
- Enhance research & development

Attendees of our trainings learn how to:

- Identify the signs and symptoms of non-fatal strangulation cases
- Understand and recognize the anatomy and medical aspects of surviving and non-surviving victims
- Investigate and document cases for prosecution
- Prosecute cases including using experts in court
- Enhance victim safety through trauma-informed advocacy services
- Identify best responses to potential defenses
- Identify strengths, weaknesses, opportunities, and threats

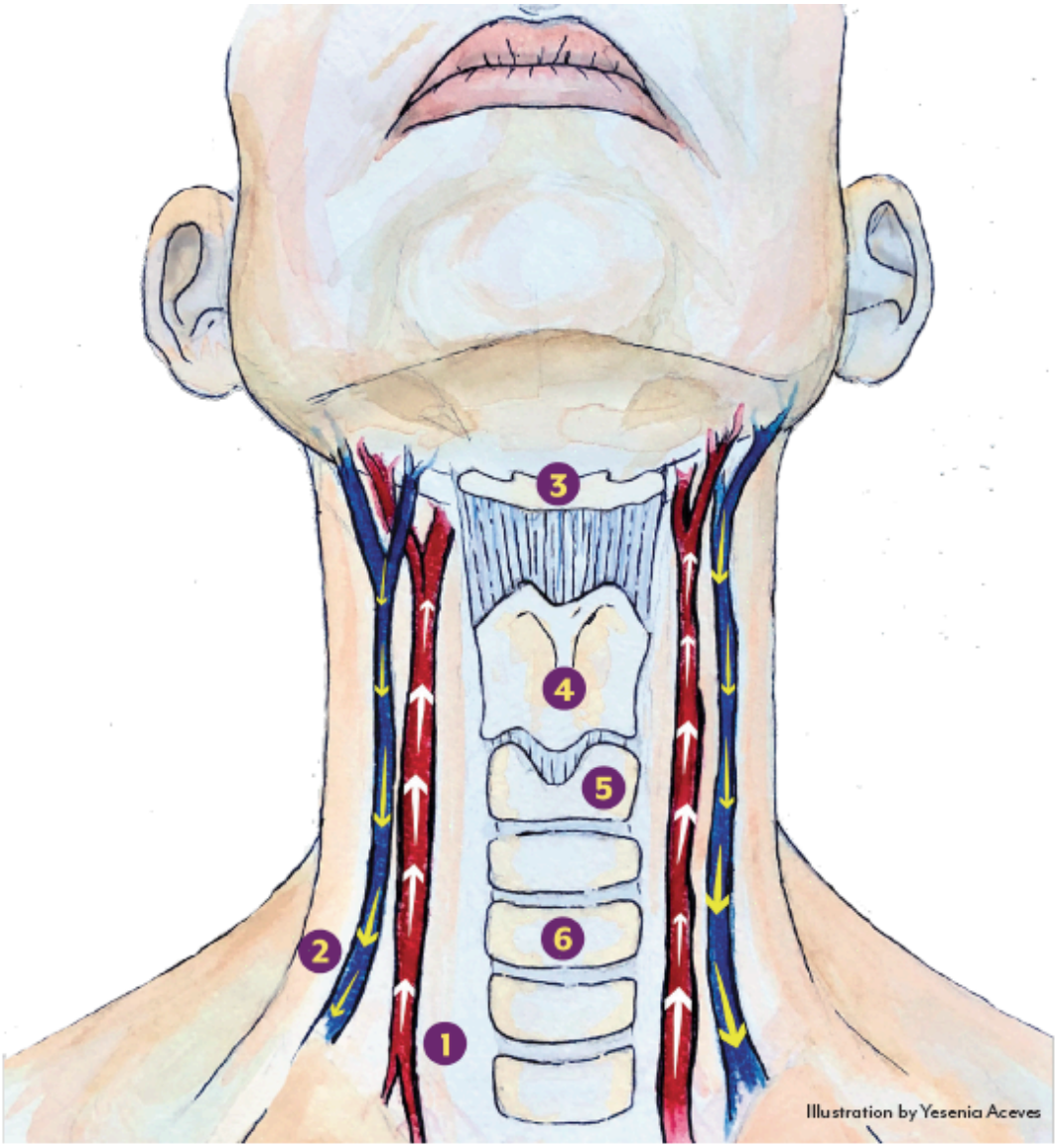
Attendees of the Masters' Summit:

- Arkansas
- Arizona
- Australia
- California
- Delaware
- Indiana
- Kansas
- Kentucky
- Maryland
- Maine
- Michigan
- Minnesota
- Missouri
- North Carolina
- New Hampshire
- New Jersey
- New Mexico
- New York
- Ohio
- Oklahoma
- Texas
- Utah
- Washington

The Masters' Summit consisted of 65 of the Top Legal, Medical, Advocacy, and Law Enforcement professionals on Domestic Violence and Sexual Assault Strangulation

The Need for Training on Strangulation Prevention

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



1 Carotid Artery
2 Jugular Vein
3 Hyoid Bone
4 Thyroid Cartilage
5 Cricoid Cartilage
6 Tracheal Rings

The above diagram identifies the vital neck structures that are frequently affected during strangulation.

UCMJ added Strangulation/Suffocation as a Felony offense

As a result of those early efforts, many strangulation cases are now being elevated to felony-level prosecution due to professionals understanding the lethality of strangulation. Police and prosecutors are using existing statutes or working with legislators to create new felony legislation or improve their strangulation laws. Currently, 48 states have passed some form of a felony strangulation law. One of the more recent victories signed into law was on August 2018 by President Trump through John S McCain National Defenses Authorization Act 2019 is affectionately called “Dean’s Law” in honor of Dr. Dean Hawley and his years of advocacy for this statute. This law became effective January 1, 2019 and will change strangulation cases from a misdemeanor-level to a felony-level offense.

Subtitle D—Military Justice

SEC. 531. INCLUSION OF STRANGULATION AND SUFFOCATION IN CONDUCT CONSTITUTING AGGRAVATED ASSAULT FOR PURPOSES OF THE UNIFORM CODE OF MILITARY JUSTICE.

(a) IN GENERAL.—Subsection (b) of section 928 of title 10, United States Code (article 128 of the Uniform Code of Military Justice), is amended—

(1) in paragraph (1), by striking “or” at the end;

(2) in paragraph (2), by adding “or” after the semicolon; and

(3) by inserting after paragraph (2) the following new paragraph:

“(3) who commits an assault by strangulation or suffocation;”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on January 1, 2019, immediately after the coming into effect of the amendment made by section 5441 of the Military Justice Act of 2016 (division E of Public Law 114–328; 130 Stat. 2954) as provided in section 5542 of that Act (130 Stat. 2967; 10 U.S.C. 801 note).

SEC. 532. PUNITIVE ARTICLE ON DOMESTIC VIOLENCE UNDER THE UNIFORM CODE OF MILITARY JUSTICE.

(a) PUNITIVE ARTICLE.—

(1) IN GENERAL.—Subchapter X of chapter 47 of title 10, United States Code (the Uniform Code of Military Justice), is amended by inserting after section 928a (article 128a) the following new section (article):

“§ 928b. Art. 128b.

“Any person who—

“(1) commits a violent offense against a spouse, an intimate partner, or an immediate family member of that person;

“(2) with intent to threaten or intimidate a spouse, an intimate partner, or an immediate family member of that person—

“(A) commits an offense under this chapter against any person; or

Victories Across the County

Mayor Ken Shetter from the City of Burleson, Texas helped pass a new ordinance requiring EMS responders to be summoned to the scene of Domestic Violence calls when officers determine an act of strangulation has occurred. The new ordinance also calls for a strangulation task force which will be tasked to develop and implement new tools and training for first responders confronted with suspected strangulation. Lastly the new law creates a penalty. Any violator may be punished through administrative action by the City Manager.

Katherine Scheimreif is a thirty-year veteran of the Charlotte-Mecklenburg Police Department and has led the Crime Scene Investigations Unit for over six years. Katherine leads 35 Crime Scene Investigators who last year responded to over 11,000 calls for service. Because of this high call volume, Katherine has implemented numerous technological and innovative Forensic processes in an effort to streamline their responses. One policy that was created allows her CSI team to be called out to Strangulation calls. Under her watch, strangulation cases are treated as attempted homicide cases. Thanks to Katherine’s work, strangulation cases are being investigated on a higher level and thus allowing for more successful prosecution.

Favorite Statutes

- **Virginia:** no-Bail presumption for individuals arrested for strangulation
- **Ohio:** comprehensive bail statute that allows judges to consider a long list of important factors including the seriousness of strangulation
- **Wisconsin:** statute that defines petechia as a form of substantial bodily harm
- **Mississippi:** statute that includes positional asphyxia by defining strangulation to include restricting the flow of oxygen or blood by intentionally applying pressure on the neck, throat or chest of another person by any means or to intentionally block the nose or mouth of another person by any means
- **California:** newest strangulation law that requires law enforcement officers to give victims a warning about the seriousness of non-fatal strangulation assaults and track stranglers.
- **VAWA** 2013 Under 18 USC 113 requires no injury for a conviction for strangulation and/ or suffocation and provides for a 1- year maximum sentenced

The National Advisory Board

The widespread success and expansion of the Institute is in large part due to the committed core of national faculty and advisors committed to helping save the lives of potential victims of deadly domestic violence. We are especially grateful to our Advisory Board, a group of medical, law enforcement, legal, and social service professionals, who help us to dream big for the future of our program.

2018 Advisors

Det. Michael Agnew (Ret.)
Law Enforcement Consultant, Fresno, California

Reena Becerra, Survivor VOICES, San Diego, California

Jacquelyn Campbell, PhD, RN, FAAN
Anna D. Wolf Chair and Professor, Johns Hopkins University School of Nursing, Washington DC

Ruth Downing, MSW, RN, CNP, SANE-A Forensic Nurse Consultant and Practitioner, Columbus, Ohio

Diana Faugno, MSN, RN, CPN, SANE-A, SANE-P, FAAFS, DF-IAFN
Forensic Nurse Consultant, Palm Springs, California

Gerald Fineman, Esq.
Deputy District Attorney, Riverside, California

William Green, MD, Medical Director
California Clinical Forensic Medical Training Center, Sacramento, California

James Henderson, MSW, CAC-R
Probation Consultant, Battered Women's Justice Project, St. Paul, Minnesota

Candace Heisler, Esq.
Domestic and Elder Abuse Trainer and Consultant, San Francisco, California

Leslie Hagen, Esq., National Indian Country Training Coordinator
U.S. Department of Justice, Columbia, South Carolina

Judge Eugene Hyman (Ret.)
San Jose, California

Michael Weaver, MD, FACEP
St. Luke's Hospital's Sexual Assault Treatment Center
Kansas City MO

Mike Wallace, Investigator
Shasta County DA's Office
Redding, CA

Lizbet Perez, Advocate
San Diego DA's Office
San Diego, CA

Heather Rozzi, MD, FACEP
Wellspan York Hospital
York, PA

Cathy-Baldwon Johnson, MD, FAAFP
Alaska CARES
Anchorage, AK

Ellen Taliaferro, MD, FACEP
Creekside Communiations
San Mateo, CA

Brett Johnson, Esq.
Assistant District Attorney & Former Defense Attorney, Casper, Wyoming

Jill Rable, BSN, MSN-ED, RN, CPN, SANE-A
Forensic Nurse, Maricopa, Arizona

Sgt. Daniel Rincon
Scottsdale Police Department, Arizona

Ralph Riviello, MD, MS, FACEP
Professor & Vice Chair of Clinical Operations, Emergency Medicine
Drexel University College of Medicine, Pennsylvania

William Smock, MD
Police Surgeon, Louisville Metro Police Department,
Louisville, Kentucky

David Thomas
Law Enforcement Consultant, Washington DC

Malinda Wheeler, RN MN, FNP, SANE-A/P Director, Forensic Nurse Specialists, Inc., Los Alamitos, California

Daniel Rincon, Lieutenant
Scottsdale Police Department
Scottsdale, AZ

Shira Burns, Esq.
York County District Attorney's Office
Alfred, ME

Cat Otway, RN, SANE-A, SANE-P
First Step Resource Center Providence St. Patrick Hospital
Missoula, MT

William Hernandez, Detective
Napa Police Department
Napa, CA

Sylvia Vella, Detective
San Diego Police Dept.
San Diego, CA

Michael Rizzo, Program Manager
International Association of Chiefs of Police
Washington, DC

Dean Hawley,MD, FP
IndianaUniversity of Medicine
Inidianapolis, IN

Steve Campman, MD
Medical Examiner's Office
San Diego, CA

The National Advisory Boards

In August 2018, our national advisory members and recent graduates from the advanced course convened in San Diego to develop a 5-year strategic plan for the Institute. Attendees left inspired and committed to implement concrete steps to make their programs even more successful. Top Left is the National Advocacy Committee, Top Right is the National Medical Advisory Committee, Bottom Left is the Legal/Law Enforcement Committee, and Bottom Right is the National Advisory Team

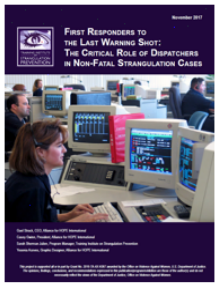
Highlights from the Masters' Summit

10 Strategic Directions

- Public Awareness & Education
- Legislation & Legal Strategies
- Developing Uniform Best Practices & Protocols
- Focus on Health Impacts & Long Team Health Consequences of Strangulation
- Multi-Disciplinary Strangulation Response Team
- Funding & Implementation
- Research & Development
- Professional Education & Training
- Making New Friends to Expand Our Reach
- Increasing Offender Accountability

First Responders Chapter:

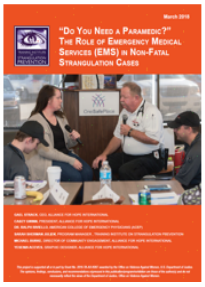
The Critical Role of Dispatchers in Non-Fatal Strangulation Cases



- Discusses the importance of 911 tapes and their use in in successful cases
- Provides information on vicarious trauma with links to the IACP Vicarious Trauma Toolkit
- Describes signs and symptoms of strangulation and questions for dispatchers to use with 911 callers
- Features resources for dispatchers including the strangulation assessment card
- Spotlights in house dispatcher, Irma Young from Marksville City Police Department and her 43 years of service

Paramedics Chapter:

"Do You Need a Paramedic?" The Role of Emergency Medical Services (EMS) in Non-Fatal Strangulation Cases



- Provides detailed information on why training is critical for EMS responders
- Features resources including links to training video clips, the strangulation assessment card, and additional articles
- Provides information on when to transport a victim who has been strangled
- Recognizes Ken Shetter, a featured leader who has passed a new ordinance leading the way for survivors of non-fatal strangulation

Affinity Group Break Out Sessions

Advocacy

- Victims always remember their scores from the Danger Assessment
- Need for Advocacy presence in FJCs
- Work to inform victims of all information in order for them to make informed decisions
- Get ED or high level management at hospitals to attend training in order to have the opportunity to put into protocol
- Use calendar for victims to recall what happened and when
- If you can get a psychologist to see the victim, they can provide cognitive testing.
- Don't assume the strangled victim is suffering from PTSD. It could be PTSD.
- Ask questions like "has anyone applied pressure to your neck"
- Use power wheel to denormalize violence and highlight the seriousness of the violence
- Need to create easy Strangulation Training for Advocates who aren't able to attend 4-day Advanced course

Elder Abuse

- We are seeing neglect, systems displaying ageism, lack of communities in place for elders to go to receive medical assistant, and lack shelter/programs all in one place. There is a need for more Adult Services in FJCs or Multiagency and what is the solution for communities without these resources?
- Shelters need to match needs of the community. Thus, shelters geared towards the elder communities' needs are more likely to have a more positive response
- Lethality in Elder Strangulation cases is high due to assumptions that any physical or mental injuries are due to aging or that death is from old age.
- There is a lack of research and documentation on Elder Strangulation cases
- Need for increased awareness, discussions, and education
- Screening in various disciplines to look for indicators of other types of abuse should be a red flag to look for in strangulation
- Provide APS workers and supervisor training for law enforcement, health care providers, and senior centers
- Comprehensive Forensic Examine in Elder Abuse cases

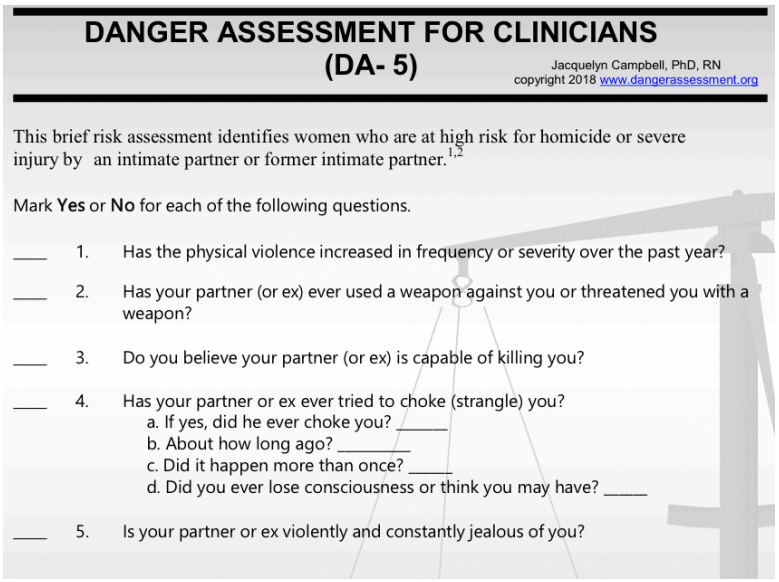
Law Enforcement

- Couldn't believe the association between Mass Murder and strangulation, it clicked and makes sense
- Associated History to addresses so that responders are hyper aware of the danger associated with Stranglers when coming on scene
- Surprised to learn that strangulation can cause urination and defecation. Good question to ask: Did you change your clothing? If so why?
- Need to mandate Strangulation training for sworn and non-sworn Law Enforcement personnel
- Advocate for Multidisciplinary teams and models so everyone can do better work together
- Added 2 additional pages of strangulation questions to our intkae if they answer yes to strangulation question on the DA
- Academy of Forensic Nursing focusing on strangulation, sexual assault, and dv
- Answer to Sexual Assault cases is Forensic Exams and that should be the same for DV
- Bill Smock talking about moving past "no visible injury" not being prosecuted. I
- Issues with prosecutors not moving forward on a case due to no visible injury.
- Need to change the mentality that these cases can't be won. You can kill someone without no external visible injuries.
- Lack of understanding in all levels lower level and up, learned attitudes need to be changed

Affinity Group Break Out Sessions

Medical

- **“**Tell me what happened, tell me what you were feeling”. Physical Assessment: Vital Signs, pulse oximetry, pain level, level of consciousness, ear, nose, and throat assessment, Stridor, dyspnea, hoarse voice, oral examination, tender laryngeal, and subcutaneous emphysema
- Patient should be briefed on lethality of strangulation cases, and charge nurse or doctor at recipient ER notified along with records/scan transfer. Patient should not be discharged without detailed instructions or emergency personnel.
- Strangulation Assessment Forensic Evaluation Toolkit (SAFE-T) intended for use by healthcare professionals after strangulation event Dr. Smock: Make sure to have same staff who measured neck circumference make similar measurements at different points for different exams, for legal and documentation purposes. Patient follow up is often a problem after initial examinations.
- Lethal Indicators: Strangled with ligature, loss of consciousness, Loss of control of bowel or bladder control Difficulty swallowing, Voice change, Difficulty breathing
  Physical Assessment: Vital Signs, pulse oximetry, pain level, Level of consciousness, Ear, nose, and throat assessment, Stridor, dyspnea, hoarse voice, Oral examination, Tender laryngeal, Subcutaneous emphysema



DANGER ASSESSMENT FOR CLINICIANS
(DA- 5)

Jacquelyn Campbell, PhD, RN
copyright 2018 www.dangerassessment.org

This brief risk assessment identifies women who are at high risk for homicide or severe injury by an intimate partner or former intimate partner.[1,2]

Mark **Yes** or **No** for each of the following questions.

____ 1. Has the physical violence increased in frequency or severity over the past year?

____ 2. Has your partner (or ex) ever used a weapon against you or threatened you with a weapon?

____ 3. Do you believe your partner (or ex) is capable of killing you?

____ 4. Has your partner or ex ever tried to choke (strangle) you?
a. If yes, did he ever choke you? _____
b. About how long ago? _____
c. Did it happen more than once? _____
d. Did you ever lose consciousness or think you may have? _____

____ 5. Is your partner or ex violently and constantly jealous of you?

Legal

- Need to emphasize the increase lethality associate with stranglers
- Arguments for no-bail vs. raised bail for these offenders
- Need to prepare your experts and be prepared for the Defense experts
- Need to train Mediators in Family Court on Strangulation and its effects on the victim and family including increased risk for children
- Include Case Law to court showing prior convictions and court rulings
- Seeing an increase of the use of Forfeiture by Wrongdoing in cases involving intimidation
- Evidence based prosecution can win cases with or without the victim’s participation
- Need to incorporate strangulation training with treatment providers and probation officers to ensure they are being held accountable post sentencing
- Include a “Watson Advisory” notifying abusers they will be charged with attempted murder if they strangle

Updated Imaging Recommendations

RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION

Prepared by **Bill Smock, MD** and **Sally Sturgeon, DNP, SANE-A**
Office of the Police Surgeon, Louisville Metro Police Department
Endorsed by the **National Medical Advisory Committee**: Bill Smock, MD, Chair; Cathy Baldwin, MD; William Green, MD; Dean Hawley, MD; Ralph Riviello, MD; Heather Rozzi, MD; Steve Stapczynski, MD; Ellen Tailiaferro, MD; Michael Weaver, MD

GOALS:
1. Evaluate carotid and vertebral arteries for injuries
2. Evaluate bony/cartilaginous and soft tissue neck structures
3. Evaluate brain for anoxic injury

Strangulation patient presents to the Emergency Department

History of and/or physical exam with ANY of the following:

- **Loss of Consciousness** (anoxic brain injury)
- **Visual changes**: "spots", "flashing light", "tunnel vision"
- **Facial, intra-oral or conjunctival petechial hemorrhage**
- **Ligature mark or** neck **contusions**
- **Soft tissue neck injury/swelling of the neck/carotid tenderness**
- **Incontinence** (bladder and/or bowel from anoxic injury)
- **Neurological signs or symptoms** (LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorders, stroke-like symptoms.)
- **Dysphonia/Aphonia** (hematoma, laryngeal fracture, soft tissue swelling, recurrent laryngeal nerve injury)
- **Dyspnea** (hematoma, laryngeal fractures, soft tissue swelling, phrenic nerve injury)
- **Subcutaneous emphysema** (tracheal/laryngeal rupture)

Consider administration of one 325mg aspirin if there is any delay in obtaining a radiographic study

Recommended Radiographic Studies to Rule Out Life-Threatening Injuries*
(including delayed presentations of up to 1 year)

- **CT Angio of carotid/vertebral arteries** (***GOLD STANDARD*** for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) ***or***
- **CT neck with contrast** (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures) ***or***
- **MRA of neck** (less sensitive than CT Angio for vessels, best for soft tissue trauma) ***or***
- **MRI of neck** (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) ***or***
- **MRI/MRA of brain** (most sensitive for anoxic brain injury, stroke symptoms and inter-cerebral petechial hemorrhage)
- **Carotid Doppler Ultrasound** (***NOT RECOMMENDED:*** least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid)

*References on page 2

History of and/or physical exam with:

- **No LOC** (anoxic brain injury)
- **No visual changes**: "spots", "flashing light", "tunnel vision"
- **No petechial hemorrhage**
- **No soft tissue trauma to the neck**
- **No dyspnea, dysphonia or odynophagia**
- **No neurological signs or symptoms** (i.e. LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorder, stroke-like symptoms)
- And **reliable home monitoring**

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

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

(+)
- Consult Neurology Neurosurgery/Trauma Surgery for admission
- Consider ENT consult for laryngeal trauma with dysphonia
- Perform a lethality assessment per institutional policy

Shared new Pregnancy Recommendations

RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of the PREGNANT ADULT PATIENT WITH NON-FATAL STRANGULATION

Prepared by Michael Weaver, MD and Barbra Bachmeier, JD, MSN, NP-C
Endorsed by the **National Medical Advisory Committee**: Bll Smock, MD, Chair; Cathy Baldwin-Johnson, MD; William Green, MD; Dean Hawley, MD; Sally Henin, MD; Ralph Riviello, MD; Heather Rozzi, MD; Steve Stapczynski, MD; Ellen Tailiaferro, MD

GOALS:

1. Evaluate carotid and vertebral arteries for injuries
2. Evaluate bony/cartilaginous and soft tissue neck structures
3. Evaluate brain for anoxic injury
4. Evaluate/Monitor the fetus

Pregnant Strangulation patient presents to the Emergency Department

↓

Evaluate per institution Trauma Pregnancy Protocol/ OB Consultation

History of and/or physical exam with ANY of the following:

- **Loss of consciousness** (anoxic brain injury)
- **Visual changes**: "spots", "flashing light", "tunnel vision"
- **Facial, intraoral or conjunctival petechial hemorrhage**
- **Ligature mark or neck contusions**
- **Soft tissue neck injury/swelling of the neck/cartoid tenderness**
- **Incontinence** (bladder and/or bowel from anoxic injury)
- **Neurological signs or symptoms** (LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorders, stroke-like symtoms, unilateral headache, and bruit)
- **Dysphonia/Aphonia** (hematoma, laryngeal fracture, soft tissue swelling, recurrent laryngeal nerve injury)
- **Dyspnea** (hematoma, laryngeal fractures, soft tissue swelling, phrenic nerve injury)
- **Subcutaneous emphysema** (tracheal/laryngeal rupture)

History of and/or physical exam with:

- **No LOC** (anoxic brain injury)
- **No visual changes**: "spots", "flashing light", "tunnel vision"
- **No petechial hemorrhage**
- **No soft tissue trauma to the neck**
- **No dyspnea, dysphonia or odynophagia**
- **No neurological signs or symptoms** (i.e. LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorder, stroke-like symtoms)
- And **reliable home monitoring**

↓

Discharge home with detailed instructions including a lethality assessment, per institution Trauma Pregnancy Protocol/OB Consultation to return to ED if: neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens

Recommended Radiographic Studies to Rule Out Life-Threatening Injuries*
(including rare delayed presentations of up to 2 years)

- **CT Angio of carotid/vertebral arteries** - (***GOLD STANDARD*** for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma. Safe for all stages of pregnancy and/or lactating patients.) ***or***
- **CT neck with contrast** - (less sensitive than CT Angio for vessels, good for bony/ cartilaginous structures. Safe for all stages of pregnancy and/or lactating patients.) ***or***
- **MRIs without gadolinium**:
  - **MRA of neck** (less sensitive than CT Angio for vessels) ***or***
  - **MRI of neck** (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) ***or***
  - **MRI/MRA of brain** (most sensitive for anoxic brain injury, stroke symptoms and intercerebral petechial hemorrhage)

  Safe to perform during all trimesters for pregnant and/or lactating patients.
- **MRIs with gadolinium** (***NOT RECOMMENDED:*** Use should be limited to situations in which the benefits clearly outweigh possible risks.)
- **Carotid Doppler Ultrasound** (***NOT RECOMMENDED:*** Least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid.)

*References on page 2

(-) → Continued ED/ Hospital Observation (based on severity of symptoms, reliable home monitoring, and a lethality assessment discussion)

(+) →
- Consult Neurology Neurosurgery/ Trauma Surgery/ OB for admission
- Consider ENT consult for laryngeal trauma with dysphonia

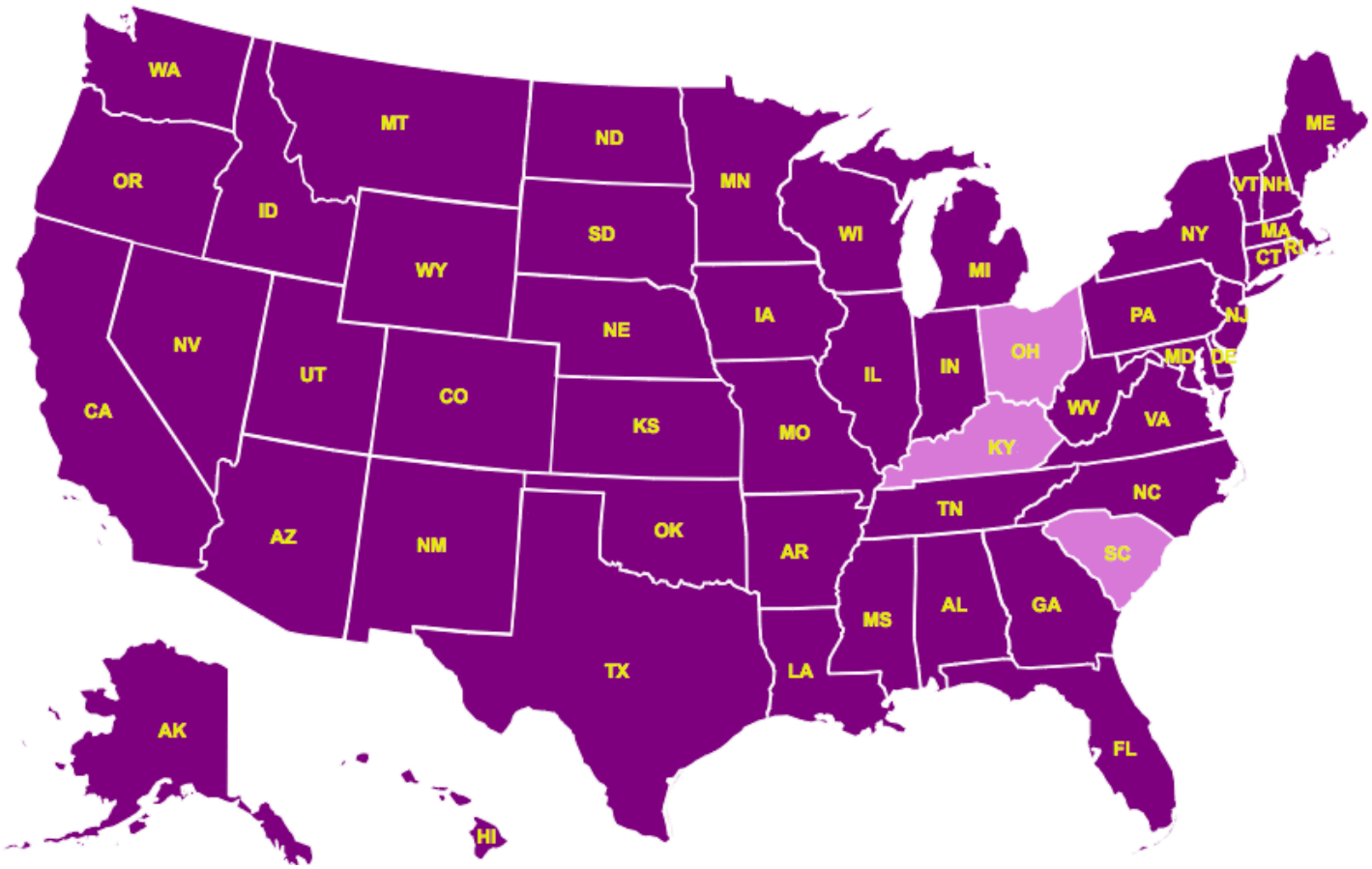
Brochure Design by Yesenia Aceves

StrangulationTrainingInstitute.com

Version 4.1 5/18

Training Institute on Strangulation Prevention Resources

The Institute has created an interactive Legislative Map that allows you to view State or Federal Legislation, Case Law, News Stories, Publications and Jury Instruction related to Strangulation. You can access this resource through this link: Legislation Map



CALIFORNIA (2011)

Law(s) | **Case Law** | **Jury Instruction** | **News Stories** | **Reports and Other Publications**

CA. PENAL CODE § 273.5. WILLFUL INFLICTION OF CORPORAL INJURY; VIOLATION; PUNISHMENT

(a) Any person who willfully inflicts corporal injury resulting in a traumatic condition upon a victim described in subdivision (b) is guilty of a felony, and upon conviction thereof shall be punished by imprisonment in the state prison for two, three, or four years, or in a county jail for not more than one year, or by a fine of up to six thousand dollars ($6,000) or by both that fine and imprisonment.

(b) Subdivision (a) shall apply if the victim is or was one or more of the following:

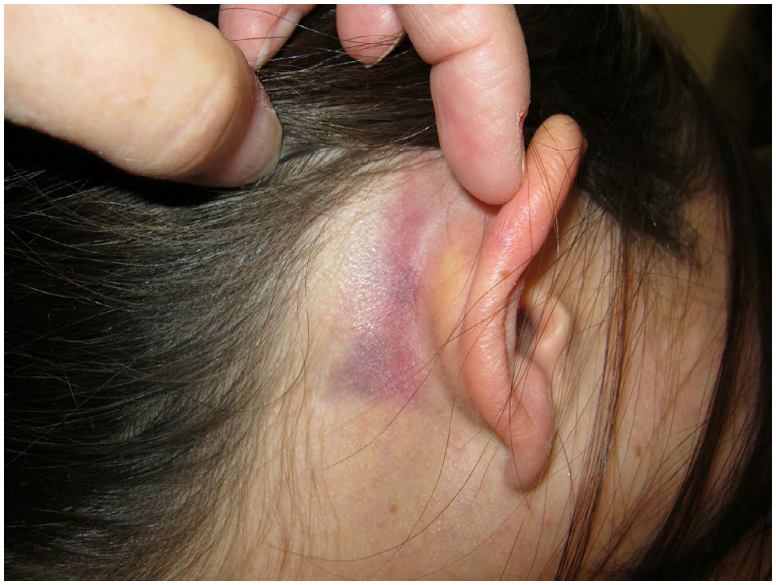
SAN DIEGO CASE STUDY:
Tanika, survivor of carotid dissection

Advisors and attendees reflected on the Tanika Case, a strangulation incident that occurred in San Diego and discussed the advances in the US and Australia since adopting the imaging recommendations.

Tanika was assaulted by her then boyfriend and held from behind while he wrenched upwards, stretching her neck. The next day she went to the San Diego Family Justice Center and met with Detective Sylvia Vella. Sylvia noticed a bruise behind her ear and told her it could be a serious neck injury from strangulation. Documented her injuries with photographs and encouraged her to go to the ER. Tanika went to the Emergency Room and asked for a CT scan. Doctors were dismissive, but she was scanned eventually. The doctors discovered bilateral carotid dissections. She was immediately transferred to a secure floor and admitted for treatment.

Attendees discussed the challenges since adopting the recommendations and the subsequent development of the Dear Doctor Letter drafted by the medical advisors, Casey Gwinn and Gael Strack in response to one hospital refusing to order a CTA for a strangled victim with injuries and symptoms. There was also a discussion about a recent law suit that resulted in a $6 million verdict to a coach who suffered a stroke after being released from the hospital. The hospital failed to order a CTA and failed to detect a carotid dissection.

Attendees also discussed strategies and reasons to support imaging, the need for more research, publishing the many cases of carotid dissections and fractures that the Institute has been notified about from prior attendees as well as findings from forensic nurses who are now provided domestic violence/strangulation exams. The risk of carotid dissections was estimated to be about 1/50 strangled victims.



List of recommendations from discussion

- **Medical assessment/LE need to communicate with hospitals about DV training.**
  - Minimizing injuries. Power and control, etc.

- **Memory and trauma, details need to be factored into doctor's assessment.**

- **Does the FJC send information to the hospitals?**
  - Could be helpful to victims so don't have to retell trauma.
  - On the response card could add detective info so the hospital could contact.

- **Calls with the forensic nurse before the victim arrives.**

- **DV response is not as good as Sexual Assault response team.**
  - We could create a DV response team. In CA well-organized rape crisis system throughout the state. Get services to people wherever we are.

- **Nurse examiners (forensic) already trained for SA, should also be happening in DV**
  - Need legislative support for this, because no financial infrastructure for this.

MASTERS' SUMMIT 2018

Advancing Our Strangulation Response Across the Lifespan

San Diego, CA

MCLE: #15493 (California Attorneys Only)

BRN: #CEP17052

CEU: Provided by Relationship Training Institute

DAY 1 – August 21, 2018

Time	Agenda Item and Speakers	MCLE/CEU/CE
7:30 – 8:00am	**Registration**	
8:00 – 8:30am	**Welcome and Introductions** Casey Gwinn, JD, Gael Strack, JD and Tracy Prior, Chief Deputy	
8:30 - 9:30am	**What's New and Improved? All Things Legal and Lethal** Casey Gwinn, JD and Gael Strack, JD • What Excites Us • Lethality – ACES, Rage & Stranglers • Legal - Overview of Emerging Case law • New CSI Response in North Carolina – Katherine Scheimreif, Charlotte-Mecklenburg Police Department	1.0
9:30 – 9:45am	**Break**	
9:45 – 10:45am	**What's New and Improved? All Things Medical** • Updates to Medical & Carotid Restraint– Dr. Smock • New Pregnancy Protocol – Dr. Weaver • Danger Assessment – Dr. Campbell	1.0
10:45 - 11:00am	**Break**	
11:00 - 12:00pm	**What's New and Improved? All Things Medical** • Imaging Recommendations, Dear Doctor Letter & Adoption Strategies – Dr. Green • Pediatrics and Strangulation – Dr. Baldwin-Johnson • Medical Advisory Update – Dr. Smock	1.0
12:00 – 1:30pm	**Networking Lunch: Multi-Disciplinary Team Building** • After you went home from the 4-day, what worked? • What challenges did you overcome?	1.5

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.

MASTERS' SUMMIT 2018

Advancing Our Strangulation Response Across the Lifespan

San Diego, CA

MCLE: #15493 (California Attorneys Only)

BRN: #CEP17052

CEU: Provided by Relationship Training Institute

	• What did you create or improve? • How can the Institute help you? • Report outs	
1:30 – 2:30pm	**Follow Your Passion: Break Out Sessions** • **Pediatrics & Strangulation/Suffocation** (Main Conference Room) Dr. Cathy Baldwin-Johnson and Jennifer Green • **Sexual Assault and Strangulation** (Breakout room 1) Diana Faugno and Barbra Bachmeier • **Elder Abuse and Strangulation** (Breakout room 2) Candace Heisler, JD • **Domestic Violence – Was it an attempted suicide or an attempted homicide?** (Alliance Conference Room-17th Floor) Inv. Mike Wallace (Retired)	1.0
2:30 – 2:45pm	**Break**	
2:45 – 3:45pm	**Analyzing Defense Theories** Panel: Dr. Bill Smock, Dr. Green, Jerry Fineman, Nick Moore and Laura Zimm	1.0
3:45 - 4:00pm	**Break**	
4:00 – 5:00pm	**Understanding the Science of HOPE** Casey Gwinn, JD	1.0
5:15 - 6:30pm	**Making New Friends – Alliance Office 17th Floor**	

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.

MASTERS' SUMMIT 2018

Advancing Our Strangulation Response Across the Lifespan

San Diego, CA

MCLE: #15493 (California Attorneys Only)

BRN: #CEP17052

CEU: Provided by Relationship Training Institute

DAY 2 – August 22, 2018

Time	Agenda Item and Speakers	MCLE/CEU/CE
8:00 – 8:15am	**Welcome and Reflections from Day One** Casey Gwinn, JD and Gael Strack, JD • Group Photo • What inspired you? What challenged you? • Welcome from Yvette Lopez-Cooper, SDFJC Director	
8:15 – 10:00am	**The Intersections of Traumatic Brain Injury** • TBI – Strangulation and Concussions – Dr. Campbell • What Torture Does to the Brain – Dr. Smock • Giving Hope to Traumatized Victims – Casey Gwinn, JD	1.75
10:00 - 10:15am	**Break**	
10:15 – 12:00pm	**Holding Stranglers Accountable** • Paying Attention to Bail Considerations – Gael Strack, JD • Recommendations for Probation - James Henderson	1.75
12:00 – 1:30pm	**Lunch on Your Own**	
1:30 – 3:00pm	**Affinity Group Breakout Sessions:** • **Advocates** – Addressing Strangulation During Intake Panel: Jackie Campbell, Michelle Morgan, Gael Strack (Alliance Conference Room-17th Floor) • **Investigations** – Improving the Police Response from Body Cams, Use of CSI Team, Expanding the Scope of SANEs, Response Teams and Strangulation Protocols Panel: Mike Wallace, Dan Rincon, Allie Hill & Katherine Scheimreif (Breakout room 1) • **Medical** – Conducting a Clinical Forensic Examination & Tips for Improving Photo Documentation (Main Conference Room) Diana Faugno, Valerie Sievers and Malinda Wheeler	1.5

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.

MASTERS' SUMMIT 2018

Advancing Our Strangulation Response Across the Lifespan

San Diego, CA

MCLE: #15493 (California Attorneys Only)

BRN: #CEP17052

CEU: Provided by Relationship Training Institute

	• **Prosecution** – Using the Defense Expert as your Expert Panel: Jerry Fineman, Nick Moore, Laura Zimm, Dr. Smock and Dr. Green (Breakout room 2)	
3:00 – 3:15pm	**Break**	
3:15 – 4:15pm	**The Defense Perspective** Co-Facilitated: Gael Strack and Candace Heisler Panel: Laura Zimm, JD (Minnesota) & Nick Moore, JD (California)	1.0
4:15 – 4:30pm	Break	
4:30 – 5:00pm	**Personal Goal Setting** Casey Gwinn, JD	

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.

MASTERS' SUMMIT 2018

Advancing Our Strangulation Response Across the Lifespan

San Diego, CA

MCLE: #15493 (California Attorneys Only)

BRN: #CEP17052

CEU: Provided by Relationship Training Institute

DAY 3 – August 23, 2018

Time	Agenda Item and Speakers	MCLE/CEU/CE
8:00 – 8:15am	**Welcome and Reflections from Day Two** Casey Gwinn, JD and Gael Strack, JD	

8:15 – 10:15am	**Advancing Our Strangulation Response Across the Lifespan:** Facilitated by Casey Gwinn
	• Looking Back: Where we left off in 2016?
	• Dreaming Big: Where do we need to go from here?
	• Breakouts:
	  ○ Medical/Research – Dr. Smock
	  ○ Legal – Jerry Fineman/Dan Rincon
	  ○ Advocacy – Michelle Morgan/Michael Burke
	• Return – Report out – What are our top priorities?
		2.0

10:15 – 10:30am	**Break**	
10:30 - 12:00pm	**Case Studies – Brought from Participants** All Faculty	1.5
12:00 - 1:30pm	**Lunch on Your Own** ***Optional Tour of the San Diego Family Justice Center**	
1:30 - 2:30pm	**Prosecuting Strangulation Cases With and Without Victims** Panel: Casey Gwinn, Jerry Fineman, Tracy Prior & Gael Strack • Effective Use of Hearsay Exceptions • Forfeiture by Wrongdoing Strategies • Use of Multiple Experts • Torture & Attempted Homicide	1.5
2:30 – 3:00pm	**Break**	
3:00 – 4:00pm	**Advocacy – Keeping Victims Safe** Panel: Gael Strack, Michelle Morgan and Michael Burke	1.0
4:00 - 5:00pm	**Going Home and Changing our Communities Forever** Casey Gwinn • **Inspirations from Australia – Dr. Vanita Parekh**	1.0

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.

Attendees of the Masters Course Class #1

Richard Godoy
Dung Kimble
Tracey Downing
Ken Shetter
Lacey Rojas
Audrey Bergin
Anabel Bugallo
Michelle Morgan
Mary Houtsma
Michael Burke
Shawn Flores
Elizabeth Thomson
Paul Kimble
Alicia Hill
Jennifer Reischl
William Hernandez
Dan Rincon
Robert Frechette
Daniel Conrad
Eric Threlkeld
Rachael Nowak-Frost
Joshua Helton
Elisa Howell
Katherine Scheimreif
Jim Henderson
Michael Wallace
Eugene Hyman
Shira Burns
Megan Ahsens
Sabrina Desautel
Nicholas Moore
Audry Nagziger

Melissa Chichportich
Jery Fineman
Candace Heisler
Valeria Sievers
Vanita Parekh
Gordon Reed
Bill Worden
Malinda Wheeler
Michelle Shores
Leann Barber
Bill Green
Michelle Patch
Kathy Bell
Polly Campbell
Rachel Fischer
Beth Weekley
Michelle Tepper
Barbra Bachmeier
Lori Monihan
David Mcardle
Michael Weaver
Delya Stoltz
Rosalyn Berkowitz
Todd Flosi
Kristin Hall
Cathy Baldwin Johnson
Jackie Campbell
Diana Faugno
Jennifer Green
Bill Smock
Laura Zimm

Photos from the Masters' Summit

Respectfully submitted,

Gael Strack, Esq., CEO
Casey Gwinn, Esq., President