

**DOMESTIC
VIOLENCE
RESPONSE:
BEYOND THE
OBVIOUS**

November 8, 2024



**THE SUPREME COURT *of* OHIO
COURT SERVICES**



THE SUPREME COURT *of* OHIO
OFFICE OF COURT SERVICES

Domestic Violence Response: Beyond the Obvious
Columbus Police Academy
1000 N. Hague Rd. Columbus OH 43204
November 8, 2024

Faculty: *Mark Wynn*, Founder and CEO, Mark Wynn Consulting; retired Lt. Nashville Metropolitan Police.
Alexandria Ruden, Esq. Supervising Attorney, Legal Aid Society of Cleveland.

AGENDA

8:00 AM – 8:40 AM	Registration
8:40AM - 8:45 AM	Welcome, Introductions and Housekeeping
8:45 AM - 9:45 AM	The Realities of Violence Against Women: Assessing Lethality and Threats
9:45 AM – 10:45 AM	Beyond the Obvious – Avoiding Dual Arrest, Dominant Aggressor Determination
10:45 AM – 11:00 AM	BREAK
11:00 AM – 12:00 PM	Trauma Informed Response to Victims of Domestic and Sexual Violence
12:00 PM - 1:00 PM	LUNCH (on your own)
1:00 PM - 2:00 PM	Examination of the Motive and Impact of Strangulation and Brain Injury
2:00 PM – 2:30 PM	Ohio’s Felony Strangulation Law R.C. 2903.18
2:30 PM – 2:45 PM	BREAK
2:45 PM – 3:45 PM	Witness Intimidation (Witness Hindering) and Forfeiture by Wrongdoing
3:45 PM – 4:45 PM	Finding and Helping the Hidden Victims: Responding to Children
4:45 PM -4:55 PM	Questions & Answers/Wrap Up
4:55 PM – 5:00 PM	Closing and Evaluation

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FACULTY BIOGRAPHIES

MARK WYNN, Founder and CEO of Wynn Consulting, is a national trainer to law enforcement, prosecutors, judges, legislators, healthcare professionals, and victim advocates in all 50 states for over 40 years. A twenty-one year member of the Nashville Metropolitan Police Department, he served as Lieutenant to the Domestic Violence Division, and as a member of the Special Weapons and Tactics (SWAT) Team for fifteen years. He is a consultant to the Training Institute for Strangulation Prevention, the National Stalking Resource Center of the National Center for Victims of Crime, the Department of Justice Office of Victims of Crime – Training and Technical Assistance Center, and many others. An international lecturer at police academies and for justice partners all over the world, Mr. Wynn is also a Fulbright specialist for the Department of State, and is, himself, a survivor of domestic violence. Mr. Wynn is devoted to ending domestic, sexual, elder, and child abuse as a former police officer, detective, educator, program supervisor, and now consultant and advisor. For more information on Mr. Wynn, go to <https://www.markwynn.com/>.

ALEXANDRIA RUDEN, ESQ. is Alexandria Ruden is a supervising attorney with the Legal Aid Society of Cleveland and has worked for the office since 1984. She is a member of the Supreme Court of Ohio Advisory Committee on Domestic Violence. She is a member of Legal Committee for the national Training Institute on Strangulation Prevention. She is a member of the statewide VAWA Implementation Committee member and the Cuyahoga County Domestic Violence Shelter Advisory Board and the Violence Against Women Act Grant Allocations Committee (for Cuyahoga County).

Ms. Ruden is a state-wide and national lecturer and trainer on dynamics of domestic violence and the law and safety focused parenting plans where domestic violence is present. She is a consultant to various legislators, judicial officers, law enforcement and other professionals on Ohio domestic violence law. She was part of a team that worked with legislators and other professionals in the passage of Ohio's strangulation law.

She co-authors **Ohio Domestic Law** for Thomson Reuter's Publishing Co. (with Judge Ronald Adrine and Judge Sherrie Miday). Ms. Ruden is an inaugural recipient of the Ohio Domestic Violence Network's 2014 Croucher Family Advocacy Award and the 2020 recipient of the Robert Denton Special Achievement Award through the Ohio Attorney General. She is also the recipient of Legal Aid's Lifetime Achievement Award for 2022 and the Visionary Voice Award for 2023 from NSVRC.

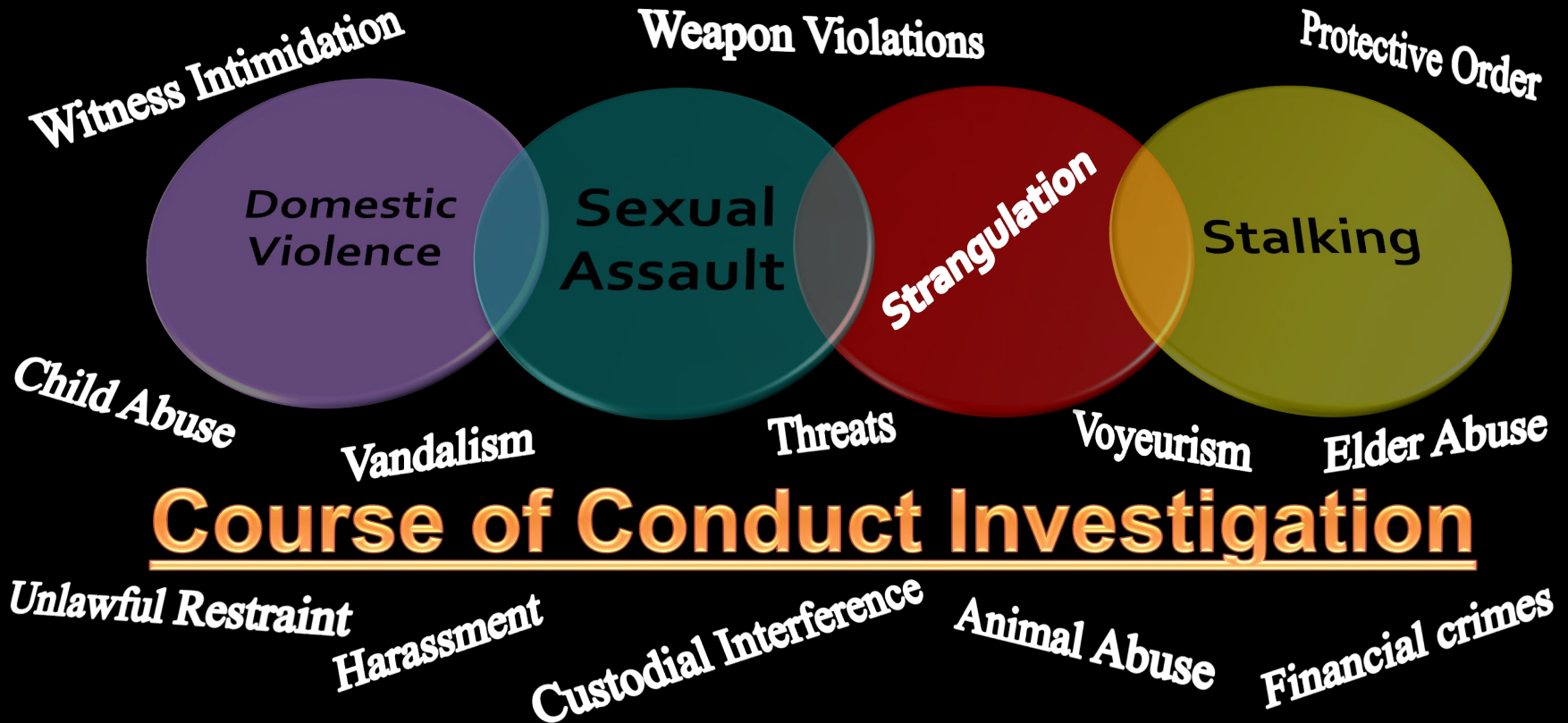
The Realities of Violence Against Women & Officer and Victim Safety

Lt. Mark Wynn (Ret)

www.markwynn.com

markwynn@edge.net

Interconnected & Co-Occurring



Course of Conduct Investigation

Today's Law Enforcement leaders should...

- **Recognize** the interconnected and co-occurring nature of VAW crimes
- **Understand** the importance of leadership in developing and enhancing officer response
- **Assess** the role of organizational and social culture in shaping attitudes and actions
- **Identify** a range of tools to strengthen agency efforts to address these crimes
- **Highlight** the value of collaboration and partnerships
- Leaders are responsible for ensuring that the community's diverse needs and interests are addressed openly and equitably, with respect and dignity for all.



Police Officer Kennis Winston Croom

*Meridian Police Department, Mississippi
End of Watch: June 9, 2022*



**Deputy Sheriff
Thomas E. Baker, III**

*Nicholas County
Sheriff's Department, WV
End of Watch: June 3, 2022*



Corporal Michael Domingo Paredes

*El Monte Police Department, California
End of Watch: June 14, 2022*



**Police Officer Joseph
Anthony Santana**

*El Monte Police Department,
End of Watch: June 14, 2022*



Deputy Sheriff Austin Derek Aldridge

*Spartanburg County Sheriff's Office, South
Carolina
End of Watch: June 21, 2022*



Captain Ralph Frasure

*Prestonsburg Kentucky
Police Department
End of Watch: June 30, 2022*



Police Officer Jacob R. Chaffins

*Prestonsburg Police Department, Kentucky
End of Watch: July 1, 2022*



Deputy William Petry

*Floyd County Sheriff's
Department
End of Watch: June 30, 2022*



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<https://www.odmp.org/>

2015 National Domestic Violence Hotline Survey

- Survey participants who had never called the police shared very specific concerns regarding their fears and personal barriers to involving law enforcement. In fact, 80 percent stated that they were somewhat or extremely afraid to call the police. Reasons include:
 - 60 percent stated that they did not want to involve the police due to the desire for privacy
 - 44 percent said that they feared retaliation from the abuser or the abuser's friends and family
 - 22 percent said that they wanted to protect their children
 - The survey also found that calling the police did not necessarily allay concerns about the victim's own safety or wellbeing. In fact, when it came to victims who had previously involved the police after a domestic violence incident:
 - 1 in 3 victims felt less safe
 - 1 in 2 victims felt no difference in safety
 - Only 1 in 5 victims felt safer

Realities of VAW Crimes

Common characteristics of violence against women crimes

- Course of conduct vs. incident-based
- Multiple concurrent crimes
- Traumatic impact
- Minimization by victim
- Underreported
- Serial nature of perpetrators

Justice and Safety

“I’m more afraid of you than my abuser”

victim of a domestic violence hostage situation

The FBI reports that between 75% and 90% of all hostage takings in the U.S. are related to *domestic violence situations.*

Trauma

is characterized by the feelings of intense fear, helplessness, and loss of control. A hallmark of trauma is that it typically overwhelms an individual mentally, emotionally, and physically.

Realities of VAW Crimes

Commonly missed crimes in the context of violence against women

- Stalking
- Intimate partner sexual assault
- Strangulation
- Felony threats
- Weapons violations
- Kidnapping
- Witness Intimidation

Underreported

- Estimates of 1 in 5 women victimized
 - 157,241,700 women in the US (2011 census)
 - 31,448,340 will experience a completed/or attempted rape
 - 5,805,000 women in Ohio
 - 1,161,000 experience a completed/or attempted rape

Rape 1927-2011 - FBI

- The longstanding, narrow definition of forcible rape, first established in 1927, is “the carnal knowledge of a female, forcibly and against her will.” It thus included only forcible male penile penetration of a female vagina and excluded oral and anal penetration; rape of males; penetration of the vagina and anus with an object or body part other than the penis; rape of females by females; and non-forcible rape.

Rape 2013 - FBI

- The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.

“If fear is in the room consent is not there”.

Anne Munch, JD

**the studies show
the percentage
of false reports
converge
around
2-8% in
Australia,
England,
Canada and the
US**

False Reports: Moving Beyond the Issue to Successfully Investigate and Prosecute Non-Stranger Sexual Assault

BY DR. KIMBERLY A. LONSWAY, SGT. JOANNE ARCHAMBAULT (RET.), DR. DAVID LISAK¹

The issue of false reporting may be one of the most important barriers to successfully investigating and prosecuting sexual assault, especially with cases involving non-strangers. In this article, we will begin by reviewing the research on the percentage of false reports and then go on to discuss some of the complex issues underlying societal beliefs and attitudes in this area.

How Many Sexual Assault Reports are False?

One of the most common questions we address in training presentations with professionals—as well as personal conversations with lay people—is how many sexual assault reports are false. In the research literature, estimates for the percentage of sexual assault reports that are false have varied widely, virtually across the entire possible spectrum. For example, a very comprehensive review article documented estimates in the literature ranging from 1.5% to 90% (Rumney, 2006). However, very few of these estimates are based on research that could be considered credible. Most are reported without the kind of information that would be needed to evaluate their reliability and validity. A few are little more than published

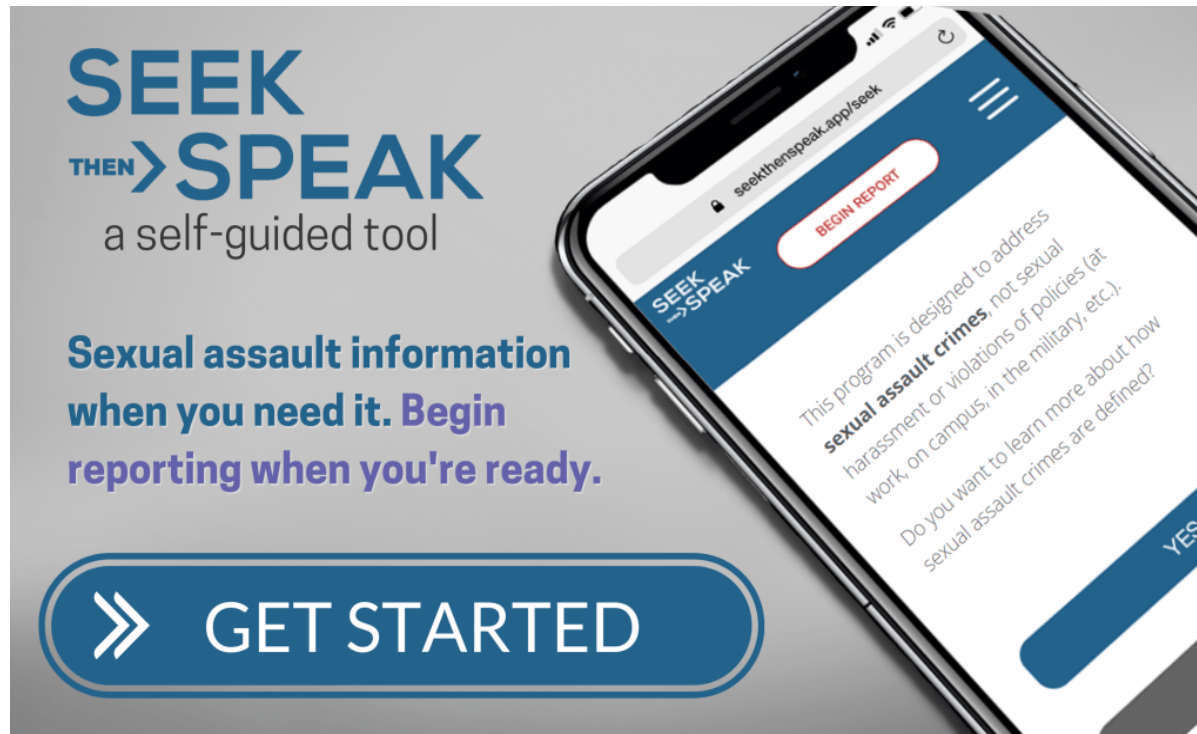
opinions, based either on personal experience or a non-systematic review (e.g., of police files, interviews with police investigators, or other information with unknown reliability and validity).

Prior “research:” The Kanin study

In the most frequently cited study on this topic, Professor Eugene Kanin (1994) reported that 41% of the 109 sexual assault reports made to one midwestern police agency were deemed to be false over a nine-year time period. However, the determination that the charges were false was made solely by the detectives; this evaluation was not reviewed substantively by the researcher or anyone else. As Lisak (2007) describes in an article published in the Sexual Assault Report:

Kanin describes no effort to systemize his own ‘evaluation’ of the police reports—for example, by listing details or facts that he used to evaluate the criteria used by the police to draw their conclusions. Nor does Kanin describe any effort to compare his evaluation of those reports to that of a second, independent research—providing a ‘reliability’ analysis. This violates a cardinal rule of

www.evawintl.org/seek-then-speak



SEEK THEN SPEAK offers sexual assault survivors and support people a way to privately gather information and explore options for medical care, supportive services, and reporting to police (**SEEK**). If they choose, survivors can then begin the process of reporting to police by completing a detailed, self-guided interview (**SPEAK**).

**“Surviving victims of
strangulation assault are
750% more likely of becoming
a homicide victim.”**

Glass, et al, 2008, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2573025/>

STRANGULATION

SIGNS AND SYMPTOMS⁸

NEUROLOGICAL

- Loss of memory
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Headaches
- Fainting
- Urination
- Defecation
- Vomited
- Dizziness

EYES & EYELIDS

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

FACE

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

CHEST

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

VOICE & THROAT CHANGES

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

SCALP

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

EARS

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

MOUTH

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

NECK

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

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

CONSEQUENCES⁷

PSYCHOLOGICAL INJURY

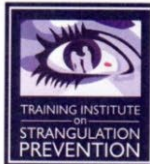
PTSD, depression, suicidal ideation, memory problems, nightmares, anxiety, severe stress reaction, amnesia, and psychosis.

DELAYED FATALITY

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

Today,
38 States
have legislation
AGAINST
STRANGULATION⁶

VAWA 2013
added strangulation
and suffocation to
FEDERAL LAW



a program of Alliance for HOPE International

101 W. Broadway, Suite 1770,
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1-888-511-3522

StrangulationTrainingInstitute.com

¹ Strack, G.B., McClane, G.E., & Hawley, D. (2001). A review of 300 attempted strangulation cases: Part I: Criminal Legal Issues. *Journal of Emergency Medicine*, 21(3), 303-309.

² Shields et al. (2010). Living victims of strangulation: A 10-year review of cases in a metropolitan community. *American Journal of Forensic Medical Pathology*, 31, 320-325.

³ Plattner, T. et al. (2005). Forensic assessment of survived strangulation. *153 Forensic Science Int'l* 202

⁴ Wilbur, L. et al. (2001). Survey results of women who have been strangulated while in an abusive relationship. *21J. Emergency Med.* 297.

⁵ Glass et al. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *The Journal of Emergency Medicine*, 35(3), 329-335.

⁶ Mack, M. States with strangulation legislation. A product of the Training Institute on Strangulation Prevention. www.strangulationpreventioninstitute.com

⁷ Funk, M. & Schuppel, J. (2003) Strangulation injuries. *Wisconsin Medical Journal*, 102(3), 41-45.

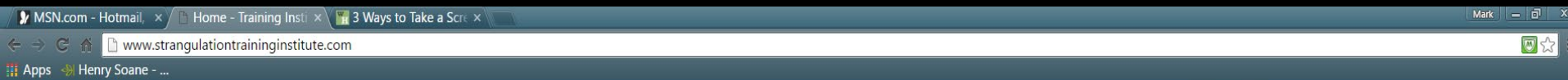
⁸ Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009). Strangulation in Intimate Partner Violence. *Intimate Partner Violence: A Health-Based Perspective*. Oxford University Press, Inc.

Riverside County District Attorney's Office 2013 Study

- Law enforcement officers killed in the line of duty 1993-2013
- 50% of officers were killed by a criminal suspect with a public records act history of strangulation assault against a woman in a prior relationship

Gerald Fineman, J.D.

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Introduction | STRANGULATION—OBJECTIVES

This module will enhance your response to calls involving strangulation by providing methods to:

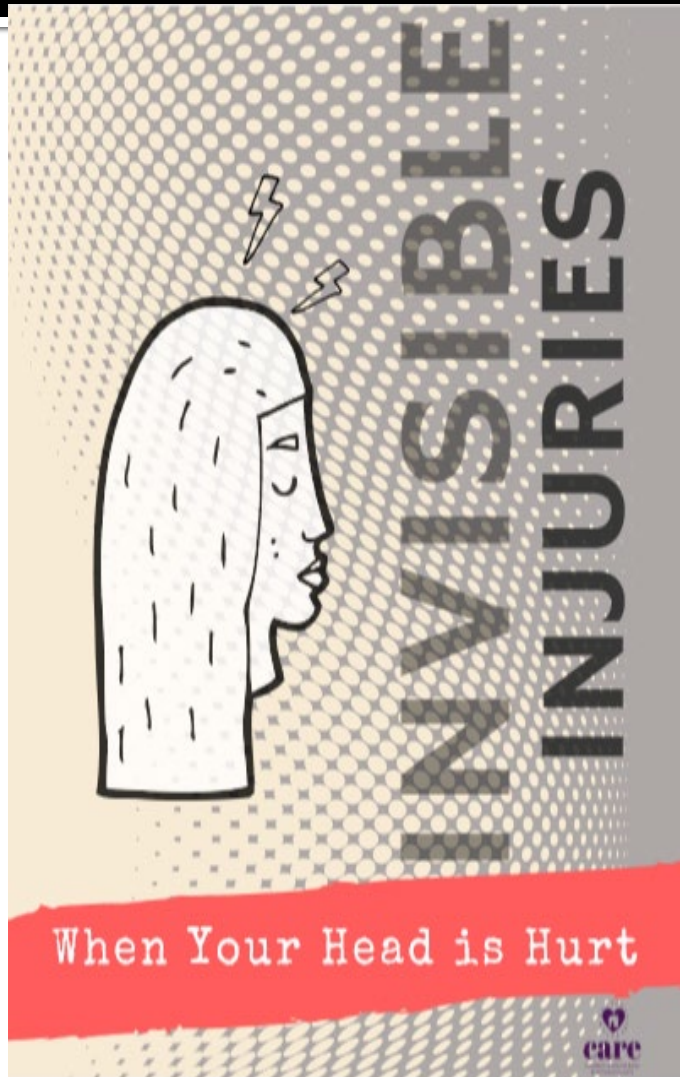
- Explain the dangers of strangulation
- Recognize the various signs and symptoms of strangulation
- Apply victim interview questions to your investigation of strangulation
- Identify and implement the actions to help a strangulation victim



[Back](#)



Head Injury



The comprehensive resource on domestic violence

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Nationally prosecutors report that witness intimidation plays a role in 75% to 100% of violent crime committed in gang controlled neighborhoods and is near universal in all cases of domestic violence and other areas of abuse.

Victim and Witness Intimidation: *New Developments and Emerging Responses*, October 1995 NIJ.

Realities of VAW Crimes

Reasons co-occurring crimes are missed by officers

- Lack of training
- Lack of communication
- Language barriers
- Insufficient supervisor oversight
- Personal beliefs and/or biases
- Minimization

Realities of VAW Crimes

Impact of missing co-occurring crimes

- Violence escalates/fatality
- Victim and officer safety compromised
- Liability issues
- Loss of community trust
- Recidivism/re-victimization
- Victim hesitation to report further incidents



Patrolman Robert T. Frazier

Nashville City Police Department, Tennessee

End of Watch: Friday, April 30, 1875

Patrolman Frazier was shot and killed while attempting to arrest a man for beating his wife on Whiteside Street. When he told the man he would have to accompany him to the workhouse the man refused to go. When Patrolman Frazier again told him he was under arrest the man pulled a small pistol from his pocket and shot Patrolman Frazier, killing him.

The suspect fled the scene but was arrested several minutes later by other officers who had responded to the scene. That night an angry mob broke into the jail; seized the suspect; placed a rope around his neck; and hanged him from a nearby suspension bridge. The rope broke and he was killed when he hit the rocks 90 feet below.

Patrolman Frazier was survived by his wife.

Realities of VAW Crimes

Lest We Forget



Lieutenant Levi Parker

Cincinnati Police Department, Ohio

End of Watch: Sunday, May 4, 1856

Lieutenant Levi Parker was shot on April 27th, 1856, while attempting to stop a man from beating his wife. The unarmed subject pulled a pistol and shot Lieutenant Parker in the left shoulder. Lieutenant Parker died eight days later at 1:00 a.m. on the morning of May 4, 1856.

The subject was charged, convicted, and sentenced to life. However, in January 1862, the Supreme Court ordered a new trial for him. He was again convicted, this time of second degree murder and again sentenced to life. A few years later, convinced that he was to return to Ireland, the governor of Ohio pardoned him and, once pardoned, the man went to Covington, Kentucky.

Realities of VAW Crimes



Police Officer

Steven Michael Smith

Columbus Division of Police, Ohio

End of Watch: Tuesday, April 12, 2016

Police Officer Steven Smith succumbed to a gunshot wound sustained three days earlier as the SWAT team attempted to serve a felony arson warrant at an apartment at 14 West California Avenue.

Officer Smith was riding in the turret of an armored vehicle as it approached the apartment building when he was struck by one round. He was transported to a local hospital where he remained until succumbing to the wound.

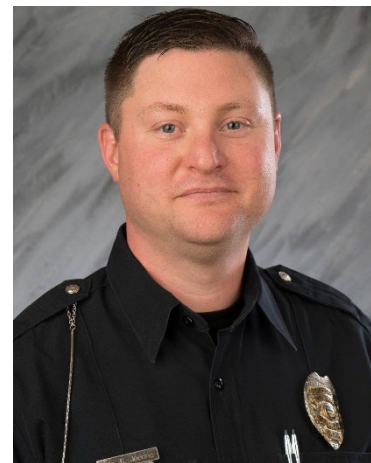
The wanted subject was taken into custody following the shooting.

Officer Smith had served with the Columbus Division of Police for 27 years. He is survived by his wife and two adult children.

Realities of VAW Crimes



Officer Anthony Pasquale Morelli



K9 Officer Eric Joseph Joering

End of Watch Saturday, February 10, 2018

Police Officer Anthony Morelli and Police Officer Eric Joering were shot and killed when they responded to a 911 hangup call in the 300 block of Crosswind Drive.

As officers arrived at the home they made contact with the residents of the apartment and let inside. As they walked into the apartment a 30-year-old male subject opened fire on them, mortally wounding Officer Joering and Officer Morelli. Despite their wounds, both officers were able to return fire and wounded the subject who was taken to a hospital.

Realities of VAW Crimes



Police Officer Jacob Derbin

Euclid Police Department, Ohio

End of Watch Saturday, May 11, 2024

Police Officer Jacob Derbin was shot and killed while responding to a disturbance call in the 300 block of East 211th Street at about 9:55 pm.

He was ambushed by a subject after he arrived at the location. The man who shot him, who is a convicted felon and was wanted for violating conditions of his community supervision, fled the scene.

Officer Derbin was transported to University Hospital where he succumbed to his wounds.

The suspect was found dead from a self-inflicted gunshot wound the next day.

Officer Derbin was a United States Army National Guard veteran and had served with the Euclid Police Department for 10 months. He is survived by his mother, father, three brothers, a sister, and fiancée.

Domestic violence
offenders have killed
Ohio police officers
for 168 years.

Almost A Third Of Mass Shooting Deaths In 2015 Were Related To Domestic Violence

The untold story of mass shootings in America is one of domestic violence. It is one of men (yes, mostly men) targeting and killing their wives or ex-girlfriends or families. The victims are intimately familiar to the shooters, not random strangers.

This kind of violence is not indiscriminate — though friends, neighbors and bystanders are often killed alongside the intended targets. ... Experts often call domestic homicides [the most predictable and preventable of all homicides](#), because of the many warning signs.



In February, a gunman killed his wife, two children and a neighbor in rural Washington state before turning the gun on himself, police say.

[Melissa Jeltsen](#) Senior Reporter, The Huffington Post

New Castle County Courthouse Wilmington, Delaware 2-11-2013

Shooting rocks courthouse

Monday's shooting left two women dead, two Capitol policeman wounded and a male gunman dead. The area around the courthouse was closed throughout Monday and will be closed Tuesday.

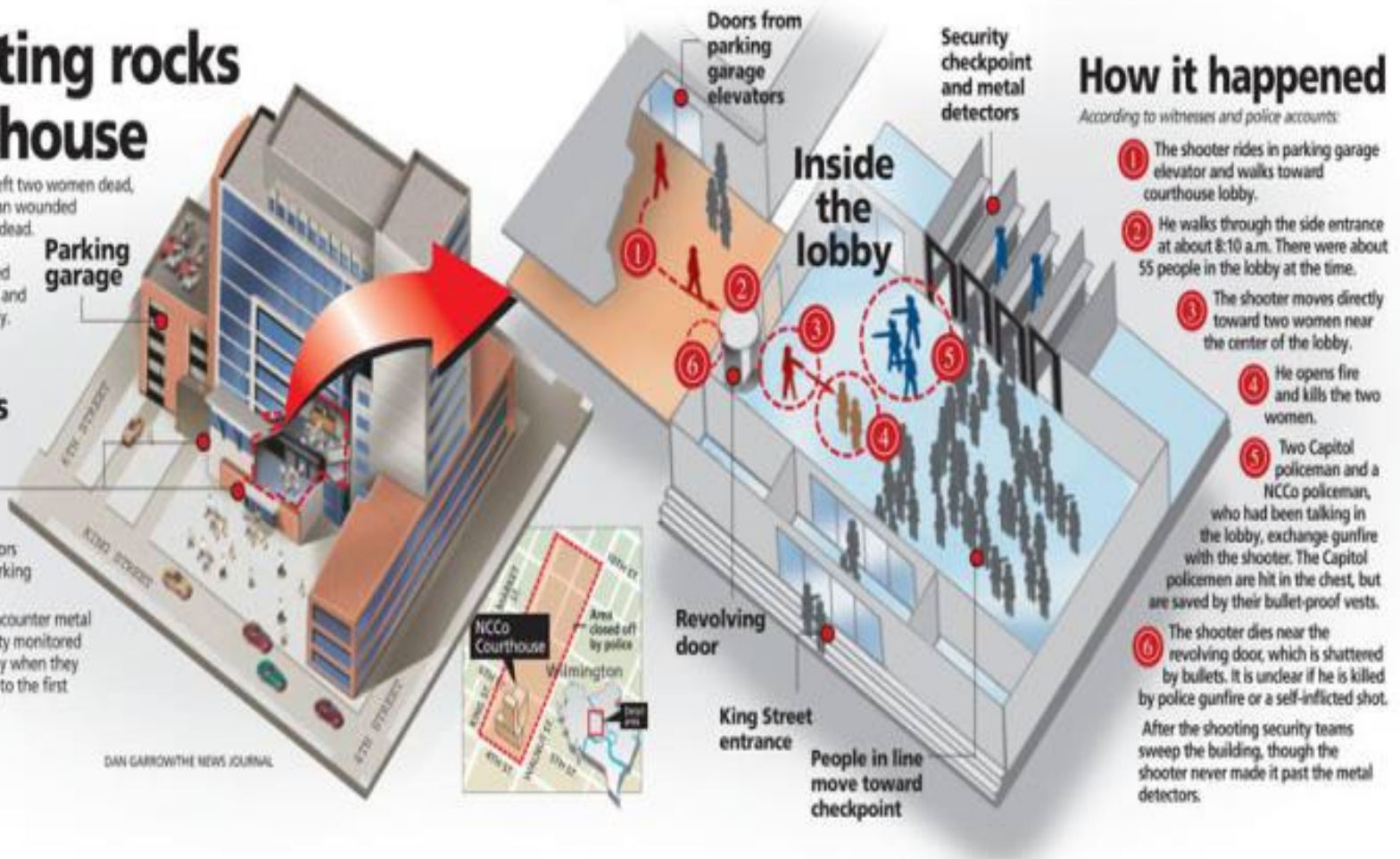
Parking garage

Entrances

Visitors can enter the 60-by-40 foot two-story atrium lobby from the King Street main doors or the side doors leading from the parking garage.

Security: Visitors encounter metal detectors and security monitored by Capitol Police only when they pass from the lobby to the first floor hallway.

DAN GARROW/THE NEWS JOURNAL



How it happened

According to witnesses and police accounts:

- 1 The shooter rides in parking garage elevator and walks toward courthouse lobby.
- 2 He walks through the side entrance at about 8:10 a.m. There were about 55 people in the lobby at the time.
- 3 The shooter moves directly toward two women near the center of the lobby.
- 4 He opens fire and kills the two women.
- 5 Two Capitol policeman and a NCCo policeman, who had been talking in the lobby, exchange gunfire with the shooter. The Capitol policemen are hit in the chest, but are saved by their bullet-proof vests.
- 6 The shooter dies near the revolving door, which is shattered by bullets. It is unclear if he is killed by police gunfire or a self-inflicted shot.

After the shooting security teams sweep the building, though the shooter never made it past the metal detectors.

Realities of VAW Crimes

Officers assaulted and killed 1980 - 2005

- 224,900 police officers were physically assaulted while handling domestic violence calls
- 780 of those involved the use of firearms
- 157 officers were killed on the domestic violence call

Realities of VAW Crimes

Officers assaulted and killed 1999-2003

- 143 firearm assault from 39 states involving 131 agencies
- 143 assailants and 225 officers fired upon
- 43% were hit by gunfire and 14% died
- 50% of the assaults occurred at distances greater than 50 feet – most typical shootings occur at 15 feet

Realities of VAW Crimes

Officers assaulted and killed 1999-2003

- Assailants in DV shootings tended to be older, middle class and white
- Most were intoxicated, had prior dv offenses, but few were using drugs or had a history of mental illness
- Officers on the evening shift were twice as likely to survive than on the day shift – concealment and darkness
- Officers wearing body armor were 6 (510%) times more likely to survive shooting

Realities of VAW Crimes

Officers assaulted and killed 1999-2003

- 86% of officers were outdoors when first fired upon
- 46% were first fired upon when they arrived on approached the address
- 76% of the assailants were outdoors when they first fired on the officers
- They were twice as likely to use a rifle or shotgun

Realities of VAW Crimes

Victims of VAW:

- Not going to be a “perfect” victim
- Often delay reporting crime
- Experience trauma because of the violence
- Are often threatened, afraid & reluctant
- May feel powerless to stop the violence
- May have vulnerabilities that perpetrator will exploit

Other?

Realities of VAW Crimes

Perpetrators of VAW:

- Plan their crimes
- Ensure there are no witnesses
- Are strategic and calculating
- Engage in “testing” to select victims
- Are often repeat offenders with a series of and/or multiple victims
- Escalate violence over time

Other?

What is risk assessment?

Risk assessment is a procedure whereby we measure some characteristics of a person or situation, and then use that information to predict the likelihood of a future negative event, such as re-assault. Risk assessment tools in the domestic violence field have been developed to assess both an offender's risk of re-offending, and a victim's risk of lethal assault

Why assess for lethality?

- Reduces the likelihood of future harm to victims, officers, advocates and others
- Helps us recognize, understand and quickly interpret risk factors
- Helps transfer information across disciplinary lines and fosters collaboration
- Creates a focused approach for criminal justice intervention
- A more effective management of police power
- Promotes effective case management



DOMESTIC VIOLENCE LETHALITY SCREEN FOR LAW ENFORCEMENT

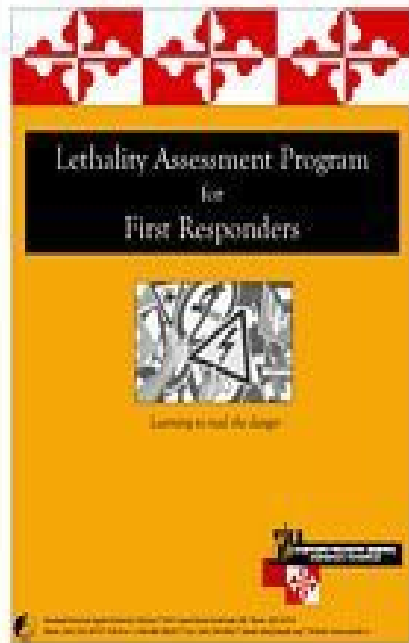


Officer:	Date:	Case #:
Victim:	Offender:	
<input type="checkbox"/> Check here if victim did not answer any of the questions.		
► A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.		
1. Has he/she ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
2. Has he/she threatened to kill you or your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
3. Do you think he/she might try to kill you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
► Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.		
4. Does he/she have a gun or can he/she get one easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
5. Has he/she ever tried to choke you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
7. Have you left him/her or separated after living together or being married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
8. Is he/she unemployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
9. Has he/she ever tried to kill himself/herself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
10. Do you have a child that he/she knows is not his/hers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
11. Does he/she follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
► An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.		
Is there anything else that worries you about your safety? (If "yes") What worries you?		
Check one: <input type="checkbox"/> Victim screened in according to the protocol <input type="checkbox"/> Victim screened in based on the belief of officer <input type="checkbox"/> Victim did not screen in		
If victim screened in: After advising her/him of a high danger assessment, Yes <input type="checkbox"/> No <input type="checkbox"/> did the victim speak with the hotline counselor?		

Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.

Lethality Assessment for First Responders

mnadv.org



The Maryland Network against Domestic Violence has developed the Maryland Domestic Violence Lethality Screen and Protocol for First Responders, which offers practical methods of working with victims to assess and act upon the danger they may face. The MNADV established a statewide Lethality Assessment Committee in Fall 2003, composed of law enforcement officers, a prosecutor, an investigator, a parole and probation agent, domestic violence advocates, and researchers who have done significant work in the area of domestic violence. The committee developed a short screen which is an application of the research of Dr. Jacquelyn Campbell of The Johns Hopkins University, who created the nationally respected domestic violence Danger Assessment, and is a member of the MNADV team. The accompanying protocol developed by the committee is the first of its kind, providing guidance on what to do when someone is assessed to be in high danger.

The Ontario Domestic Assault Risk Assessment (ODARA), a procedure to predict future wife assaults, was developed by the Ontario Provincial Police and the Ontario Ministry of Health

<http://www.vawnet.org/>

Ontario Domestic Assault Risk Assessment (ODARA)

■ The ODARA calculates:

- Whether a man who assaulted his female partner will assault her again in the future; and
- How the man's risk compares with that of other known wife assaulters.

■ It is based on 13 items including:

- Domestic and non-domestic criminal history
- Threats and confinement during index incident
- Children in the relationship
- Substance abuse
- Barriers to victim support

Each item is scored 0 or 1 and the total score is the sum of the 13 items.

■ Who can use the ODARA?

- RCMP officers
- Crown attorneys
- Shelter workers
- Victim services workers
- Health care professionals
- Social workers

■ When can the ODARA be used?

- Police investigations
- Bail hearings
- Court process
- Safety planning with victims



■ This tool can be used for cases of wife assault where:

- The perpetrator is male and the victim is female; and
- The victim and perpetrator are living together or have lived together in the past.

■ What are the benefits of using the ODARA?

- The ODARA is the most valid risk assessment currently available.
- The ODARA is the most accurate tool currently available in calculating risk of re-abusing

The ODARA is a way to speak the same language and have a shared understanding when talking about risk.

For more information, please contact:

*Coordinator, NWT Victim Services, phone: 867-920-6244,
fax: 867-873-0199, e-mail: clarinda_spijkerman@gov.nt.ca*

The Ontario Domestic Assault Risk Assessment (ODARA)

- Prior domestic incident
- Prior nondomestic incident
- Prior custodial sentence of 30 days or more
- Failure on prior conditional release
- Threat to harm or kill at the index assault
- Confinement of the partner
- Victim concern
- More than one child
- Victim's biological child from a previous partner
- Substance abuse
- Assault on victim when pregnant
- Barriers to victim supported

Home > Be 1 For Change > Resources & Help

Resources & Help

Download the free and anonymous One Love DA Mobile App

For iPhone:



For Android:



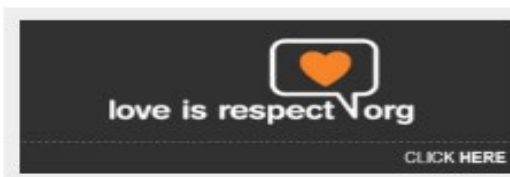
Take Online:



The One Love DA can be taken online [HERE](#)

(Works in Internet Explorer 8+, Firefox, Opera, Chrome, and Safari)

[Get Help](#)



LovelsRespect.org
1-866-331-9474



[National Domestic Violence Hotline](#)
1-800-799-SAFE (7233)



iPhone or Android - Designed for ages 16 to 24

ODARA Reference Guide

NEW JERSEY STATE POLICE VICTIM SERVICES UNIT ▼ 609-882-2000 EXT. 2375



WHEN to do ODARA: For Intimate Partner Relationships ONLY (regardless of the sex of the defendant or victim):

Officers are required to complete and score the ODARA form for any of the 11 enumerated offenses listed below committed upon a partner, **no matter** the sex of the defendant or victim:

✓ Homicide	2C:11-1	✓ Simple Assault	2C:12-1a (w/contact or w/weapon)
✓ Aggravated Assault	2C:12-1b	✓ Terroristic Threats	2C:12-3 (w/contact or w/weapon)
✓ Kidnapping	2C:13-1	✓ False Imprisonment	2C:13-3 (w/contact or w/weapon)
✓ Sexual Assault	2C:14-2	✓ Criminal Sexual Contact	2C:14-3
✓ Robbery	2C:15-1	✓ 2nd degree Burglary	2C:18-2 (w/contact or w/weapon)
✓ Any other crime involving risk of death or SBI 2C:25-19a(18)			

"PARTNER" is defined as a person who currently is, or previously was, involved with the defendant in an intimate relationship. This includes current or former spouses, current or former intimate cohabitants, co-parents, and those currently or formerly in a dating relationship.

If the victim is **NOT** a "Partner" OR one of the 11 enumerated offenses is **NOT** charged, **DO NOT Complete the ODARA form!**

HOW to score ODARA:

Score "1"	=	Item IS present
Score "0"	=	Item is NOT present
Score "?"	=	Item MAY be present* *Must have information to support that the Item may exist; otherwise Item scored "0."

- Every item must be scored; No item should be left blank.
- ODARA can be scored with up to five "?."
- It is important to include notes when scoring an Item as "1."
- Notes should be utilized to list and explain any indicated factors that may be associated with an item. Notes will assist others in understanding the scoring.

HOW & WHEN to utilize ODARA score:

Officers will score the form no matter the sex of the defendant or the victim, but will only consider the score for warrant/summons or pretrial detention decisions when the defendant identifies as a male and the victim identifies as a female.

Officers must include concise statements indicating the presence of all ODARA risk factors found to exist through their investigation in the Affidavit of Probable Cause and/or the Preliminary Law Enforcement Incident Report (PLEIR). These factors should be addressed in the Affidavit of Probable Cause and/or the PLEIR even when the ODARA score cannot be utilized.

WHERE to send ODARA form:

The completed ODARA form, no matter the sex of the defendant or the victim, must always be sent to the applicable County Prosecutor's Office in the manner directed by the Prosecutor and the NJ Division of Criminal Justice using email address: **ODARA@njdcj.org**
Please see reverse side for list of contact information for each County Prosecutor's Office.



Women's Center and Shelter of Greater Pittsburgh

RUSafe is a dangerous relationship assessment app developed by Women's Center & Shelter of Greater Pittsburgh and Newton Consulting. The app, which started as a Pittsburgh-based app, is now going national! **RUSafe will help users identify if they are in a potentially dangerous situation and connect them to a domestic violence hotline in their area!** Pittsburgh Steeler, Will Gay, is the official spokesman for RUSafe!

The image displays three screenshots of the RUSafe app interface. The first two are teal-colored screens with white text and circular 'Y' and 'N' response buttons. The third is a grey screen with a teal header and a red action button.

Has your partner physically abused you and has the violence increased in severity in the past year?

Does your partner force you to have sex when you do not wish to do so?

Do you have a child that is not your partner's?

You may be in an abusive relationship and you could be in danger.

Call Women's Center & Shelter

Continue

Bright Sky - Free DV Safety App

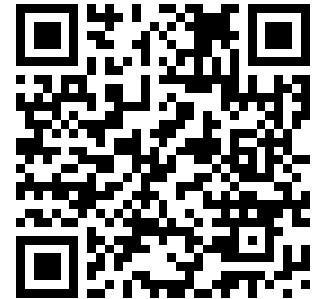
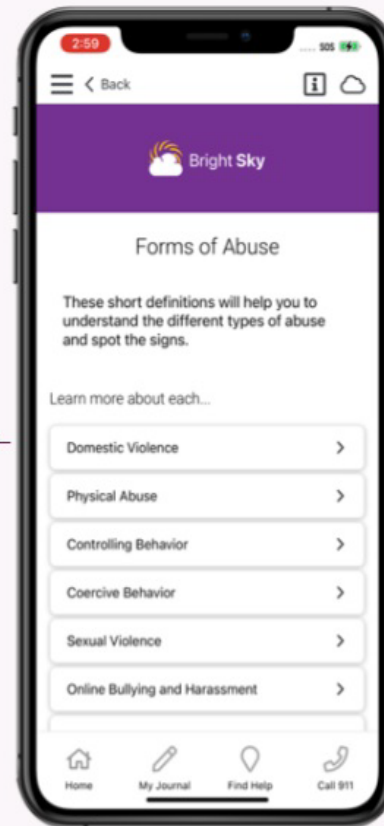
About Bright Sky

Bright Sky is a safe, easy to use app and website that provides practical support and information on how to respond to domestic violence. It is for anyone experiencing domestic violence, or for those worried about someone else.

Bright Sky can help you:

- Understand what domestic violence can look like
- Spot the warning signs of domestic violence
- Evaluate the safety of a relationship
- Locate the nearest support services across the United States
- Learn how to help a friend, loved one, or colleague that may be affected

Get Bright Sky:



Beyond the Obvious

Avoiding Dual Arrest & Dominant Aggressor Determination

Lt. Mark Wynn (ret)
markwynn@edge.net
www.markwynn.com

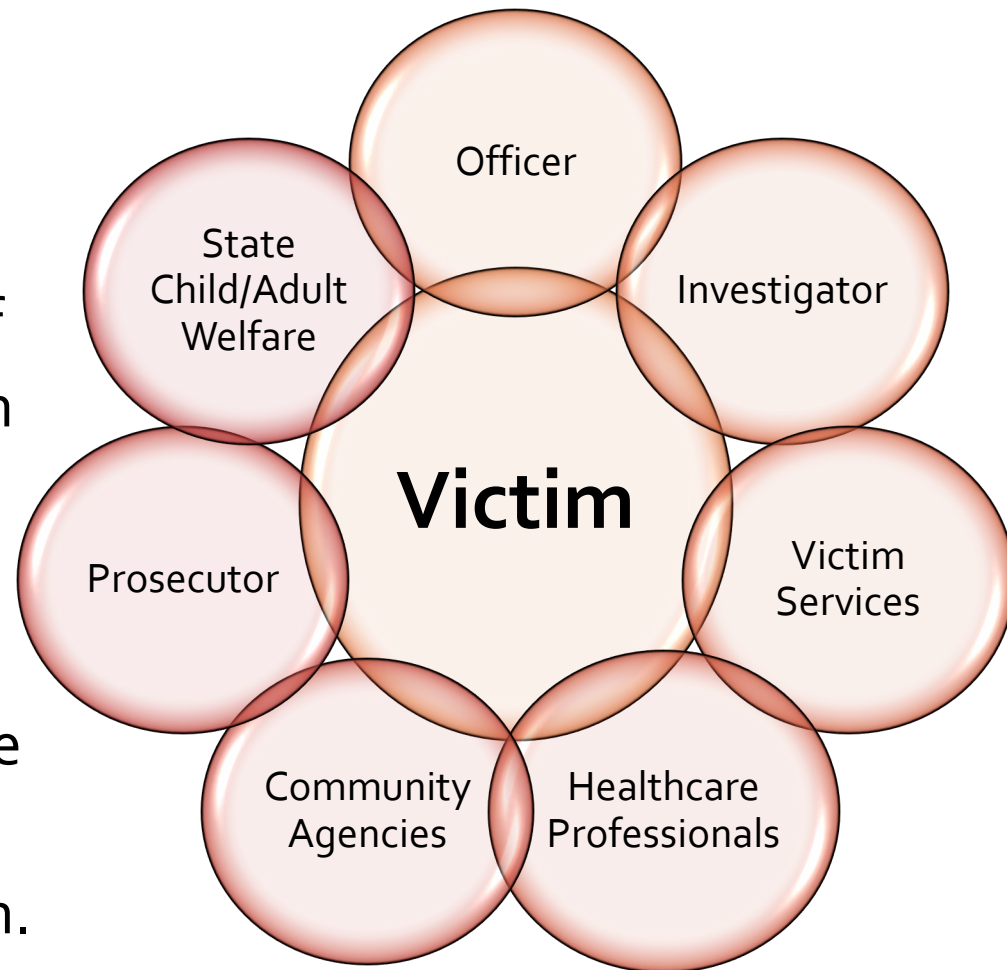
Realities of VAW Crimes

Victims of VAW:

- Not going to be a “perfect” victim
- Often delay reporting crime
- Experience trauma because of the violence
- Are often threatened, afraid & reluctant
- May feel powerless to stop the violence
- May have vulnerabilities that perpetrator will exploit

Victim-Centered Practice

An approach involving the victim being at the center of all decisions regarding victim recovery and involvement with the criminal justice system. The victim's choice, safety, and well-being are the focus, and the needs of the victim are everyone's concern.



Responding to victims of ongoing oppression is not another police transactional process. It should be more relational to create a high-quality connection and mutual respect between your officers and victims.

Realities of VAW Crimes

Perpetrators of VAW:

- Plan their crimes
- Ensure there are no witnesses
- Are strategic and calculating
- Engage in “testing” to select victims
- Are often repeat offenders with a series of and/or multiple victims
- Escalate violence over time

Is it reasonable?

- A person who is being assaulted or is about to be assaulted may realize that they are no match for the violence that is about to be used against them and will often times use a weapon or object as an “equalizer”.
- Consider the history/context/resistance

Resistive Violence

- Part of a victim's broader strategy to stop (contain) the abuse:
 - Negotiation
 - Appeals to family and friends
 - Appeasement
 - Anger and hostility
 - Separation
 - Withdrawal
 - Use of force

Determining the Dominant Aggressor

- Valid risk assessments help intervenors know who is at most risk of future harm
- In cases where both parties use illegal violence against the other, the dominant aggressor is the party who is clearly the more aggressive and potentially dangerous of the two.
- A dominant aggressor is not necessarily the first person to use aggression / violence
- Getting this right is a matter of public safety
- Dominant aggressors use coercive controlling violence and abuse

Criteria Used to Determine the Dominant Aggressor

- Who is the more aggressive generally in the relationship? Eliminate the probability that one party was acting in self defense.
- The comparative strength to each other. Is he stronger than her?
- Each party's ability to do what was alleged.
- Witness statements
- Previous police contact, domestic violence arrests, restraining orders or convictions

Criteria Used to Determine the Dominant Aggressor

- Harm done, severity, and extent of injuries to each party; who was the most aggressive in this incident.
- Likelihood of future injury to either party.
- Who is afraid of whom and what are they afraid of?
- Why did each party use violence; was it to control, intimidate, to resist, to punish?
- Who poses the biggest overall threat to the other?
- Who is seeking to avoid punishment?

Problematic criteria used to determine dominant aggressor

- Possible criteria officers should either not use or be sure to put in context.
- Who is the most irritating toward the officers?
- Who started the argument?
- Who used violence first?
- Who used violence last?
- Who was the most insulting to the other?
- Who is the drunkest?

Victim Defendants

- Victim's of violence who use illegal resistive violence should not receive the same criminal justice response by prosecutors or the courts as perpetrators of coercive controlling violence.
- Do not treat dis-similar cases similarly. Develop different prosecution strategies for defendant's who use resistive violence
- City of Duluth Prosecution Office developed the first prosecution policy to address resistive violence and victim defendants.

Offender-Focused Investigative Strategies

Investigative Strategies

- Investigate the perpetrator's course of conduct, not just the current crime.
- Investigate the perpetrator, not the victim.
- Start your investigation looking at the victim through the perpetrator's eyes – as a target.
- Each case is unique; do not decide this case based on your last case.
- Ask about context and history.
- Expect perpetrator to try to manipulate law enforcement.

Understanding Sexual Assault Perpetrators

- Perpetrators tend to:
 - Feel entitled to sex
 - Seek and use power and control
 - Believe men and women are unequal
 - Believe that masculinity is defined by having sex with many women
 - Believe that aggression and dominance are tied to masculinity
 - Believe in rigid gender roles

Suspect Interviewing

- Not a traditional suspect interrogation
- Aims to build rapport with the suspect
- More effective means of obtaining information from suspect
- Give suspect the opportunity to share “their side of the story” in order to ultimately hold them accountable
 - Feign sympathy and understanding

Suspect Interviewing

Shares some characteristics with trauma-informed interviewing:

- Active listening
- Listening more than you speak
- Listening and hearing without judgement
- Not interrupting
- Using open-ended questions
- Using phrases such as, "Can you help me to understand...?"

Suspect Interviewing

Suspect interviews are based on thorough investigative groundwork. The goals of the interview can be to:

- Lock the suspect into a story
- Identify the suspect's defense strategy
- Corroborate the victim's statement
- Identify additional investigative avenues/leads
- Identify additional crimes
- Obtain admissions/concessions and/or a confession

**You should build
a contextual picture
of the crime.**

Salem, Oregon Police Report

STRANGULATION/SUFFOCATION

Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	"Was your breathing restricted or pressure applied to your neck in any way?" <input type="checkbox"/> How? <input type="checkbox"/> Demonstrate? <input type="checkbox"/> One Hand? <input type="checkbox"/> Two Hands? <input type="checkbox"/> Arms Used? <input type="checkbox"/> Legs Used? <input type="checkbox"/> Ligature? (Seize) <input type="checkbox"/> Other Method? _____
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	"Was your head shaken while you were being strangled?" <input type="checkbox"/> Describe. <input type="checkbox"/> Was your neck twisted in any way? Y / N
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	"Did the suspect say anything to you while you were being strangled?" <input type="checkbox"/> What? <input type="checkbox"/> Significant quotations noted verbatim?
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	"Can you estimate you long your breathing was restricted?" _____ second(s) _____ minute(s) <input type="checkbox"/> How did it affect you? <input type="checkbox"/> Any loss of consciousness? Y / N
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	"What were you thinking while you were being strangled/suffocated?" <input type="checkbox"/> Describe: _____
Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	"Can you tell me what caused the strangulation/suffocation to stop?" <input type="checkbox"/> Describe: _____
Symptoms since incident:	(Mark all that apply): <input type="checkbox"/> Sore Throat <input type="checkbox"/> Headaches <input type="checkbox"/> Red/purple petechiae spots on lips, gums, face, scalp, neck, or throat <input type="checkbox"/> Neck swelling <input type="checkbox"/> Difficulty swallowing <input type="checkbox"/> Tongue trauma <input type="checkbox"/> Dizziness <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Fainting <input type="checkbox"/> Voice hoarse or raspy <input type="checkbox"/> Coughing <input type="checkbox"/> Nausea <input type="checkbox"/> Drooling <input type="checkbox"/> Urinate <input type="checkbox"/> Defecate <input type="checkbox"/> <u>Photo</u> <input type="checkbox"/> <u>Medical Exam!</u>	

DOES THE CRIME OF "STRANGULATION" APPLY? RESTRICTED BREATHING MAY UPGRADE SEVERITY OF A CRIME.

Objectives of Family Crime Investigation

- Establish Probable Cause
- Identify the Offender
- Locate the Offender
- Identify The Victim
- Collect and Preserve Evidence
- Assess for lethality/danger

It's a matter of:

- Who is dominant?
- Who is creating the fear?
- Who is in fear?
- Who is more significant aggressor?
- Who needs protection?
- **It is not who started it.**

Factors to Consider

- Size of parties
- Use of weapons
- Who is stronger?
- Who is afraid of whom?
- Is one party specially trained in martial arts, boxing, or hand-to-hand combat techniques?
- Who in the relationship poses the most danger to the other?
- Who has the more serious injuries?
- Location and nature of injuries – Offensive vs. Defensive
- Did one party escalate the level of violence?

Factors to Consider

- History of abuse
- Demeanor of the parties
- Use of alcohol and other drugs
- Criminal history
- Existence of court protective orders
- Existence of corroborating evidence or witnesses
- Other legal defenses such as self defense

Considerations of when to arrest

- The question should be do we have probable cause to arrest for an unlawful assault committed by someone.
- We should not make an arrest solely because someone in a domestic violence relationship has an injury and we cannot determine how it occurred.
- We should not arrest both because we cannot “figure it out.”

Summary

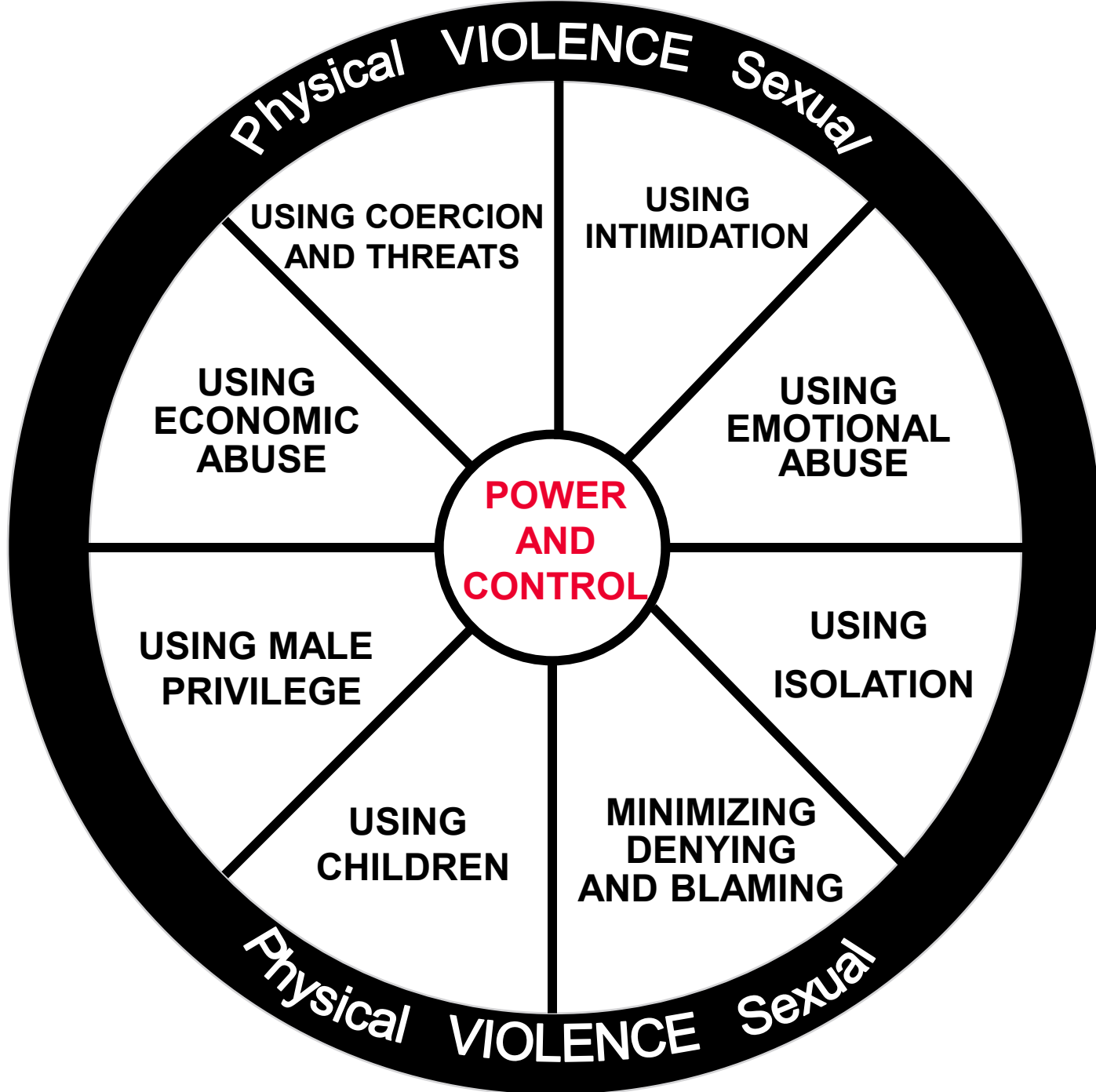
- Follow your agency policy
- Do not rush your decision who is dominant
- Look at the history of the parties
 - a look, or a gesture can in the context of the parties' history signal danger
- Look at self defense issues
- New information may be discovered that changes your decision who to arrest. Be familiar with your agency policy on how to release someone who has been arrested.

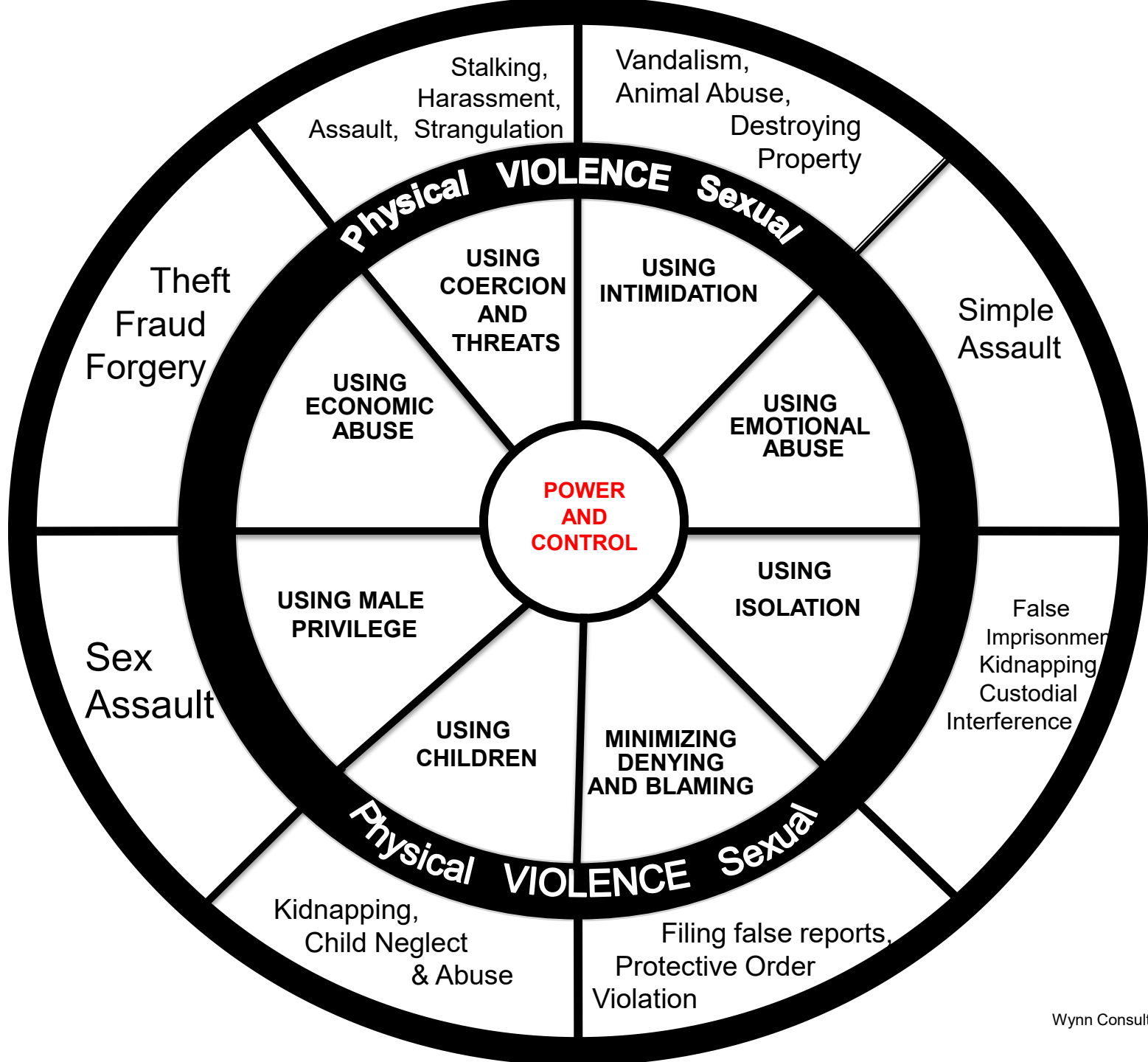
Negative Consequences of dual arrest

- Rarely Prosecuted
- Children removed placed in protective custody
- Victim not protected (release agreement, R.O., etc.)
- Batterer gains more power
- Victim experiences the fright of arrest
- Victim may not call police in the future
- Victim gets a criminal record
- Department may be sued

Positive results of not making a dual arrest

- Reduce the number of inappropriate arrests
- More cases are prosecuted
- Child stays with one parent vs. shelter home
- Remove the person who is abusing and maintaining power in the relationship
- Remove the person who is the serious threat in the home
- Stop the re-victimization of DV victims
- Reduce lawsuits





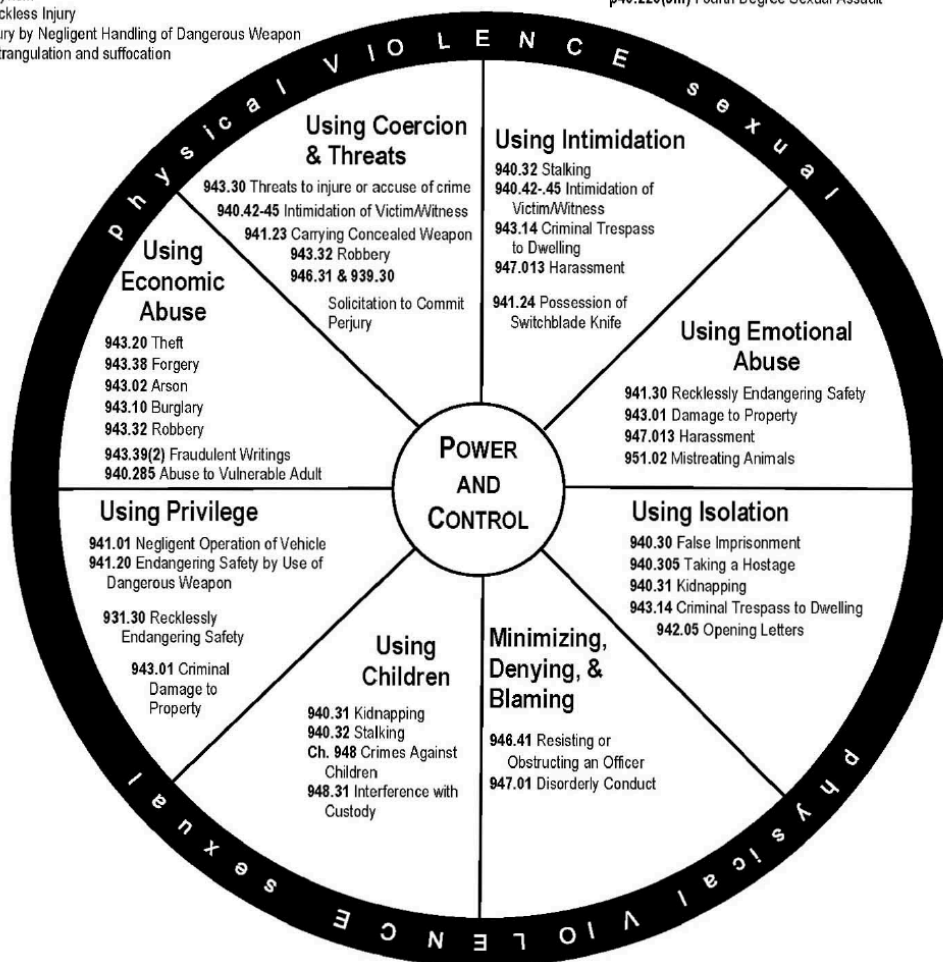
Power & Control Wheel with Wisconsin State Statutes

Crimes of Physical Violence

940.19(1)-(6) Battery – Simple, Substantial, Aggravated
 939.32(1)&(3) Attempted Battery
 940.20(1m) Battery to Person Subject to Restraining Order or Tribal Order
 940.21 Mayhem
 940.23 Reckless Injury
 940.24 Injury by Negligent Handling of Dangerous Weapon
 940.235 Strangulation and suffocation

Crimes of Sexual Violence

940.225(1) First Degree Sexual Assault
 940.225(2) Second Degree Sexual Assault
 940.225(3) Third Degree Sexual Assault
 940.225(3m) Fourth Degree Sexual Assault



The following crimes might fit any of the behaviors listed on the wheel:

Chapter 813 Violation of a restraining order, including foreign orders of protection
 939.05 Parties to Crime
 939.24 Criminal Recklessness
 939.25 Criminal Negligence
 939.30 Solicitation
 939.31 Conspiracy

939.32 Attempted Crimes
 939.46 Coercion
 946.49 Bail Jumping
 947.01 Disorderly Conduct
 940.42-45 Intimidation of Victim/Witness
 940.32 Stalking

947.013 Harassment
 947.012 Unlawful Use of Telephone
 947.0125 Unlawful Use of Computerized Communication System
 940.285 Abuse of Vulnerable Adult
 943.30 Threats to injure

Context is Everything

- The Criminal Justice System is by design and necessity, incident focused
 - What is the intent of the offender?
 - What is the meaning of the act to the victim?
 - What is the effect of the violence on the victim?
 - What is the context of any given act of violence?
 - Consider the particulars, how much violence, coercion or intimidation accompanying the violence

Minimizing: by the Victim
 by the Offender
 by the Officer
 by the Court

Probable Cause

- Who is the primary aggressor?

Fear

Who talks or appears scared?

Remember your last use of force report

Probable Cause

Body Language

Who displays an aggressive stance?

Consider the physical size of the parties.

Probable Cause

History of Abuse

Medical records, 911 tapes, police reports, shelter stays and protective orders. Examine the paper trail.

Probable Cause

Neighbors &
Witnesses

Neighbor killed after domestic dispute turns violent

By **KATHY CARLSON**

Staff Writer

A domestic dispute turned deadly Monday night for a young Nashville man who police said wasn't party to the original argument.

Jason Clark, 21, was shot to death outside his apartment at 1000 Thompson Place in south Nashville, police spokesman Don Aaron said.

Clark "was talking to the girlfriend (who had been involved in the earlier domestic dispute) when he got shot," his mother, Karen Clark, said last night.

No arrests had been made as of

yesterday, Aaron said.

"We have continued numerous interviews during the night and today," Aaron said. "Detectives are still working on the case."

Jason Clark had been visiting his girlfriend and young son in west Nashville when his brother, Chris Clark, called him, his mother said.

Earlier Monday night, a couple in Jason Clark's apartment building had gotten into a fight. Chris Clark and a male friend came to the woman's aid, confronting the boyfriend, Aaron said.

Police also came to the apartment, and the woman decided not

to press charges, Aaron said.

The woman's boyfriend fled to another building in the apartment complex, Aaron said, and got in touch with his brothers, who came to the building.

Chris Clark, in turn, called his brother, who came back to the complex. Jason Clark was outside his apartment smoking a cigarette when he was shot, Aaron said.

Jason Clark told the shooter "it wasn't me," Karen Clark said, but the "guy came and shot him in the back." She said she did not know whether the shooter was in a car or on foot.

Her son collapsed in the front

hallway of his apartment, she said. He was taken to Vanderbilt University Medical Center, where he died.

Karen Clark described her son, Jason, as "a real laid-back kind of guy."

He had worked at a Taco Bell restaurant near his home for three years, she said, and he and his girlfriend had a son, also named Jason, who will turn 2 in April.

Funeral arrangements are incomplete, she said. ■

Kathy Carlson covers law enforcement for *The Tennessean*. She can be reached at 259-8047 or via e-mail at kcarlson@tennessean.com.

Probable Cause

Excited Utterances

“a statement relating to a startling event or condition made while the declarant was under the stress of excitement caused by the event or condition.”

Probable Cause

Crime Scene

Probable Cause

Injuries



INVISIBLE INJURIES

When Your Head is Hurt



The comprehensive resource on domestic violence

1855 E. Dublin Granville Road, Suite 301
Columbus, OH 43229
800-934-9840 • www.odvn.org • www.odvncares.com

<https://www.youtube.com/watch?v=zp7uBCJ6Sko&t=2s>

ODVN.org

Warning Signs

- A headache that does not go away or gets worse
- One pupil (eye) is larger than the other
- You can't remember what happened
- Extreme drowsiness or difficulty waking up
- Slurred speech, numbness, or decreased coordination
- Repeated vomiting or nausea
- Shaking or twitching
- Unusual behavior, confusion, restlessness, or agitation
- You peed or pooped unintentionally
- Loss of consciousness, passed out



Power and Control Tactics

Intimidation.....

- **Following you from room to room**
- **Aggressive stance**
- **Read the body language – they will read yours**

Power and Control Tactics

Isolation.....

- **Wont let the officer in the residence**
- **Children told to hide or leave the home**
- **“ My wife is in the shower”**

Power and Control Tactics

Using Male Privilege.....

- “ I wear the pants in my family”
- Ownership language about the spouse or children

Power and Control Tactics

Threats.....

- “You are violating my rights.. Do you have a warrant”
- “I’ll sue”
- “I’ll have your badge”
- “I’m the taxpayer”



Power and Control Tactics

Minimizing - Denying - Blaming.....

- **“ It’s not that bad.. She bruises easily”**
- **“She/he is crazy”**
- **“It’s all in his/her head”**
- **“Nothing happen”**
- **Not taking responsibility**
- **“ I’m very sorry we bother you officer”**

Power and Control Tactics

Using the Children...

- **“The kids will agree with me”**
- **Dragging the children into the arrest or court**
- **Sending the children away or into hiding**

Trauma Informed Response To Victims of Domestic and Sexual Violence

LT. MARK WYNN (RET)

MARKWYNN@EDGE.NET

WWW.MARKWYNN.COM



Objectives

Identify basic information on the neurobiology of trauma

Describe how the neurobiology of trauma impacts victims' memory, reactions, and behavior

Recognize our role in avoiding re-victimizing or retraumatizing victims

Identify the long-term consequences of trauma

Why should we learn about trauma?

More accurate and thorough evidence

Gives context to victim behavior

May facilitate victim's ability to remember and recall details

Minimizes the likelihood of re-traumatizing the victim

Promotes **victim healing** and **empowerment**

Supports victims and hold offenders accountable

Trauma Defined

Response to an event, series of events, or set of circumstances experienced by an individual as **physically or emotionally** harmful or life-threatening with lasting effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

(Substance Abuse and Mental Health Services, 2019)

**What did the officer
remember and mis-
remember?**

Officer-Involved Shooting

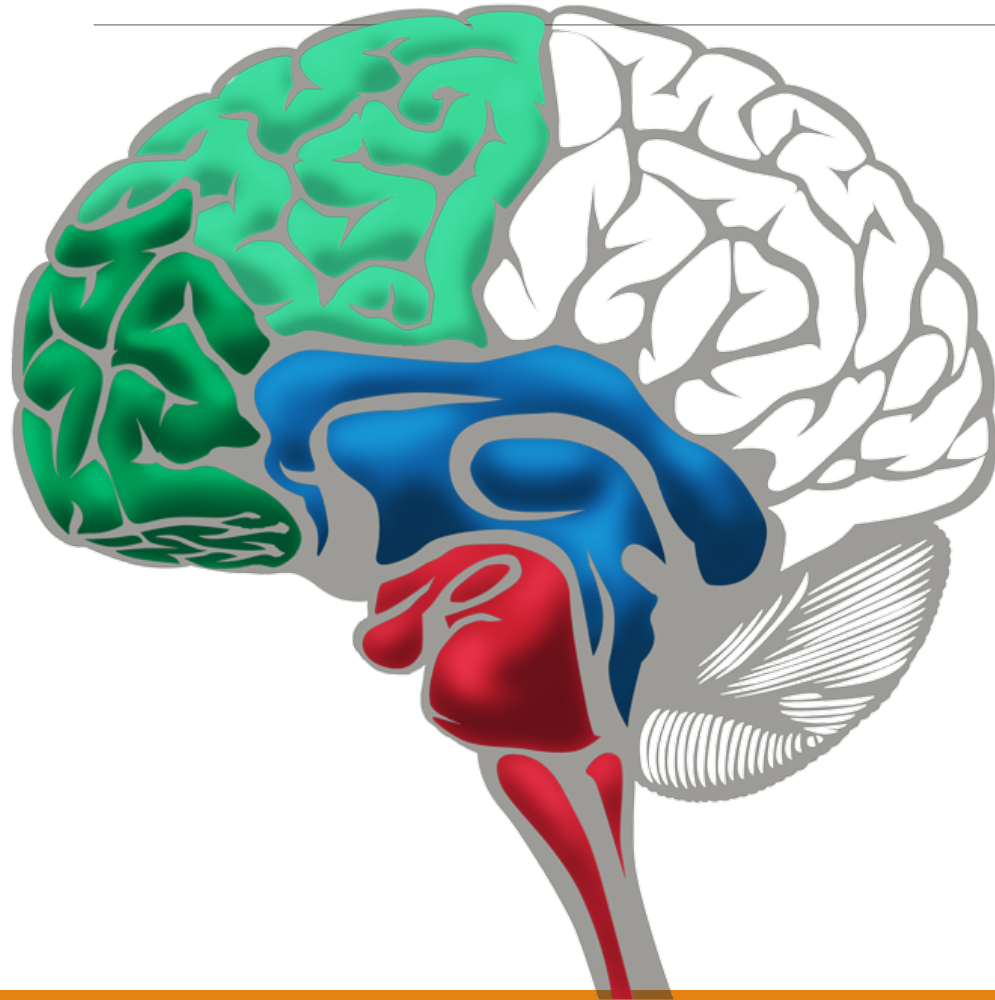
One of the most traumatic events for an officer

Officers react to traumatic events in different ways

Officers may experience physical, cognitive, emotional, and behavioral responses in the immediate aftermath and in the weeks and months to follow

**How did the officer react
when describing what
he did?**

Parts of the Brain to Remember



Prefrontal Cortex

Limbic Brain

- Thalamus
- Amygdala
- Hypothalamus
- Pituitary Gland
- Hippocampus

Reptilian Brain (Brainstem)

Reptilian Brain (Brainstem)

Basic life functions

- **Safety** and **Survival** – Scans the environment
- Reflexes – Automatic

Autonomic Nervous System

- Sympathetic Nervous System – prepares the body for action (acts as the body's accelerator)
- Parasympathetic Nervous System – prepares the body for rest (serves as the body's break)



The Limbic System

Amygdala

- Emotional response
- **Fear** center; attaches fear to stimuli
- Interprets the significance of sensory input

Thalamus

- Gateway for sensory information

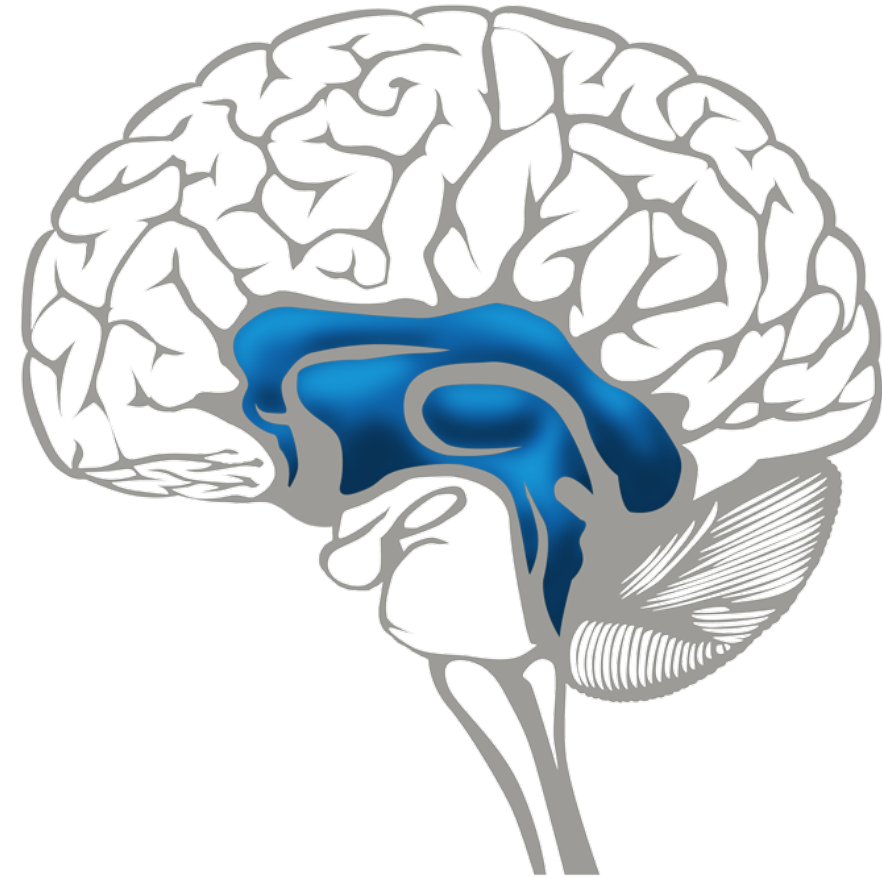
Hypothalamus

- Homeostasis
- Controls body temperature, hunger, fatigue, sleep

Pituitary Gland

Hippocampus

- Key in storing sensory and emotional **memory**



Rational Brain (Prefrontal Cortex)

- Executive function
- Consolidates information
- Controls **logical** decision making
- Manages impulse control
- Directs attention



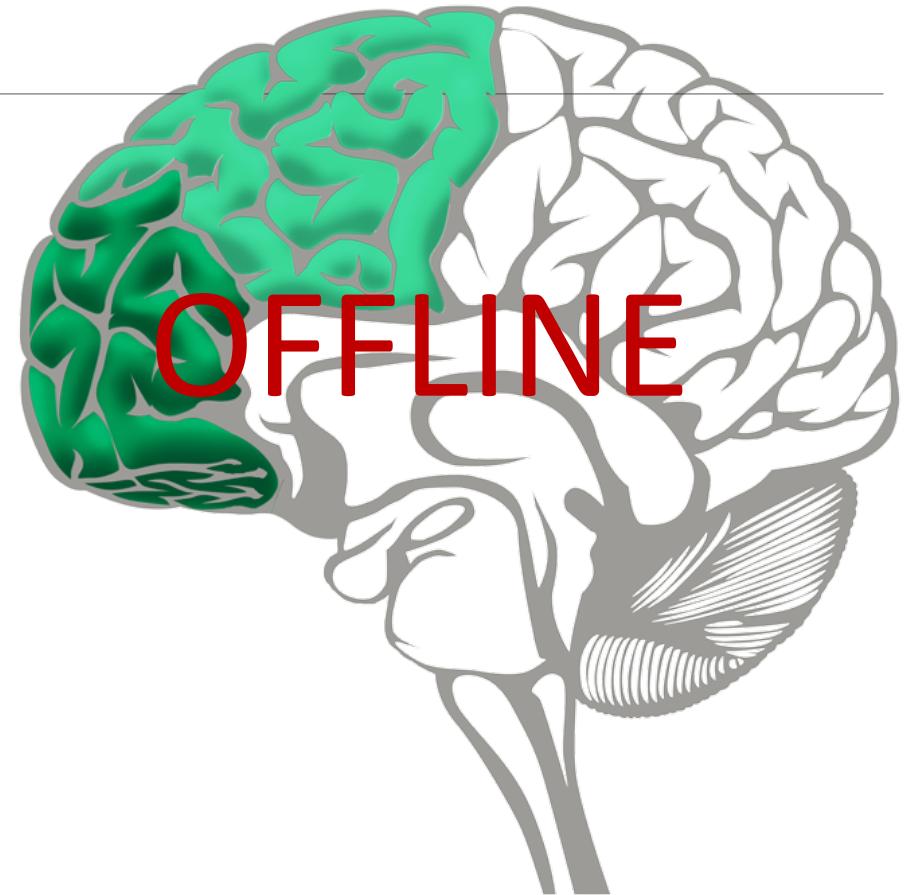
**DURING A THREAT OR
STRESSFUL EVENT...**

Rational Brain (Prefrontal Cortex)


Prefrontal cortex essentially goes offline

Trauma and stress **involuntarily** switch control to the amygdala

The signal between the “smoke detector” and “watchtower” is disrupted



**What happens in the
body experiencing a
traumatic event?**

A solid orange horizontal bar at the bottom of the slide.

We do not control how our brain and body respond.

Impact on behavior, demeanor, and emotions during and after the event.

Complex thoughts are impaired.

Affects how memories are stored and retrieved.

The impact on behavior and memory can be misinterpreted.

Responses may change from person to person and for one person during an incident and from incident to incident.



The Body Responds

When escape is or (**perceived**) to be **impossible**, the body reacts drastically to survive.

The Body Responds

First response is often to freeze, then flee if possible

- Preparing for action
- Hormones surge: racing heartbeat, increased blood pressure, hyperventilation

Freeze, Flee, or Fight – **the goal is to survive**

Escape, mitigate injury, withstand harm– the brain makes **subconscious decisions around survival and lessening physical and psychological injury**

Tonic Immobility

Parasympathetic Nervous System activated

Autonomic survival reflex

Involuntary reaction to trauma

Sudden onset / abrupt termination

Described by survivors of trauma

- Inability to move
- Feeling cold, numb, rigid or trembling muscles

Dissociation

Process of disconnecting from the experience (including emotions and even sensations in one's body)

Overwhelming sensory experience is fragmented – no longer connected to the trauma

Autopilot

Collapsed Immobility

Survival reflex but different from tonic immobility and disassociation

Described as feeling like a “rag doll”

Heart gets massive input from the Parasympathetic Nervous System

- Drop in blood pressure and heart rate
- Fainting, feeling sleepy, passing out
- Changes in muscle tone

Mitigate the Harm

If the victim realizes that saying “no” is useless or they will be subject to greater violence or death if they resist, they may **submit** or **negotiate** in order to minimize the violence to themselves or others.

Submission and negotiation are NOT consent.

Trauma Responses

Physiological changes in the body after a traumatic event can cause a variety of lasting reactions:

- Lack of emotion, flat affect
- Smiling, laughing
- Upset, crying
- Shock, numbness
- Confusion
- Anger

Have you seen victims present the following responses during and after a traumatic event?

Fight

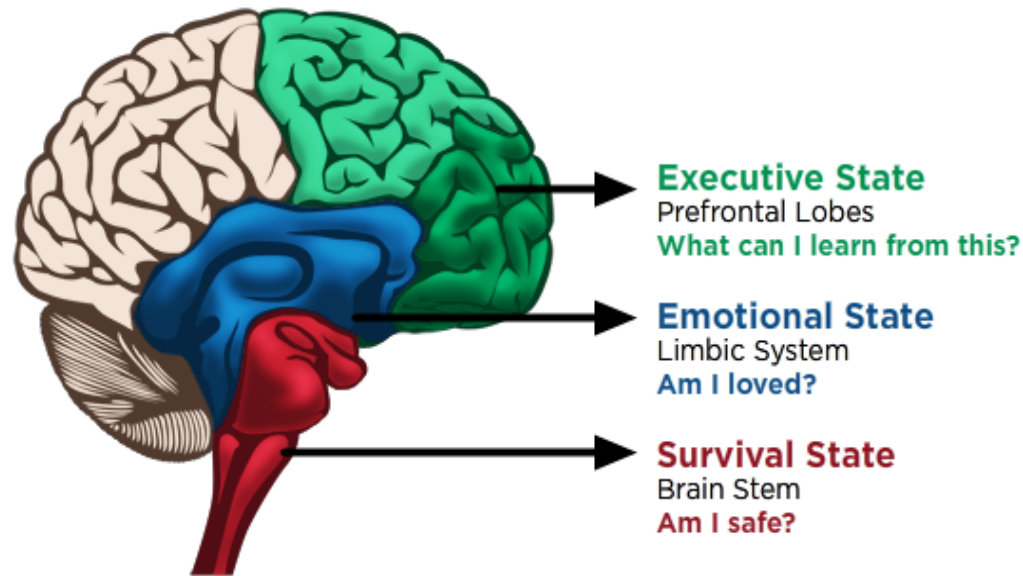
Flight

Immobility

Submit

Negotiate

Summary: The Brain's Response to Trauma



The brain is complex but powerful!

Learning about trauma supports victims and holds offenders accountable.

We do not control how our brain and body respond.

Not understanding trauma can lead to worse outcomes in investigations, and potentially long-term, devastating consequences for the victim, future victims, and community.

Rational thought, or data-driven processing – **if this, then that** – is seriously impaired.

How Memory Works – The High Road

Attention

- Our brain encodes memories of what we pay **attention** to
- What are we paying attention to?
- What we attune to affects what we remember

Memory Encoding

- **Central Details** – core aspects of an experience that captured attention are more likely to be encoded, and to be strongly encoded
- **Peripheral Details** – aspects outside of the core experience that did not capture attention are less likely to be encoded or as strongly encoded

Memory and the Impact of Trauma

- **Impaired Prefrontal Cortex**
 - Context and sequence memories are poorly encoded
- **Amygdala in Control**
 - Emotional and sensation memories are strongly encoded

Memory and the Impact of Trauma – The Low Road

Memories are **fragmented**

- Not organized in a contextual, chronological narrative

Memories are **incomplete**

- Peripheral details often missing or poorly encoded

What is central vs. peripheral varies from victim to victim, assault to assault

- Facts and circumstances that may seem central to an investigation may not have been a central focus during the assault

During the Time of the Event

VICTIM

- Fear circuitry in control
- Survival mode
- Fragmented/unorganized recall of details of the event
- Memory gaps

OFFENDER

- Prefrontal cortex in control
- Rational thought and logical decision-making
- Memories are not fragmented, can provide chronological narrative

After the Event

It can take up to 96 hours for hormones to return to regular levels

- Hormone imbalance can be re-triggered later
- Hormones levels may not have the chance to decrease for victims in abusive relationships

Physiological changes in the body can cause a variety of lasting reactions in the victim when recalling the event, some of which may seem counterintuitive to other such as – lack of emotions, laughing, anger

There's no one way people react to traumatic events;**Be patient and normalize reaction!**

Stress/Trauma Responses

Physiological – muscle tension, headaches, rapid heart rate, hyperventilation

Cognitive – confused, loss of judgement, poor concentration, loss of memory, preoccupation about the event, flashbacks

Emotional – feelings of disbelief, self-blame, guilt, anger

Behavioral – difficulty sleeping, increased alcohol consumption, decreased interest in usual activities



Summary: Memory and the Impact of Trauma

Facts expected by investigators may not be what the victim was paying attention to

Brain pays attention to what it perceives as central to survival

Focus on what the victim was paying attention to

Specific small details that may not seem evidentiary in nature may corroborate the victim's account

Potential Long-Term Consequences

Depression

Dissociation and emotional numbing

Anger, aggression, self-harming

Other anxiety disorders (phobias, panic)

Post-Traumatic Stress Disorder

Substance and behavioral
addictions

Relationship problems,
disconnection, isolation

Eating problems

Sleep problems

Past Trauma

Past victimization is a significant risk factor for future victimization.

How the body survived the past trauma influences how the body responds to trauma again, and what the body does to survive when it happens again.

**How can learning about
trauma help your
investigations?**

Chronic Trauma

Chronic trauma is trauma that is repetitive and occurs over an extended period of time.

Can be **multiple, long-term, and/or prolonged** events

- Domestic violence
- On-going physical/sexual abuse (child or adult)
- War/combat situations

Can be comprised of several instances of acute traumas, happening one after the other.

Unresolved chronic trauma has long-term negative impact on quality of life, physical health, etc.

Trauma-Informed Response

Victims feel more supported in the criminal justice process, resulting in them being:

More likely to continue to engage with the criminal justice process

Better able to provide information

Less likely to experience retraumatization or secondary trauma

More satisfied with the outcome of the case regardless of whether the perpetrator is convicted

First Impressions Matter

Be compassionate and professional.

Ensure the victim's immediate physical safety and health.

Connect the victim with services.

Explain reporting options and next steps.

Reassure and explain you are not investigating the victim for any illegal behavior.

Conduct preliminary victim interview.

Building Rapport: Acknowledging the Trauma

“I’m sorry this happened to you.”

"This is not your fault."

“You are not alone, how can we help you?”

“Your health and safety are our priority."

Interviewing the Victim

Interview the victim separately

Establish trust

Let them vent

Reassure

First Contact — Preliminary Interview

The preliminary victim interview should:

- Be in a **private, comfortable environment**
- Be brief
- Facilitate the victim's disclosure process
- Identify possible evidence of the reported incident as well as co-occurring crimes
- Potentially identify who the perpetrator was
- Identify witnesses

Listen to Victims

Listen with compassion and empathy.

Demonstrate a real desire to understand the victim's experience, NOT just wanting to capture evidence.

Trauma Responses

Physiological changes in the body after a traumatic event can cause a variety of lasting reactions:

- Lack of emotion, flat affect
- Smiling, laughing
- Upset, crying
- Shock, numbness
- Confusion
- Anger

There's no one way people react to traumatic events.

First Impressions Matter

To the victim, the first responding officer represents all officers

Treat victims respectfully and with compassion

Ensure the victim's immediate physical safety and health

Connect the victim with services

Conduct a trauma-informed preliminary interview

The initial report is a crucial time that can solidify in a victim's mind whether or not they will participate in the criminal justice process



What is Vicarious Trauma?

- An occupational challenge resulting from continuous exposure to victims of trauma and violence
- The work-related trauma exposure can occur from listening to individuals recount their victimization; looking at videos of exploited children; reviewing case files; hearing about or responding to the aftermath of violence and other traumatic events day after day; and responding to mass violence incidents

Vicarious Trauma

Working with victims of violence and trauma may change the worldview of responders and put individuals and organizations at risk for a range of negative consequences

- Emotional distress after hearing about someone else's trauma
- Symptoms can mimic those of Post-Traumatic Stress Disorder (PTSD)
- Personal trauma may be triggered
- Can lead to burnout and decreased empathy

Trauma-Informed Interview Best Practices

Use two full sleep cycles as a baseline after the incident to conduct the detailed follow-up interview.

With the victim's permission, arrange for an advocate or support person to attend the interview.

If possible, work with the victim to identify an interview location that is convenient and comfortable for the victim.

If possible, wear attire that will not be perceived as intimidating or threatening by the victim.

Explain confidentiality.

Provide contact information.

Explain the next steps.

Trauma-Informed Interview Best Practices

Express compassion.

Use open-ended questions.

Listen.

Do not interrupt.

Allow for an uninterrupted narrative.

Wait until after the narrative to ask clarifying questions.

Use the victim's words or descriptions.

Trauma-Informed Interview Best Practices

The phrasing of questions during victim interviews is important!

- Our tone and body language matter. A victim might perceive a question as blaming them for their actions, or for what they may be unable to recall.

Some good questions to begin with include:

- “Where would you like to start?”
- “What are you able to tell me about your experience?”

AVOID the following:

Questions that start with “why”

Directives such as “explain to me...”

Requests for a chronological account with prompts such as “and then what happened?”



Summary: The Impact of Trauma

Trauma alters the brain, triggering chemicals that influence perception, reactions, behavior, demeanor, and memory

Memory is stored in the brain differently

Delayed reporting and inability to recall details and sequence of events is **common as a result of trauma**

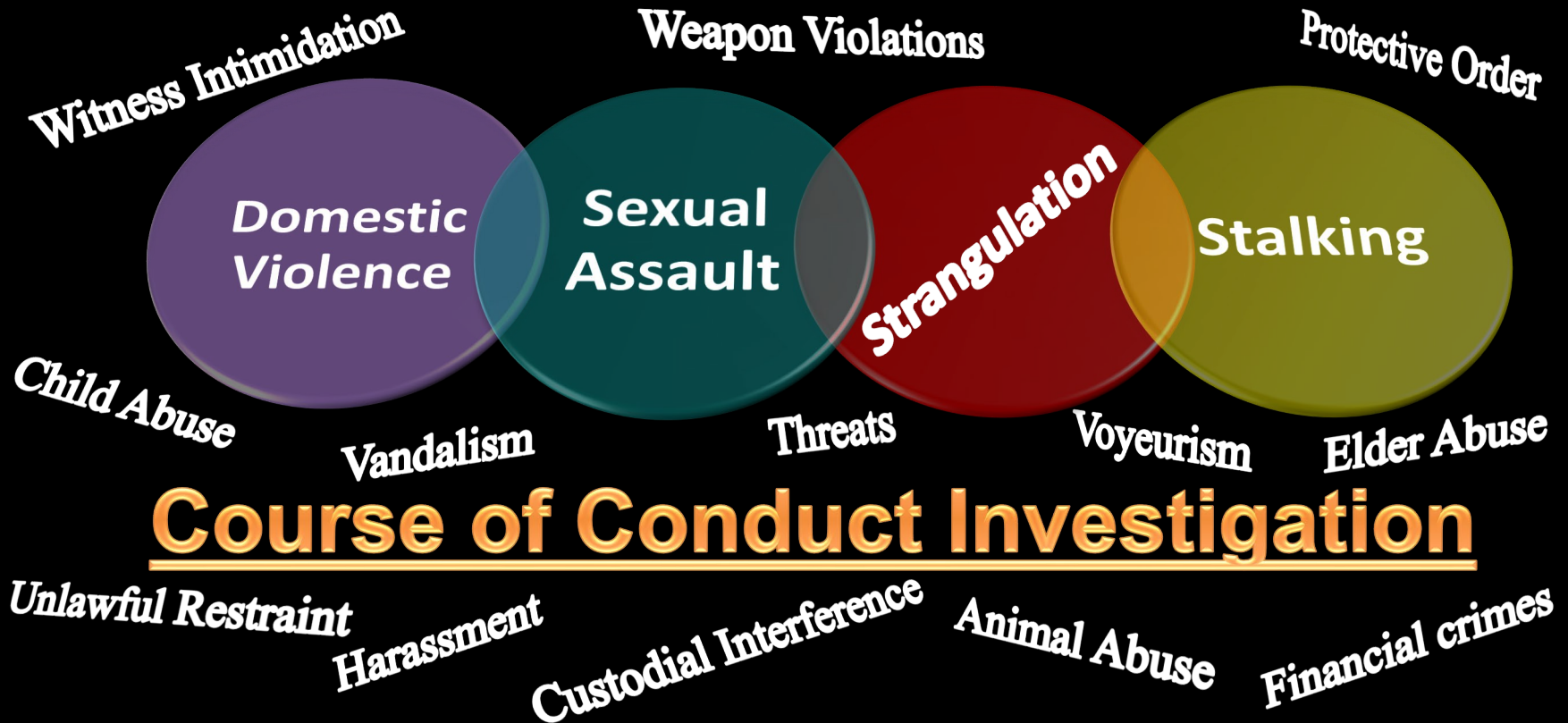
We do not control how the brain and body respond

Impacts of trauma are often misinterpreted as not telling the truth, by law enforcement, family, friends, and society

Examination of the Motive and Impact of Strangulation

Lt. Mark Wynn (Ret)
www.markwynn.com
markwynn@edge.net

Interconnected & Co-Occurring



Course of Conduct Investigation

Realities of VAW Crimes

Commonly missed crimes in the context of violence against women

- Stalking
- Intimate partner sexual assault
- **Strangulation**
- Felony threats
- Weapons violations
- Kidnapping
- Witness Intimidation

**“A victim of domestic violence
calls the crisis line for the first time
on average after the fifth assault”.**

Nashville, Tennessee YWCA Crisis line

Police search for man after wife gunned down

Shooter burst into domestic abuse shelter

by [Jordan Schrader, JSCHRADE@CITIZEN-TIMES.COM](mailto:JSCHRADE@CITIZEN-TIMES.COM)
published September 20, 2006 12:15 am

SYLVA

Investigators on Tuesday cast a net from Pennsylvania to Tennessee for the Jackson County man who they say burst into a domestic violence shelter carrying a shotgun and killed his wife.

When I attempted to

“When I attempted to leave he choked me twice”

Jamison said authorities have tracked down Woodring's connections in Western North Carolina, including two

“This distress caused me to loose my position at work and had to transfer to another department. He also threatens to kill me if I ever left him.”

Authorities said her son is safe with family. He was not in the shelter's kitchen when his mother was gunned down there.



5. The defendant has attempted to cause or has intentionally caused bodily injury to the child(ren) living with me or in my custody; has placed my child(ren) in fear of imminent serious bodily injury or in fear of continuing harassment that rises to such a level as to inflict substantial emotional distress; or has committed a sexual offense against the child(ren) in that: (Give specific dates and describe in detail what happened.) *I have not.*

MYTHS ABOUT STRANGULATION

- **IF THE VICTIM CAN SPEAK, SCREAM, OR BREATHE, THEY ARE NOT BEING STRANGLED**

Since strangulation involves obstruction of blood flow, a person can have complete obstruction and continue breathing until the moment they die from lack of oxygenated blood flow to the brain.

MYTHS ABOUT STRANGULATION

- **STRANGULATION CANNOT BE HARMFUL BECAUSE MANY PEOPLE PRACTICE IT (MARTIAL ARTS, MILITARY, LAW ENFORCEMENT)**

Martial arts are a form of combat. The military and law enforcement use strangulation as a lethal form of force.

MYTHS ABOUT STRANGULATION

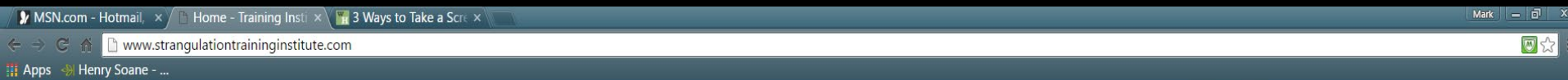
- **STRANGULATION VICTIMS SHOULD BE ABLE TO DETAIL THEIR ATTACK**

Trauma impacts the brains' ability to store memory. In addition, the hippocampus (part of the brain where memory is stored) is the most sensitive to oxygen deprivation. When a victim is strangled, both factors can impact the ability to recall.

Military/Law Enforcement use of Choke Hold



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Introduction | STRANGULATION—OBJECTIVES

This module will enhance your response to calls involving strangulation by providing methods to:

- Explain the dangers of strangulation
- Recognize the various signs and symptoms of strangulation
- Apply victim interview questions to your investigation of strangulation
- Identify and implement the actions to help a strangulation victim

[Back](#)



Definition

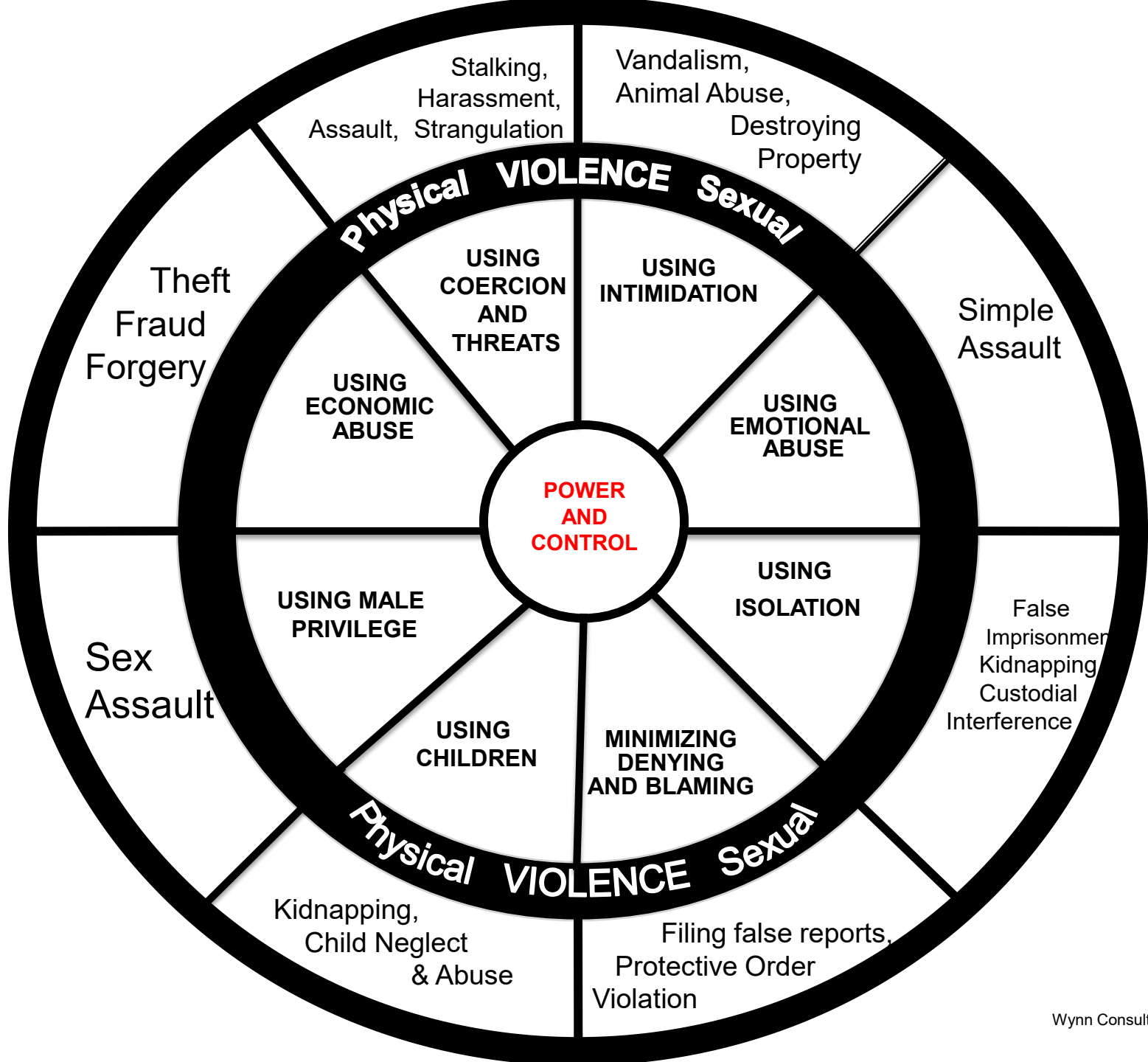
- Strangulation is a form of asphyxia characterized by closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck

Key Terms

- Anoxia (a-nak-se-a):
 - Absence of oxygen supply to tissue
- Asphyxia (as-phyx-i-a):
 - A condition arising when the body is deprived of oxygen causing unconsciousness or death; suffocation.
- Hypoxia (hy-pox-i-a):
 - Deficiency in the amount of oxygen reaching the tissue.

Strangulation: What Do We Know?

- SIGNIFICANT of chronic abuse: The act of strangulation symbolizes an abuser's use of Power and Control
- POTENTIALLY LETHAL: It take very little force to cause a great deal of damage in a very small amount of time
- HARD TO PROVE: Lack of resources (time, equipment, training), Non-participating victims, Public misinformation (bad jury pools), etc.



Strangulation: SIGNIFICANCE

- Symbolizes an Abuser's use of Power and Control
- If the victim is being strangled, she has probably been the victim of abuse for some time and the abuse is probably severe
 - One study (written up in the Journal of Emergency Medicine) showed that 68% of women in one shelter had been strangled and each had been strangled over 5 times in her relationship
 - Chicago study of 57 female DV homicide victims showed that 53% of them had previously been strangled by her partner

Strangulation: SIGNIFICANCE

- So, what does that mean about a victim's ability to leave the abusive situation?
- What does that mean about the victim's ability to cooperate with an investigation or with prosecution?
- What does that mean needs to happen as quickly as possible after a Strangulation incident as been reported?
 - The BEST investigation possible!

Context is Everything

- The Criminal Justice System is by design and necessity, incident focused
 - What is the intent of the offender?
 - What is the meaning of the act to the victim?
 - What is the effect of the violence on the victim?
 - What is the **context** of any given act of violence?
 - Consider the particulars, how much violence, coercion or intimidation accompanying the violence



DOMESTIC VIOLENCE LETHALITY SCREEN FOR FIRST RESPONDERS



Officer:	Date:	Case #:
Victim:	Offender:	
<input type="checkbox"/> Check here if victim did not answer any of the questions.		
► A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.		
1. Has he/she ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
2. Has he/she threatened to kill you or your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
3. Do you think he/she might try to kill you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
► Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.		
4. Does he/she have a gun or can he/she get one easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
5. Has he/she ever tried to choke you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
7. Have you left him/her or separated after living together or being married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
8. Is he/she unemployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
9. Has he/she ever tried to kill himself/herself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
10. Do you have a child that he/she knows is not his/hers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
11. Does he/she follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
► An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.		
Is there anything else that worries you about your safety? (If "yes") What worries you?		
Check one: <input type="checkbox"/> Victim screened in according to the protocol <input type="checkbox"/> Victim screened in based on the belief of officer <input type="checkbox"/> Victim did not screen in		
If victim screened in: After advising her/him of a high danger assessment, <input type="checkbox"/> Yes <input type="checkbox"/> No did the victim speak with the hotline counselor?		

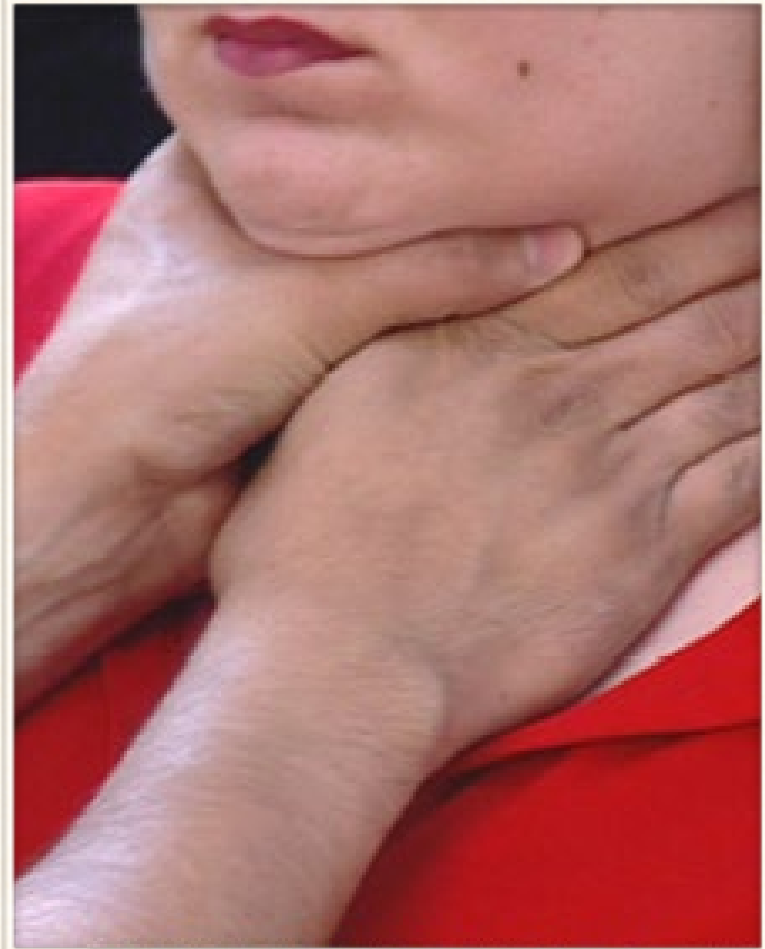
Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.

Strangulation: HARD TO PROVE

- Lack of visible injury doesn't mean NO injury.
 - *Doesn't mean there aren't signs/symptoms.
 - *Doesn't mean that there wasn't an impairment of breathing/blood circulation!
- 50% of cases there is a voice change (from hoarseness to total lack of voice)
- Other signs: Swallowing difficulty
- Other signs: Breathing changes: hyperventilation, gasping, panting, coughing

Manual Strangulation

Is the most commonly used method of strangulation...



No Visible Injuries

Officers should **always call EMS** because internal injuries, which can be fatal, may not be apparent to the victim.

Because of underlying brain damage by lack of oxygen during strangling, victims have died up to several weeks later.

Medical Information for Strangulation

Obstruction of:

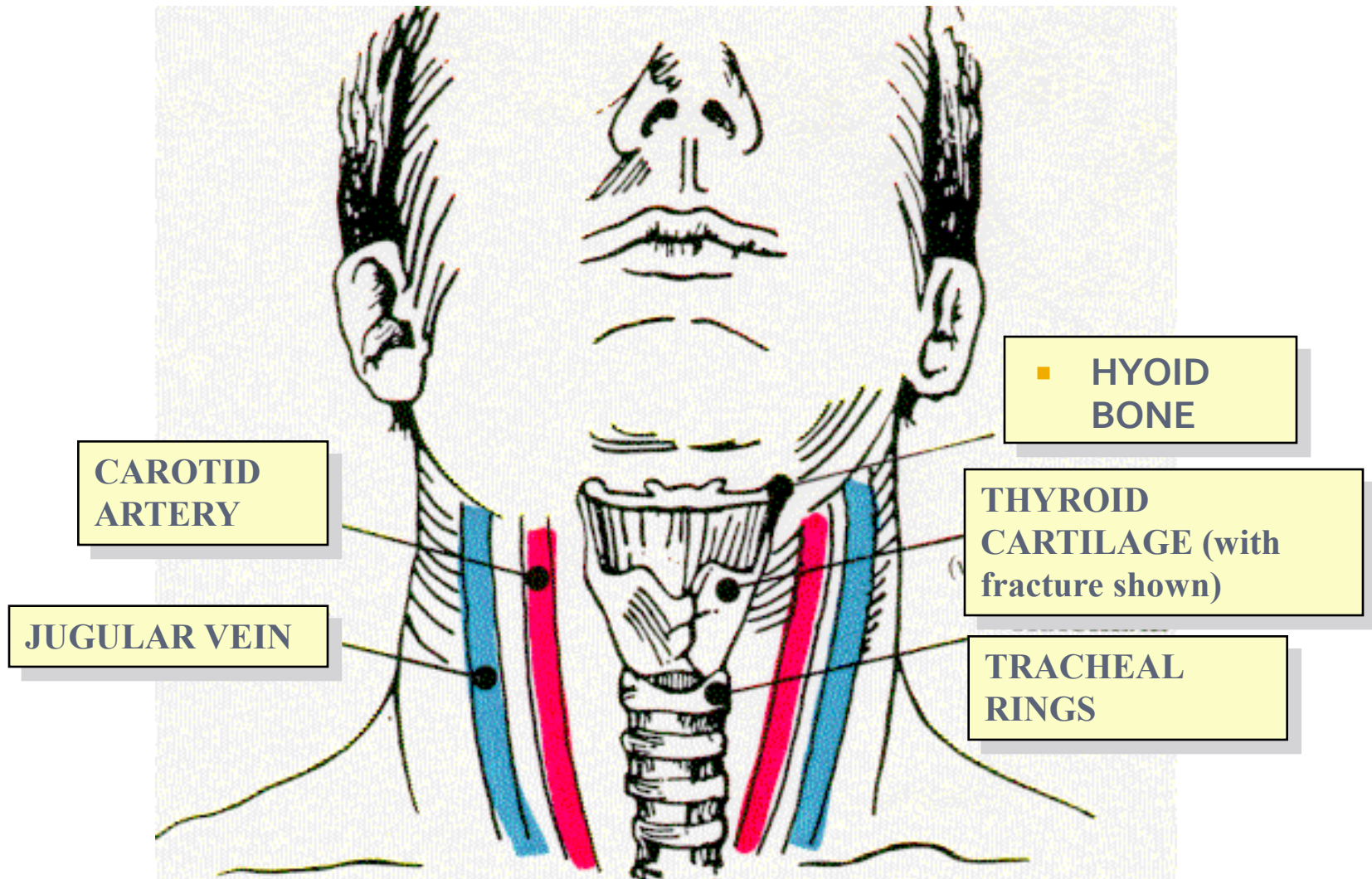
Carotid artery: Most common, 11 lbs of pressure for 10 seconds, unconsciousness, but regained in 10 seconds if pressure released

Jugular vein: Second most common, 4.4 lbs of pressure completely obstructs

Tracheal: 33 lbs of pressure, fracture of tracheal, and death

Brain death occurs if strangulation persists for 4 to 5 minutes

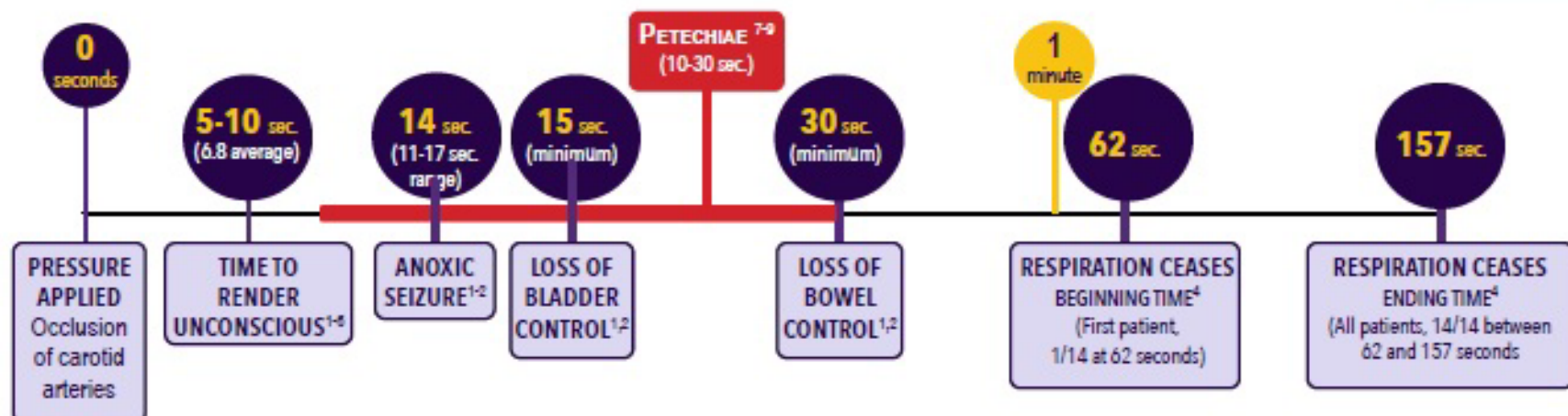
Vessels: arteries & veins



PHYSIOLOGICAL CONSEQUENCES OF STRANGULATION

Occlusion of Arterial Blood Flow: Seconds to Minutes Timeline

CREATED BY: Ruth Carter; Bill Smock, MD; Gael Strack, JD; Sean Dugan, MD; Marisol Martinez, MA; Yesenia Aceves; and Ashley Peck



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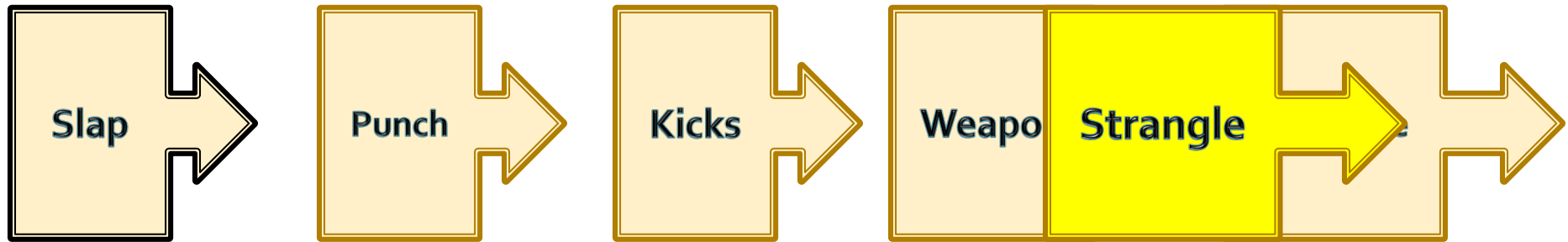


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Continuum of Violence



Lethal Progression

- 6.8 seconds – unconscious (brain cells begin to die)
- 15+ seconds – loss of bladder control
- 30+ seconds – loss of bowel control
- ?? seconds – point of no return
- Amount of brain cell death will depend on location of oxygen deprivation in the brain, length of unconsciousness, age, intoxication, prior anoxic episodes.
- ? Minutes – death (no controlled human studies)

Lethal Progression

- “The characteristic reactions resulting from acute arrest of circulation in the brain from five to ten seconds were fixation of the eyeballs, blurring of vision, constriction of the visual fields, loss of consciousness and anoxic convulsions.”

Brain Damage

Anoxia: “absence of oxygen supply to tissue”

Neurons lost per second = 32,000

Synapses lost per second = 230 million

Point of No Return

- As more brain cells die, the brain will have a difficult time to bounce back after oxygen deprivation due to continuous strangulation.
- Some brain tissue is more sensitive to the lack of oxygen: hippocampus, parieto-occipital lobe, thalamus,
- The brainstem and forebrain is more resistant
- No controlled human studies

Evidence of unconsciousness

- Loss of memory
- Standing up one minute then waking up on the floor
- Bowel or bladder incontinence
- Unexplained bump on head
- Visual impairment

Loss of Sphincter Control

- Involuntary urination or defecation (sphincter incontinence)
- Prolonged anoxic insult (>15 seconds)
- Photograph clothing



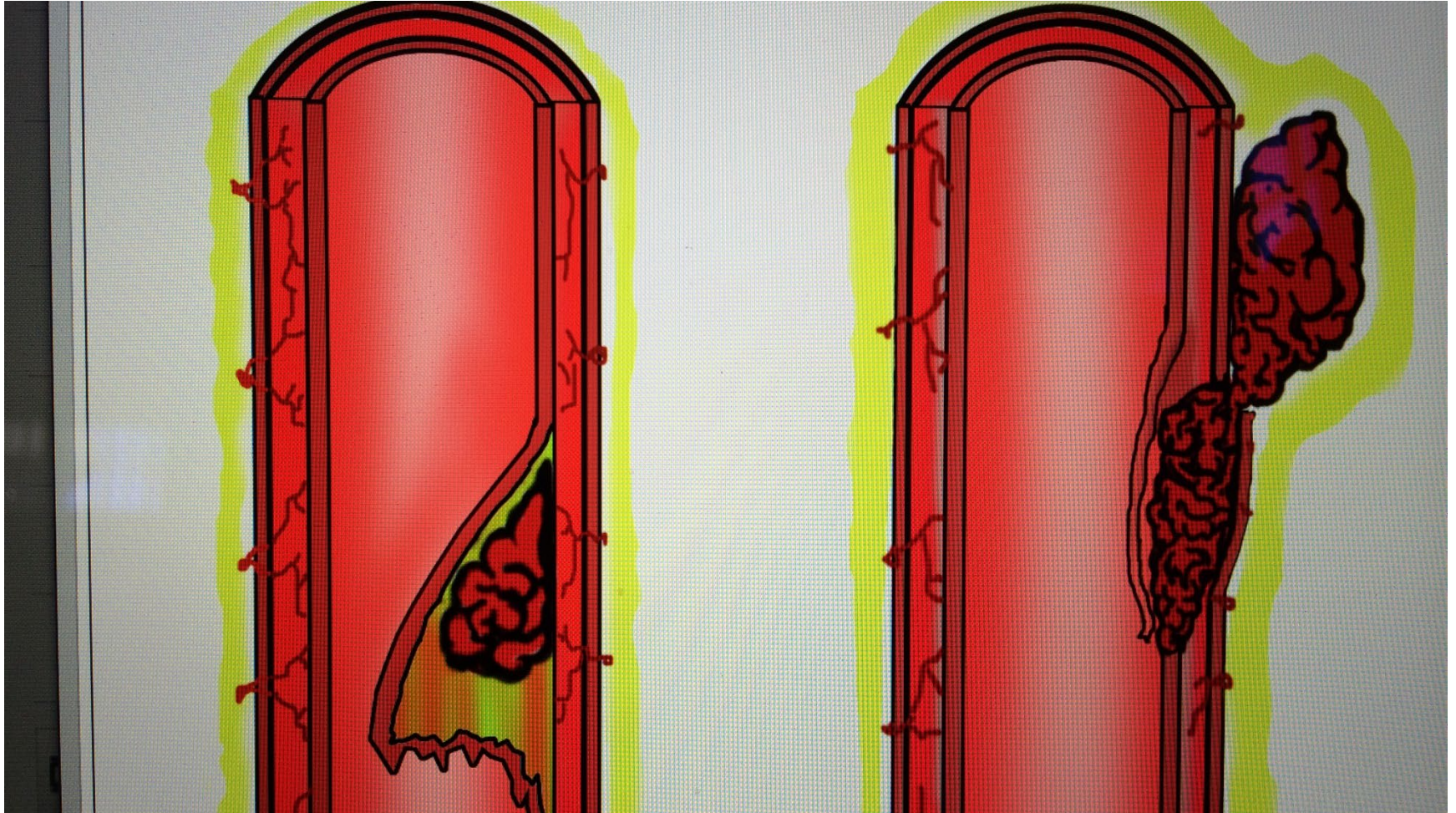
Unconsciousness Defined

- A severe lack of consciousness is referred to as being *unconscious* or "*acute severe hypoxia or anoxia*".
- Victims are usually considered unconscious if they can't wake up enough to interact normally with the rescuer.
- Consciousness is being aware of -- and capable of interacting with -- your surroundings.
- Consciousness is not an all or nothing state.
- Healthcare providers look at levels of consciousness, usually assessing a patient's ability to follow instructions, communicate verbally, and track objects with his eyes.

Carotid Artery Dissection

- Unilateral and bilateral
- Pressure applied to the carotid arteries during strangulation and “choke holds” results in damage (tears) within the vessel
- Death and stroke

Carotid Dissection



Lung Damage

- Damage may result from vomit being inhaled during strangulation. This may lead to aspiration pneumonitis – a very serious condition where the gastric acids begin to digest the lung tissue.

Lung Damage

Mild cases of pneumonia may occur as much as a few days later.

Lungs may fill with fluid due to complex pathological processes that may arise from direct pressure placed on the neck.

What were you thinking about?



- Disbelief
- Belief
- Primal
- Resignation
 - Family, children

Thought Phases During Strangulation

What did you see?

- "I saw anger, madness and hatred in his eyes."
- "He had the eyes of a demon. They were full of hate. He was my husband."
- "He seemed possessed"

How did you feel?

- “fuzzy,” “dizzy”
- “head rush”
- “I saw stars.”
- “I saw black and white.”
- “I couldn’t breathe”
- “I passed out”
- “I vomited several times”
- “I had trouble swallowing”
- “I felt like my head was going to explode”
- “I felt a rush of blood to my head”



Documentation Chart for Attempted Strangulation Cases
Symptoms and/or Internal Injury:

Breathing Changes	Voice Changes	Swallowing Changes	Behavioral Changes	OTHER
<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Unable to breathe Other:	<input type="checkbox"/> Raspy voice <input type="checkbox"/> Hoarse voice <input type="checkbox"/> Coughing <input type="checkbox"/> Unable to speak	<input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Painful to swallow <input type="checkbox"/> Neck Pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting	<input type="checkbox"/> Agitation <input type="checkbox"/> Amnesia <input type="checkbox"/> PTSD <input type="checkbox"/> Hallucinations <input type="checkbox"/> Combativeness	<input type="checkbox"/> Dizzy <input type="checkbox"/> Headaches <input type="checkbox"/> Fainted <input type="checkbox"/> Urination <input type="checkbox"/> Defecation

Use face & neck diagrams to mark visible injuries:



Face	Eyes & Eyelids	Nose	Ear	Mouth
<input type="checkbox"/> Red or flushed <input type="checkbox"/> Pinpoint red spots (petechiae) <input type="checkbox"/> Scratch marks	<input type="checkbox"/> Petechiae to R and/or L eyeball (circle one) <input type="checkbox"/> Petechiae to R and/or L eyelid (circle one) <input type="checkbox"/> Bloody red eyeball(s)	<input type="checkbox"/> Bloody nose <input type="checkbox"/> Broken nose (ancillary finding) <input type="checkbox"/> Petechiae	<input type="checkbox"/> Petechiae (external and/or ear canal) <input type="checkbox"/> Bleeding from ear canal	<input type="checkbox"/> Bruising <input type="checkbox"/> Swollen tongue <input type="checkbox"/> Swollen lips <input type="checkbox"/> Cuts/abrasions (ancillary finding)
Under Chin	Chest	Shoulders	Neck	Head
<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Finger nail impressions <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Swelling <input type="checkbox"/> Ligature mark	<input type="checkbox"/> Petechiae (on scalp) Ancillary findings: <input type="checkbox"/> Hair pulled <input type="checkbox"/> Bump <input type="checkbox"/> Skull fracture <input type="checkbox"/> Concussion

Questions to ASK: Method and/or Manner:

How and where was the victim strangled?

☐ One Hand (R or L) ☐ Two hands ☐ Forearm (R or L) ☐ Knee/Foot

☐ Ligature (Describe): _____

☐ How long? _____ seconds _____ minutes ☐ Also smothered?

☐ From 1 to 10, how hard was the suspect's grip? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

☐ From 1 to 10, how painful was it? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

☐ Multiple attempts: _____ ☐ Multiple methods: _____

Is the suspect **RIGHT** or **LEFT** handed? (Circle one)

What did the suspect say while he was strangling the victim, before and/or after?

Was she shaken simultaneously while being strangled? Straddled? Held against wall?

Was her head being pounded against wall, floor or ground?

What did the victim think was going to happen?

How or why did the suspect stop strangling her?

What was the suspect's demeanor?

Describe what suspect's face looked like during strangulation?

Describe Prior incidents of strangulation? Prior domestic violence? Prior threats?

MEDICAL RELEASE

To All Health Care Providers: Having been advised of my right to refuse, I hereby consent to the release of my medical/dental records related to this incident to law enforcement, the Forensic Medical Unit, District Attorney's Office and/or the City Attorney's Office.

Signature: _____ Date: _____

In Common Sense Terms

- If she cannot remember what happened, she likely lost consciousness.
- If she lost consciousness, she likely suffered anoxic brain injury. (Felony)
- If she urinated or defecated, it was a near-fatal strangulation assault. (Felony to Attempted Murder)

Symptoms and Signs of Strangulation

Outward trauma may not be visible

- Neck pain, sore throat
- Scratch marks, tiny red spots, red linear marks or bruising
- Hoarseness, loss of voice
- Difficulty swallowing
- Light headed or head rush
- Fainting or unconsciousness

Symptoms and Signs of Strangulation

- Nausea or vomiting
- Loss of bodily function
- Red eyes
- Rope or cord burns
- Neck swelling
- Miscarriage
- Officers should suggest medical treatment for victims

Identification of the Primary Aggressor

- Suspect may claim self-inflicted injuries.
 - Which may be true, but were those injuries caused in the victim's attempt to protect herself?



Ask victim to demonstrate

- Ask victim to demonstrate how she was strangled
- Look for injuries at those pressure points.
- Take photos of injuries
- Take photos of lack of injuries

Interviewing Questions regarding Strangulation

- Can you describe in detail how the suspect strangled the victim?
- Did the offender use one or two hands?
- How much force was used? How hard did he grab the victim's throat?
- Was the victim shaken simultaneously while being strangled?

Interviewing Questions regarding Strangulation

- How much shaking? (Little to whipping back and forth)
- Did the victim have any difficulty breathing?
- Did the victim report urinating or defecating?
- Did the victim feel light headed, faint or lose consciousness?
- Did the victim complain of nausea or report vomiting?

Follow-up Call to Victim

Call the victim a few days later
to document voice changes

Still hoarse?

Normal voice?

To Determine Intent

- “I’m going to kill you, you fucking bitch”
- “Die Bitch die”
- “No judge, no cop, no attorney will keep you safe”
- “I’m going to pop your neck”
- “I’m going to do an OJ and leave no evidence”
- “I didn’t mean to squeeze so tight”
- “I don’t need a fucking gun to kill you”

What did you think was going to happen?

- “I thought I was going to die.”
- “I was afraid he would kill me. He wouldn’t mean to kill me, but it was getting worse, he wouldn’t know when to stop.”
- “I began saying “Hail Mary’s” ... I thought I was going to be seeing my mother who died two weeks ago”

What did you see?

- “I saw anger, madness and hatred in his eyes.”
- “He had the eyes of a demon. They were full of hate. He was my husband.”
- “He seemed possessed”

How did the attack stop?

- I escaped.
 - I passed out
 - My kids started screaming.
 - Police arrived.
-
- What did you say?
 - I can't breathe.
 - Let me go.
 - Stop, you're killing me.



Minimization by Victims

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

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

Plattsburgh, NY

Minimization by Defendants

- San Diego, California case:
 - Why are you arresting me? All I did was choke her.
- Portland, Oregon case:
 - “Officer, I swear I didn’t hit her. All I did was choke the living shit out of her once or twice. I swear I didn’t hit her.”

Minimization at Court

- Don't expect your judges or jurors to understand the seriousness of strangulation
- Without proper education, jurors are likely to think it didn't happen because the injuries were too minor

Witness Intimidation & Forfeiture by Wrongdoing

Lt. Mark Wynn (Ret)
www.markwynn.com
markwynn@edge.net



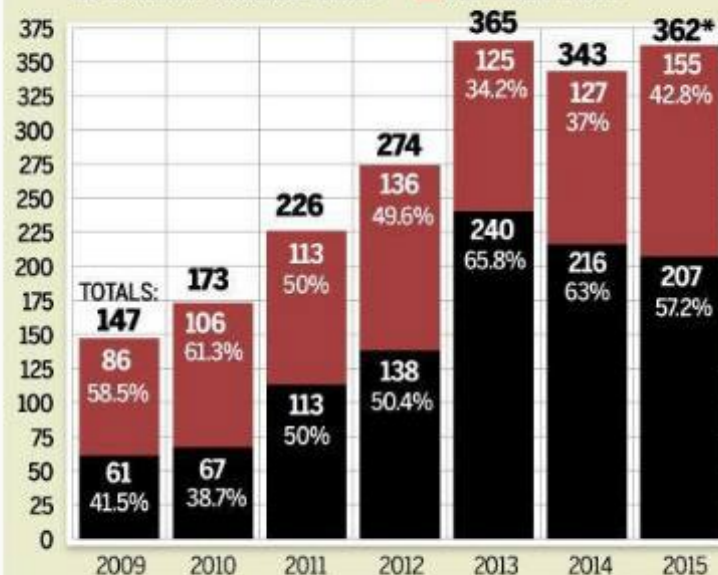
Milwaukee Prosecutor's Domestic Violence Unit

Witness protection cases rise

Witness protection cases have surged since Milwaukee County district attorney investigators took over the task six years ago. Intimidation shows up most often in domestic violence cases and drug and gang cases.

Referrals to the Milwaukee County district attorney's Witness Protection Unit


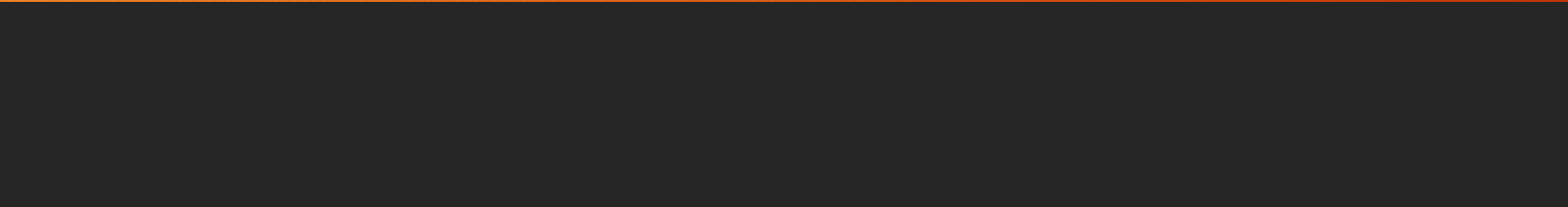
■ DOMESTIC VIOLENCE CASES ■ ALL OTHER CASES



* As of October 31.

Source: Milwaukee County district attorney's office

Journal Sentinel



Victims often describe behaviors of witness intimidation exhibited by the offender. The behaviors in isolation may not directly appear as witness intimidation, but overtime a history of behaviors have occurred. This information can be valuable in the prosecution of the case, providing it is passed on to the prosecutor. This presentation will provide information and guidance on how to identify and respond to witness intimidation.

Victim Intimidation and Witness Tampering

It is not uncommon for perpetrators of dating/domestic violence related stalking to engage in victim intimidation and witness tampering during injunction and criminal processes. Investigating officers/deputies should prepare victims for the intimidation they may experience as part of their safety planning. The officers/deputies may ask the survivor the following questions to determine the possibility for or existence of intimidation or obstructing justice.

Questions for the Victim

Has the perpetrator ever apologized after a stalking/abusive incident and promised it will not happen again?

Questions for the Victim

Has the perpetrator ever dissuaded the victim from cooperating in an investigation or prosecution for the stalking/abuse?

Questions for the Victim

Has the perpetrator ever offered the victim or threatened to withhold anything such as money, gifts, or property or other goods in exchange for not disclosing or cooperating in an investigation/prosecution?

Questions for the Victim

Has the perpetrator ever threatened the victim to lie to law enforcement or under oath about the stalking/abuse?

Questions for the Victim


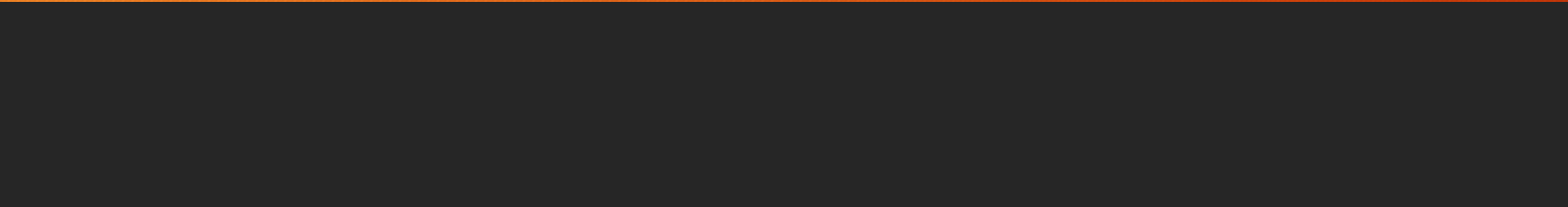
Has the perpetrator ever *threatened* the victim to prevent them from disclosing the stalking/abuse or cooperating in an investigation/prosecution?

Questions for the Victim

Has the perpetrator ever *assaulted* the victim to prevent them from disclosing the stalking/abuse or cooperating in an investigation/prosecution?

Questions for the Victim

If the victim answers positively to these questions, encourage her/him to preserve and share all evidence with law enforcement or the prosecutor's office immediately so that perpetrators may be held accountable for witness tampering.



“witness intimidation is the single biggest hurdle” for prosecutors and law enforcement in numerous crime areas.

Former President of the National District Attorney's Association testimony, 2005 before the United States Senate Judiciary Committee

Nationally prosecutors report that witness intimidation plays a role in 75% to 100% of violent crimes committed in gang controlled neighborhoods and is near universal in all cases of domestic violence and other areas of abuse.

Victim and Witness Intimidation: *New Developments and Emerging Responses*, October 1995 NIJ.



A victim of domestic
violence calls the crisis line
for the first time on average
after the fifth assault

Nashville, Tennessee YWCA Crisis Line



The investigating officer
needs to build a contextual
picture of the crime.

Historical

Witness intimidation is as old as
the right of confronting witnesses

Witness intimidation

Like the right to confront witnesses, the recognition that witness intimidation is wrong and unjust also predates the time of Christ.

See, e.g., the Code of Laws promulgated by Hammurabi,
the King of Babylon, 2285-2242 BC

Confrontation Origins

The right to confront a witness in a criminal case dates back to the time of Christ and earlier. E.g. in the Acts of the Apostles 25:16, the Roman governor Festus discussed the fate of Paul as a prisoner:

“It is not the manner of the Romans to deliver any man up to die before the accused has met his accusers face-to-face, and has been given a chance to defend himself against the charges”

Confrontation Origins

The 6th Amendment of the U.S. Constitution adopted the right of confrontation as it existed via the Magna Carta of England, issued in 1215:

“No bailiff is henceforth to put any man on his open law or on oath simply by virtue of his spoken word, without reliable witnesses being produced for the same”

“Magna Carta Translation” Featured Documents
National Archives & Records Administration,

Constitution

The 6th Amendment to the United States Constitution provides:

“In all criminal prosecutions, the accused shall enjoy the right... to be confronted with the witnesses against him....”

Constitution

“The Constitution does not guarantee an accused person against the legitimate consequences of his own wrongful acts. It grants him the privilege of being confronted with witnesses against him; but if he voluntarily keeps the witnesses away, he cannot insist on his privilege. If, when absent by his procurement, their evidence is supplied in some lawful way, he is in no condition to assert his constitutional right has been violated.”

Reynolds v. U.S., 98 U.S. 145 (1878)

Case examples

- *Reynolds v. U.S.* (1878) - bigamy
- *U.S. v. Thevis* (5th Cir. 1982) - RICO
- *Steele v. Taylor* (6th Cir. 1982) - cold case homicide
- *People v. Pappalardo* (NY 1991) - homicide
- *People v. Geraci* (N.Y. 1995) - bar fight
- *Devonshire v. U.S.* (DC App.1997) - robbery
- *State v. Hallum* (Iowa 2000) - rape-homicide
- *Crawford v. Washington* (2004) - attempted homicide
- *U.S. v. Montague* (10th Cir. 2005) - felon in possession of firearm
- *Giles v. California* (2008) - DV-homicide

Giles v. California (2008) - DV-homicide

Significantly, in that portion of Justice Scalia's opinion in Giles supported by a clear majority of the justices, the Supreme Court left open the possibility that a defendant's intention to prevent testimony might be inferred from the surrounding circumstances, such as in a case of ongoing domestic violence:

Giles v. California (2008) - DV-homicide

Acts of domestic violence often are intended to dissuade a victim from resorting to outside help, and include conduct designed to prevent testimony to police officers or cooperation in criminal prosecutions. *Where such an abusive relationship culminates in murder, the evidence may support a finding that the crime expressed the intent to isolate the victim and to stop her from reporting abuse to the authorities or cooperating with a criminal prosecution--rendering her prior statements admissible under the forfeiture doctrine.* Earlier abuse, or threats of abuse, intended to dissuade the victim from resorting to outside help would be highly relevant to this inquiry, as would evidence of ongoing criminal proceedings at which the victim would have been expected to testify.

Crawford v. Washington

541 U.S. 36 (2004)

- Sixth Amendment
- U.S. Constitution Confrontation Clause
- “[I]n all criminal prosecutions, the accused shall enjoy the right ... to be confronted with the witnesses against” him”

Crawford v. Washington

541 U.S. 36 (2004)

- Not a domestic violence case.
- Petitioner charged with assault and attempted murder. He claimed self-defense.
- State introduced a recorded statement of petitioner's wife made during police interrogation, as evidence that the stabbing was not in self-defense.

Crawford v. Washington

541 U.S. 36 (2004)

- Argued that admitting the evidence would violate his right of confrontation under 6th Amendment.
- Trial court admitted the statement because it had “sufficient indicia of reliability.” Petitioner invoked marital privilege, preventing her from testifying at trial.
- State Supreme Court upheld the conviction, deeming the statement reliable.

Crawford v. Washington

541 U.S. 36 (2004)

Majority opinion

In a majority opinion by Justice Scalia, the Court held that a defendant only forfeited his confrontation rights when he intended to procure the unavailability of the witness. The Court examined the history of the common law forfeiture right, finding that every case since 1666 required that the defendant intend to make the witness unavailable for trial. The Court noted that subsequent history also still required an intent element, with only a few modern exceptions.

Davis v. Washington

547 U.S. 813 (2006)

- Domestic violence case
- Victim called 911, identified defendant as assailant, and described assault to 911 operator
- Victim did not testify at defendant's trial, but the trial court admitted the 911 tape
- State Supreme Court affirmed, holding 911 call not testimonial and not the equivalent of an in-custody, police interrogation
- Also held purpose of 911 call is to call for help, not bear witness, and therefore is not testimonial

FBW DOCTRINE

Davis v. Washington

“We reiterate what we said in Crawford: that ‘the rule of forfeiture by wrongdoing ... extinguishes confrontation claims on essentially equitable grounds.’ . . . That is, one who obtains the absence of a witness by wrongdoing forfeits the constitutional right to confrontation.”

Michigan v. Bryant 131 S.Ct. 1143 (2011)

- Police responded to a radio dispatch of a man shot
- Police found victim with gunshot to abdomen in great pain/difficulty speaking
- Police asked:
 - What happened?
 - Who shot you?
 - Where did shooting occur?
- Victim identified shooter and circumstances of shooting
- Victim died at hospital within hours

Michigan v. Bryant

- (1) Reaffirmed the “primary purpose” test from Davis
- (2) Directed the use of an objective evaluation of the case circumstances to determine the primary purpose of the statement
- (3) Clarified that the existence of an ongoing emergency is among the most important factors to consider, but not the only factor
- (4) Explained that the statements and actions of both the declarant and the interrogators provide objective evidence of the primary purpose of the interrogation

State of Iowa v. Robert Campbell 2013

- Robert Campbell was convicted for domestic abuse assault using a dangerous weapon, domestic abuse assault causing bodily injury, and driving while barred.
- He appealed the admissibility of:
 - an officer's body-microphone recording
 - recordings of phone conversations between him at the victim while he was in jail pending trial
 - and a recording of a 911 call made by the victim

Tarley v. State 12/19/13

When a victim of domestic violence fled the state because she was afraid the defendant would continue to abuse her, were her statements still admissible even though she could not be located to testify at trial?

Holding:

Yes. The trial court was justified in inferring from the evidence that the victim was unavailable because of the defendant's abuse. The doctrine of forfeiture by wrongdoing therefore prevented the defendant from asserting his Sixth Amendment confrontation right.

Commentary:

Short, sweet, and to the point. The defendant's assault on the victim after she was contacted by the DA's office about testifying, combined with his "request" that she not testify, was sufficient to show forfeiture by wrongdoing.

Testimonial or Nontestimonial

Statements are nontestimonial when made in the course of police interrogation under circumstances objectively indicating that the primary purpose of the interrogation is to enable police assistance to meet an ongoing emergency. They are testimonial when the circumstances objectively indicate that there is no such ongoing emergency, and that the primary purpose of the interrogation is to establish or prove past events potentially relevant to later criminal prosecution.

Forfeiture by Wrongdoing

Under the forfeiture exception to the confrontation rule, a defendant may not complain about the inability to confront and cross-examine a witness whose absence is a result of the defendant's own wrongful act.

Forfeiture by Wrongdoing

The forfeiture by wrongdoing exception survives *Crawford* because it is based not on the reliability of the declarant's statement, but rather on the equitable consequences of the defendant's misconduct.

Elements of Forfeiture by Wrongdoing

FRE 804(b)(6)

A statement offered against a party if the unavailability of the witness is due to the wrongdoing of the party for the purpose of preventing the witness from attending or testifying.

Forfeiture by Wrongdoing

The Fourth Circuit, in concert with the other federal courts of appeals, has held that in order for a court to apply a forfeiture under FRE 804(b)(6), it must find that:

- “(1) the defendant engaged or acquiesced in wrongdoing,
- (2) that was intended to render the declarant unavailable as a witness and
- (3) that did, in fact, render the declarant unavailable as a witness.”

Court Officer Response To Witness Intimidation

Justice requires searching for truth in an environment that respects the rights of all. Truth cannot be spoken in fear. The courthouse is supposed to be a place where wrongs will be redressed without fear or recrimination - an environment in which truth can be spoken. Witness intimidation strikes at the heart of justice, crippling the ability to function fairly, decently and with integrity. It cannot be tolerated.

Documentation Guide for Reports of Witness Tampering

Use this chart when witness reports being contacted, pressured, coerced or threatened by defendant or associates

Who	What	When	Where	Why	How
<input type="checkbox"/> Defendant <input type="checkbox"/> Defendant's family member <input type="checkbox"/> Defendant's friend/associate <input type="checkbox"/> Defense attorney <input type="checkbox"/> Does the witness know the intimidator? <input type="checkbox"/> Can the witness identify the intimidator?	<input type="checkbox"/> Force or violence <input type="checkbox"/> Threats (explicit or implied) <input type="checkbox"/> Property damage <input type="checkbox"/> Break-in or theft <input type="checkbox"/> Coercion/extortion <input type="checkbox"/> Harassment or stalking <input type="checkbox"/> Bribery <input type="checkbox"/> Emotional manipulation	Before, during or after: <input type="checkbox"/> Call to 911 <input type="checkbox"/> Police response <input type="checkbox"/> Charges issued <input type="checkbox"/> Hearing or trial <input type="checkbox"/> Case disposition <input type="checkbox"/> During probation or parole	<input type="checkbox"/> Court <input type="checkbox"/> Appointments associated with being a witness (police, prosecutor, advocacy, etc.) <input type="checkbox"/> Home <input type="checkbox"/> Work or school <input type="checkbox"/> Socializing <input type="checkbox"/> Running errands	<input type="checkbox"/> Is there an open case? <input type="checkbox"/> Did the intimidator give a reason for his/her actions? <input type="checkbox"/> Does the witness have suspicions regarding the intimidator's reason?	<input type="checkbox"/> In person <input type="checkbox"/> Via third party <input type="checkbox"/> Voice (phone calls, voice mail, etc.) <input type="checkbox"/> Writing (letters, emails, texts, social media) <input type="checkbox"/> Technology (surveilling, hacking, etc.)

Call police when witness has been intimidated or pressured about contacts with police/prosecutors or court testimony.

Some fatality review teams have identified witness intimidation as a risk factor in domestic violence homicides.

Witnesses reporting intimidation should be connected with a victim advocate for safety planning.

DRAFT
COURT OFFICER RESPONSE TO WITNESS INTIMIDATION
_____ County, State

Created by
AEquitas: The Prosecutor's Resource on Violence Against Women

Mission

[Insert applicable state victim rights constitutional section, state victim rights statute, or local mission or policy related to victim/witness safety. If none exists, a general one appears in the paragraph below.]

Justice requires searching for truth in an environment that respects the rights of all. Truth cannot be spoken in fear. The courthouse is supposed to be a place where wrongs will be redressed without fear or recrimination - an environment in which truth can be spoken. Witness intimidation strikes at the heart of justice, crippling the ability to function fairly, decently and with integrity. It cannot be tolerated.¹

WITNESS INTIMIDATION OUTSIDE THE COURTHOUSE

Witness intimidation can take many forms in and out of courthouses, limited only by intimidators' deviousness.² The following is not an exhaustive list.

1. Force or violence.
2. Threats (explicit or implicit).
3. Property damage.
4. Break-in or theft.
5. Coercion or extortion.
6. Harassment or stalking:
 - Repetitive annoying or threatening phone calls, voice mails, texts, social media postings, etc.
 - Public communication of the witness's cooperation.
 - Appearance of defendant and/or his supporters appear together, as a show of force, where the witness is present or is expected to be present.
 - Repeatedly driving past the location where the witness is present or expected to be present.
7. Bribery
8. In cases where the witness and defendant have or had a relationship, emotional manipulation:



AEQUITAS

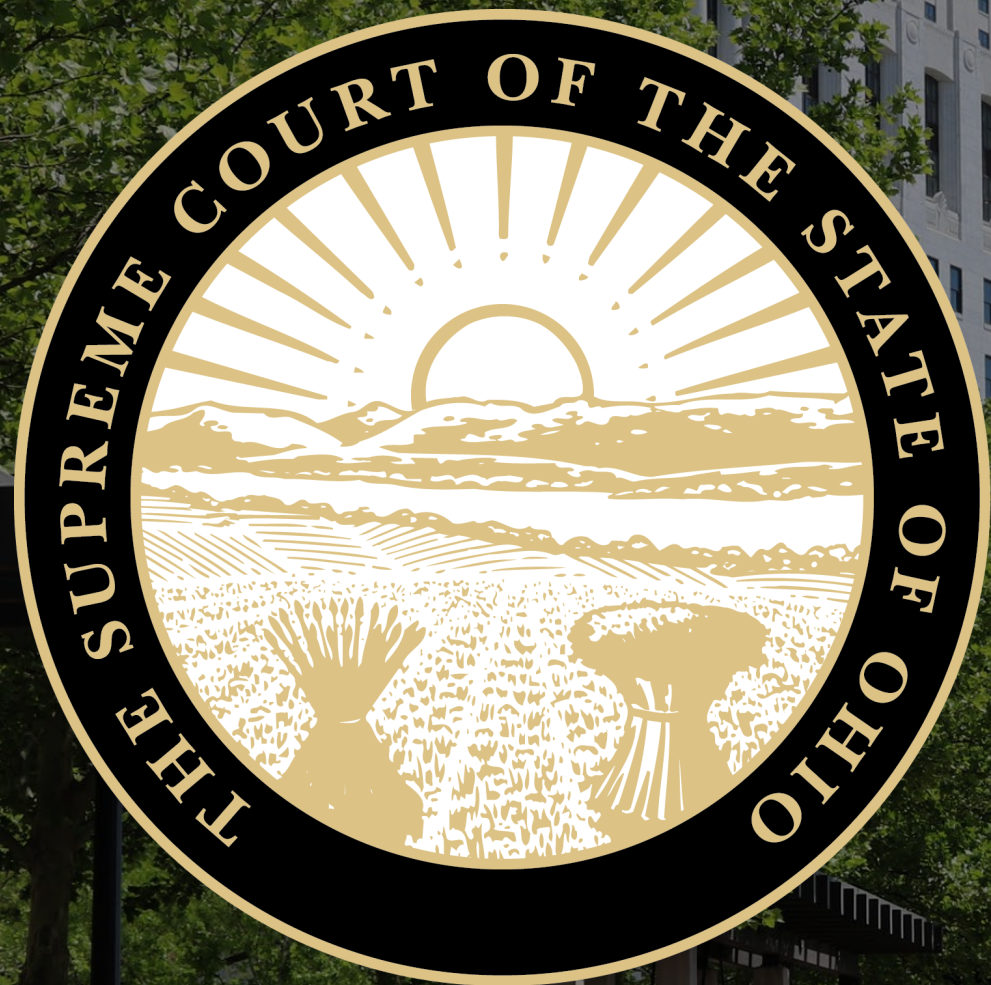
THE PROSECUTORS' RESOURCE
ON VIOLENCE AGAINST WOMEN

1100 H Street NW
Suite 310
Washington, DC 20005
www.aequitasresources.org
202-558-0040

Context is Everything

The Criminal Justice System is by design and necessity, incident focused

- What is the intent of the offender?
- What is the meaning of the act to the victim?
- What is the effect of the violence on the victim?
- What is the context of any given act of violence?
- Consider the particulars, how much violence, coercion or intimidation accompanying the violence



STRANGULATION: MORE THAN MEETS THE EYE

LEGAL IMPLICATIONS OF
STRANGULATION

Alexandria Ruden, Esq.

THE SUPREME COURT *of* OHIO

...be
dead

...have
visible
injuries

...know
they lost
conscious
ness

....have
sought
medical
attention

...want to
prosecute

If someone was
really strangled
they would...

All EMS and medical
staff know about
strangulation injuries
& tests

If a victim can talk,
they're not being
strangled

STRANGULATION
MYTHS

OHIO'S STRANGULATION LAW 2903.18

(Eff. April 2023)

We now have a statute making strangulation a standalone “tiered” felony based on the seriousness of injury and relationship of parties

“STRANGULATION OR SUFFOCATION” MEANS

R.C. 2903.18(A)(1):

Any act that

Impedes the
normal breathing

or

Circulation of the
blood

By applying pressure
to the throat or neck

or

By covering the nose
and mouth

K N O W I N G L Y	Prohibited Action	Harm Caused	Def./Victim Relationship	Priors/V Pregnant	Level of Offense
	Causes	Serious physical harm	Any	N/A	F-2
	Creates substantial risk	Serious physical harm	Any	N/A	F-3
	Causes or Creates substantial risk	Physical harm	Not F/HH/DR	N/A	F-5
			F/HH/DR	N/A	F-4
			F/HH/DR	Prior Fel. Off. of Violence	F-3
F/HH/DR			D knew V Pregnant	F-3	
F/HH = Family/Household Member DR = Dating Relationship					

MOST OF THE ELEMENTS ARE NOT NEW

“Serious physical harm”:

- 1) carries a substantial risk of death;
- 2) involves some permanent incapacity, whether partial or total or that involves some temporary, substantial incapacity;
- 3) involves some permanent disfigurement, or temporary, serious disfigurement;
- 4) involves acute pain of such duration as to result in substantial suffering or involves any degree of prolonged pain; or
- 5) any mental illness or condition as would normally require hospitalization or prolonged psychiatric treatment.

“Physical harm”: any injury, illness or other physiological impairment, regardless of its gravity or duration.

“Substantial risk”: a strong possibility, as contrasted with a remote or significant possibility, that a certain result may occur or that certain circumstances may exist.

AFFIRMATIVE DEFENSE

It is an affirmative defense if the act was part of a medical or other procedure undertaken to aid or benefit victim.

LEGAL CONSIDERATIONS

What do we need to know?

THE CHALLENGE

How do you know the victim was strangled or suffocated-if most victims have no visible injury?

How do you know if blood flow or air flow was impeded?

How do you know if you have a serious strangulation case in your courtroom ?

What acts rise to the level of “Physical Harm” or “Serious Physical Harm” with a strangulation case?

What does it mean to “Create” a “Substantial Risk of Serious Physical Harm”?



LEARN AND LOOK FOR SIGNS AND SYMPTOMS

Difficulty/Inability
to breath during
or after

Difficulty/Pain
Swallowing

Vocal
Changes

Loss of
Consciousness

Headache

Cough

Visual Changes
(seeing stars,
blurry)

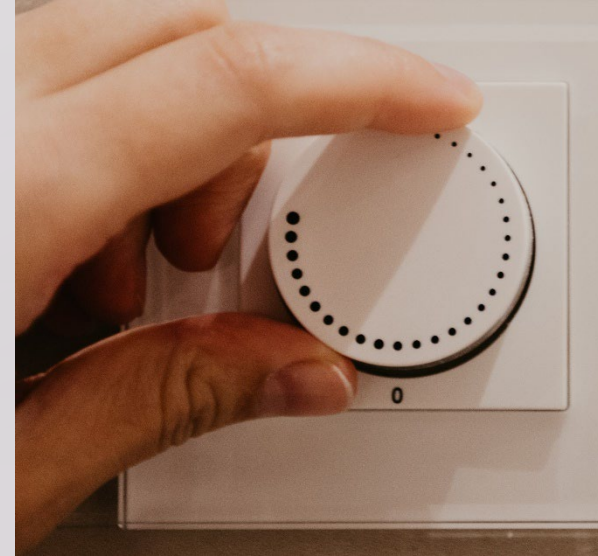
Urination/
defecation

Vomiting

Petechiae

EVIDENCE OF UNCONSCIOUSNESS

- Loss of memory
- Standing up one minute then waking up on the floor
- Bowel or bladder incontinence
- Unexplained bump on head



PREVALENT AND INTERRELATED: STRANGULATION, SEXUAL ASSAULT & DV

At least 50% of all
DV cases include
sexual assault.

At least 25% of all
DV cases include
strangulation.

At least 25% of all
sexual assault
cases include
strangulation.

MULTIPLE EPISODES

- Strangulation victims
 - 34% strangled 3-5 times
 - 23% more than 5 episodes

Smith, D. J., Mills, T., & Taliaferro, E. H. (2001). Frequency and relationship of reported symptomology in victims of intimate partner violence: The effect of multiple strangulation attacks. *Journal of Emergency Medicine*, 21(3), 323-329.

WHY SHOULD ALL JUSTICE PARTNERS LEARN ABOUT STRANGULATION? STRANGULATION WILL BE CONSIDERED IN COURT AT:

- **Bail** (R.C. 2919.251 requires court to consider if strangulation involved)
- **Protection Order Hearings** (victim/prosecutor/court's motion, civil and criminal protection orders)
- **Family and Juvenile Court Cases**
- **Motions Hearings** regarding use of expert witness
- **Trial**
- **Sentencing**



UNDERSTANDING LETHALITY AND RISK IMPORTANT WHEN COURTS TASKED WITH CONSIDERING FUTURE HARM

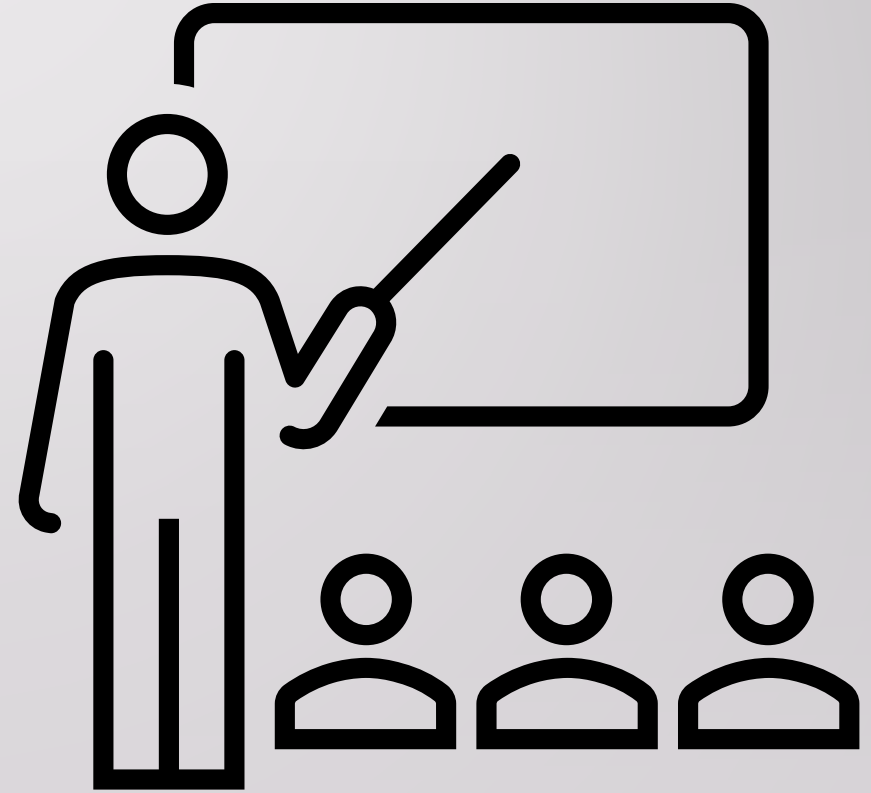
If a woman is strangled even 1 time, she is 1000% more likely of becoming a homicide victim by her partner

(Dr. Jacqueline Campbell October 2019)

In 2008, victims of prior strangulation are 750% more likely to become a homicide victim

(Glass, et al. 2008)

THE USE OF EXPERTS



TESTIMONY BY EXPERTS OHIO EVID.R. 702-705

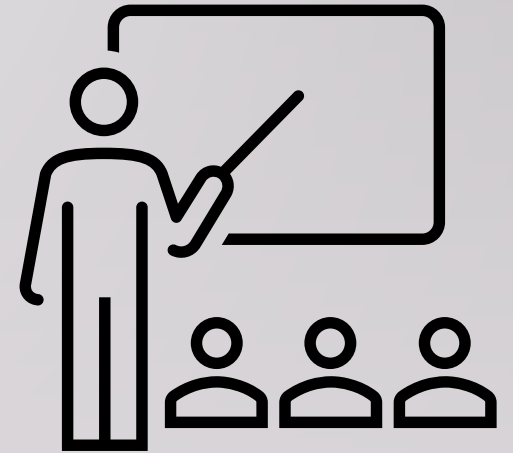
A witness may testify as an expert if ALL of the following apply:

(A) The testimony

- relates to matters beyond the knowledge or experience possessed by lay persons or
- dispels a misconception common among lay persons;

(B) They are qualified as an expert by

- specialized knowledge,
- skill,
- experience,
- training, or
- education



EXPERT QUALIFICATIONS

Education

Training

Licenses/
Certificates

Work/
Teaching
Experience

Published
Writings

Professional
Organizations

Previously
Qualified as
Expert

TYPES OF QUESTIONS QUALIFIED EXPERT WITNESS MIGHT ANSWER

- Have you had the opportunity to review the police report, 911 tapes, paramedic run sheet and medical records?
- In your opinion, are the signs and symptoms consistent with strangulation?
- Is it your opinion that application of force to the victim's neck for **seconds could cause internal injury?
- Is it your opinion that the victim in this case suffered internal injury? Physical harm? Serious physical harm?

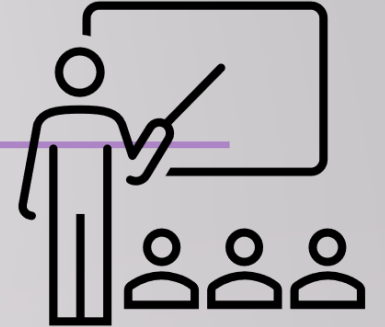
EXPERTS REQUIRED TO HAVE REPORT: CRIM.R. 16(K)

(K) Expert witnesses; reports

An expert witness for either side shall prepare a written report summarizing the expert witness's testimony, findings, analysis, conclusions, or opinion, and shall include a summary of the expert's qualifications. The written report and summary of qualifications shall be subject to disclosure under this rule no later than twenty-one days prior to trial, which period may be modified by the court for good cause shown, which does not prejudice any other party. Failure to disclose the written report to opposing counsel shall preclude the expert's testimony at trial.

- In writing
- Summary of testimony, findings conclusions, opinions
- Summary of qualifications
- Disclosed 21 days before trial

WHAT PROFESSIONS HAVE BEEN QUALIFIED AS EXPERTS ON STRANGULATION CASES



Forensic/SANEs	Medical examiners
ER physician-specialists	Certified forensic pathologists
Paramedics	DV detectives/law enforcement
Advocates	

- Daubert/Kelly-Frey not necessary for medical testimony

LAW ENFORCEMENT AS EXPERT WITNESSES

- Law enforcement will have received training in strangulation if they are trained on chokehold; may have received strangulation training at academy. LE can testify as percipient witnesses based on their observations.
- Adding strangulation to DV experts, advocates, etc.



OTHER LEGAL CONSIDERATIONS

OHIO CASE LAW

COMMON DEFENSES

Self defense

Self-inflicted
injuries

Wrestling/horsin
g around

Person
caused own
injuries

Restraining
victim

Victim's
jealous of
suspect's new
partner

Consent: "Choke holding"
during sexual intercourse;
Choking game

PETECHIAE CONSISTENT WITH EXTREME PRESSURE & LIFE- THREATENING ACT

***STATE V. SMITH,*
2007-OHIO-5524
(9TH App. Dist.)**

- Sufficient evidence of serious physical harm to support a conviction for felonious assault was established with only testimony of victim and ER physician.
- In Smith, victim testified that she almost lost consciousness due to the defendant violently choking her.
- The treating ER physician testified that he observed “a petechial rash on the upper portion of [the victim’s face and eyes,” and her injuries were consistent with extreme choking pressure that constituted a “life-threatening act.”
- The court stated that “[i]t is hard to fathom how choking a victim to the brink of unconsciousness does not****amount to a “substantial risk” of death.”

STRANGULATION TO THE POINT OF LOC IS SERIOUS PHYSICAL HARM IRRESPECTIVE OF DURATION

***STATE v.
WAUGAMAN, 2019-
OHIO-1102
(5TH App. Dist.)***

- Victim testified that defendant grabbed her by the neck and choked her to unconsciousness while appellant testified that he did not choke her and that his claim was supported by the absence of marks upon her neck.
- The SANE nurse testified that an absence of marks after choking is not unusual.
- “A loss of consciousness due to choking would support a finding of serious physical harm. A loss of consciousness, irrespective of its duration, satisfies the definition of temporary, substantial incapacity.”
- Conviction affirmed by appellate court.

STRANGULATION TO THE POINT OF LOC IS SERIOUS PHYSICAL HARM

STATE v. RYAN
2019-OHIO-5339
(8TH App. Dist.)

- Defendant was convicted of felonious assault, DV and kidnapping and sentenced to 3 years
- D appealed on sufficiency; conviction upheld.
- D had beaten and strangled victim 3X to the point of LOC and urination. D also tried to throw V out of the car and threatened to kill her. V sought medical attention at 3 hospitals (Metro, Lakewood and Fairview).
- Forensic nurse examined her at Fairview and testified as an expert. Nurse had recently received strangulation training. No challenge to her testimony.
- Importance of decision was to look for internal injuries as strangulation is very serious
- Made sense that she would not report every detail “in the thick of the moment.” Rather she was seeking help and treatment. Her testimony was found credible.

TESTIMONY REGARDING EFFECTS AND IDENTIFICATION OF STRANGULATION SUFFICIENTLY RELIABLE TO BE ADMISSIBLE AS EXPERT TESTIMONY

STATE v. PLOTT,
2017-OHIO-38
(3rd. App. Dist.)

- Lt. observed bruising to V's neck and took photos of injuries.
- On cross, V testified that she did not remember whether Defendant choked her.
- Important to note that due to jail calls, V would not testify for the state.
- SANE testified as to her expertise on strangulation: forensic nurse, trained as a Sexual Assault Nurse Examiner, over 50 trainings on domestic violence and strangulation, reviewed between 40-50 cases on strangulation and provided testimony around the country over 5 times.
- SANE nurse testified on the identification and effects of strangulation and that her injuries were consistent with a strangulation injury to a reasonable degree of scientific certainty.
- Defendant argued that the trial court improperly permitted nurse to testify as a strangulation expert and that her testimony was unreliable because strangulation was a "relatively new area" and her methodology had not been peer-reviewed or had general acceptance.
- Court held that her testimony regarding effects and identification of strangulation was sufficiently reliable to be admissible as expert testimony which decision was affirmed by appellate court.

DO NOT HAVE TO SHOW LOC TO PROVE SUBSTANTIAL RISK OF DEATH

ST. v. OSBORNE
2024-OHIO-2173
(8TH App. Dist.)

- R.O. was strangled by D who took a towel and choked her with it. When he was choking her, she got dizzy and saw stars. She did not lose consciousness.
- V called 911 and later completed a statement.
- D charged with strangulation 3 and 4 and DV 1.
- V was the only witness, and she changed her story-trying to grab his phone and spit on him and lost it. She was declared a hostile witness and did not remember the 911 call. She stated on cross that D did not strangle her but hugged her.
- Medical records reflect bruising on right scapula and back and raspy voice; found guilty of strangulation. Admitting written statement was inadmissible hearsay.
- Although it seems intuitive that any strangulation necessarily cause a substantial risk of death, not so in another case. “Although we disagree that the LOC in a strangulation incident is always required to demonstrate a substantial risk of death, we need not decide this because there is evidence that he created a substantial risk of SPH when he placed towel around her neck.” Did not matter that lungs normal and no jugular vein dissection, does not demonstrate that he did not create a risk of SPH.

ST. v. OSBORNE

Continued

- The victim's testimony that she went to the dr. 6 six days after the incident because she was sore and her throat raspy, her medical records reflected this and the bruising, and the prescription for Zoloft, all support a substantial risk of serious physical harm to her when defendant strangled her.
- "Despite Osborne's argument otherwise, the fact that the doctor did not find any jugular vein distinction on R.O.'s neck and found that her lungs were normal does not in any way demonstrate that Osborne did not create a strong possibility of serious physical harm to R.O. when he strangled her."
- Evidence was sufficient to support the conviction --V required medical treatment after the strangling incident, and the doctor found injuries to both her mental health and body.

STATE V. LEDLOW,
2024-OHIO-2912
(8TH App. Dist.)

- Holding: Sufficient evidence supported defendant's conviction for attempted strangulation under RC 2903.18(B)(3) because there was physical evidence indicating that the victim's neck was handled so as to leave marks on it.
- Additionally, victim's necklace ended up on the ground broken into pieces.
- Victim testified that she could not breathe deeply, indicating that she could breathe, but that her breathing was impeded or impaired.

STATE v. YERKEY,
2024-OHIO-724
(7TH App. Dist.)

- Victim impact statement:
 - She spoke of strangulation as a predictor of future violence and pointed to appellant's recent threatening text telling her she was going to die by his own hands.
 - She mentioned the emotional damage he caused and the concerns about her brain lacking oxygen long enough for her to lose consciousness.
 - According to appellant, she only "passed out because she was afraid."



WHAT DID WE LEARN
FROM THE CASE LAW

WHAT DO THESE CASES TEACH US

- Fact specific
- Expert witnesses are key -- especially when the statute is so young
- LOC is considered serious physical harm
- Courts are becoming more familiar with the signs and symptoms of strangulation
- “To the brink of unconsciousness” is considered serious physical harm or a substantial risk of SPH
- Without visible injuries, do you need signs and symptoms? How many? A constellation of them?

ANSWERS TO THESE QUESTIONS HELP FINDERS OF FACT DETERMINE THE SERIOUSNESS OF THE INCIDENT

- Describe and demonstrate how you were strangled. One hand? Two hands? Arm? Leg? Other object(s)? Carotid Restraint?
- Where on body? (neck, chest, behind ear, jaw)
- How many times were you strangled?/Over what period of time?
- Were you **shaken** while you were being strangled?
- Was your **head pounded** on the ground or wall while you were being strangled?
- Did your feet leave the ground while you were being strangled?
- How long did the strangulation(s) last? (note that many victims may not know the answer to this)
- On a scale of 0–10, how much **pressure** was applied to your neck during the strangulation(s)?
- What did you think was going to happen?
- What did the assailant say to you before, during, and after you were strangled?
- What made the person stop strangling you?
- Were you suffocated (defined as smothered)? (Suffocation refers to obstruction of the airway at the nose or mouth.)
- Did you have any difficulty breathing or an inability to breathe?
- Did you urinate or defecate?

Funk & Schuppel 2003; Gwinn, Strack & McClane 1999; Alliance for Hope Training Institute

HOW IS THE EVENT DESCRIBED

- How? One hand? Two? With Arm? Leg? Object? Carotid restraint (shoulders)? Where (neck, chest, behind ear, jaw)?
- Where did it happen? (Bed, against wall, floor, car)
- On a scale of 0–10, how much pressure was applied? Prolonged? Repeated? How hard?
- How many times?
- Was head pounded or were they shaken while they were being strangled?
- Did their feet ever leave the ground while being strangled?
- Were they suffocated (blocked the nose or mouth)
- Were they slapped, punched, kicked, or bitten anywhere on their body?
- What did they think was going to happen?
- What did the defendant say before, during, and after?
- What made the defendant stop?

(Funk & Schuppel, 2003; Gwinn & Strack, 2013; Strack & McClane, 1999).



MATERIALS ON STRANGULATION

- Training Institute on Strangulation Prevention
www.strangulationtraininginstitute.com
- Brain Injury - Ohio Domestic Violence Network
[\(odvn.org\)](http://odvn.org)

OTHER POTENTIAL LEGAL ISSUES

Witness
intimidation

Forfeiture by
Wrongdoing

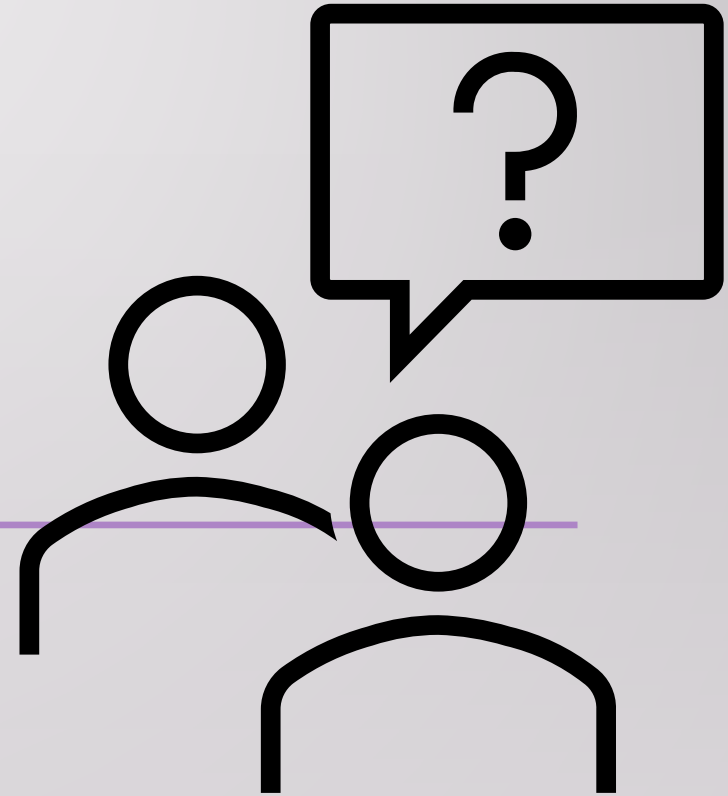
Recantation

IS THERE MANDATORY REPORTING FOR FORENSIC NURSES/LE: MEDICAL STAFF

RC 2921.22:

- **(B)** Except for conditions that are within the scope of division **(E)**, no physician, limited practitioner, nurse, or other person giving aid to a sick or injured person shall negligently fail to report to LE authorities any gunshot or stab wound treated or observed by the physician, limited practitioner, nurse or person, or **any serious physical harm** to persons that the physician, limited practitioner, nurse, or person knows or has reasonable cause to believe resulted from **an offense of violence**.
- **(F)** Any doctor of medicine or osteopathic medicine, hospital intern or resident, registered or LPN, psychologist, social worker, independent social worker, social work assistant, professional clinical counselor, or professional counselor who knows or has reasonable cause to believe that a patient or client has been a victim of domestic violence, as defined in RC 3113.31, shall note that knowledge or belief and the basis for it in the patient's or client's records. [misdemeanor 2, failure to report a crime]

QUESTIONS?

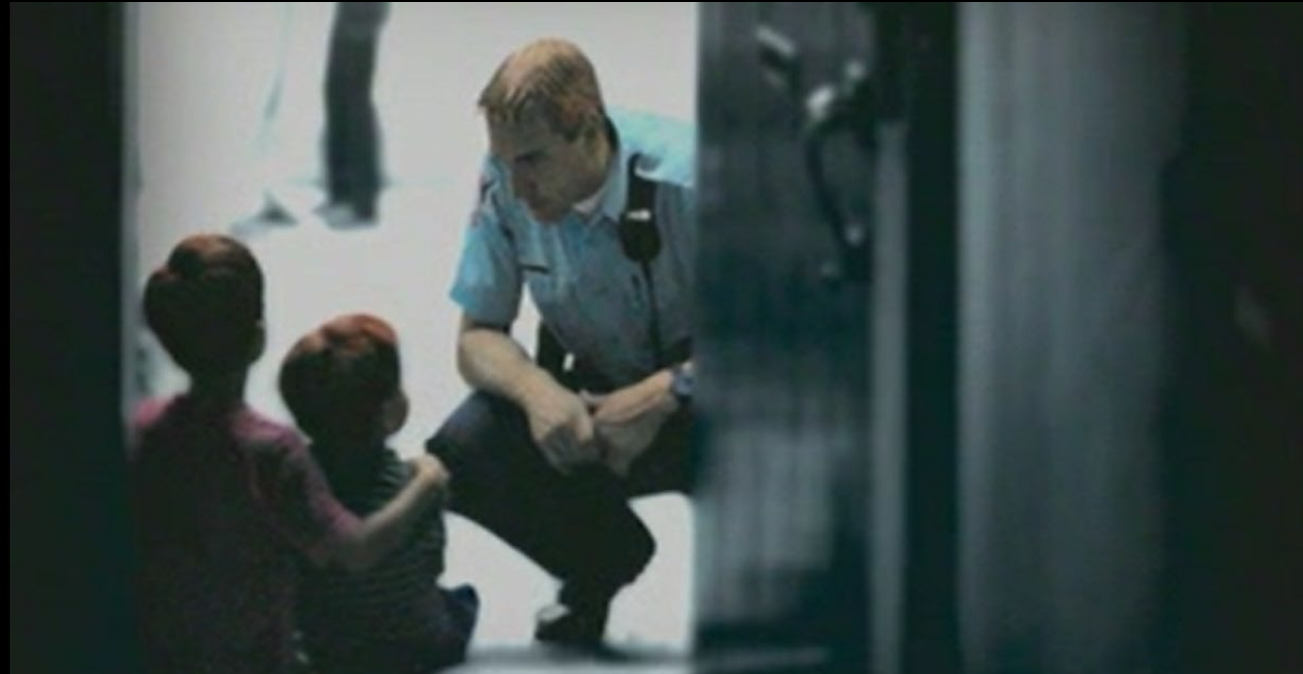


ALEXANDRIA RUDEN, ESQ.
THE LEGAL AID SOCIETY
OF CLEVELAND
(216) 861-5713
AMRUDEN@LASCLEV.ORG

**THANK YOU FOR ALL YOU
DO!**



Finding and Helping the Hidden Victims Responding to Children Exposed to Violence in the Home



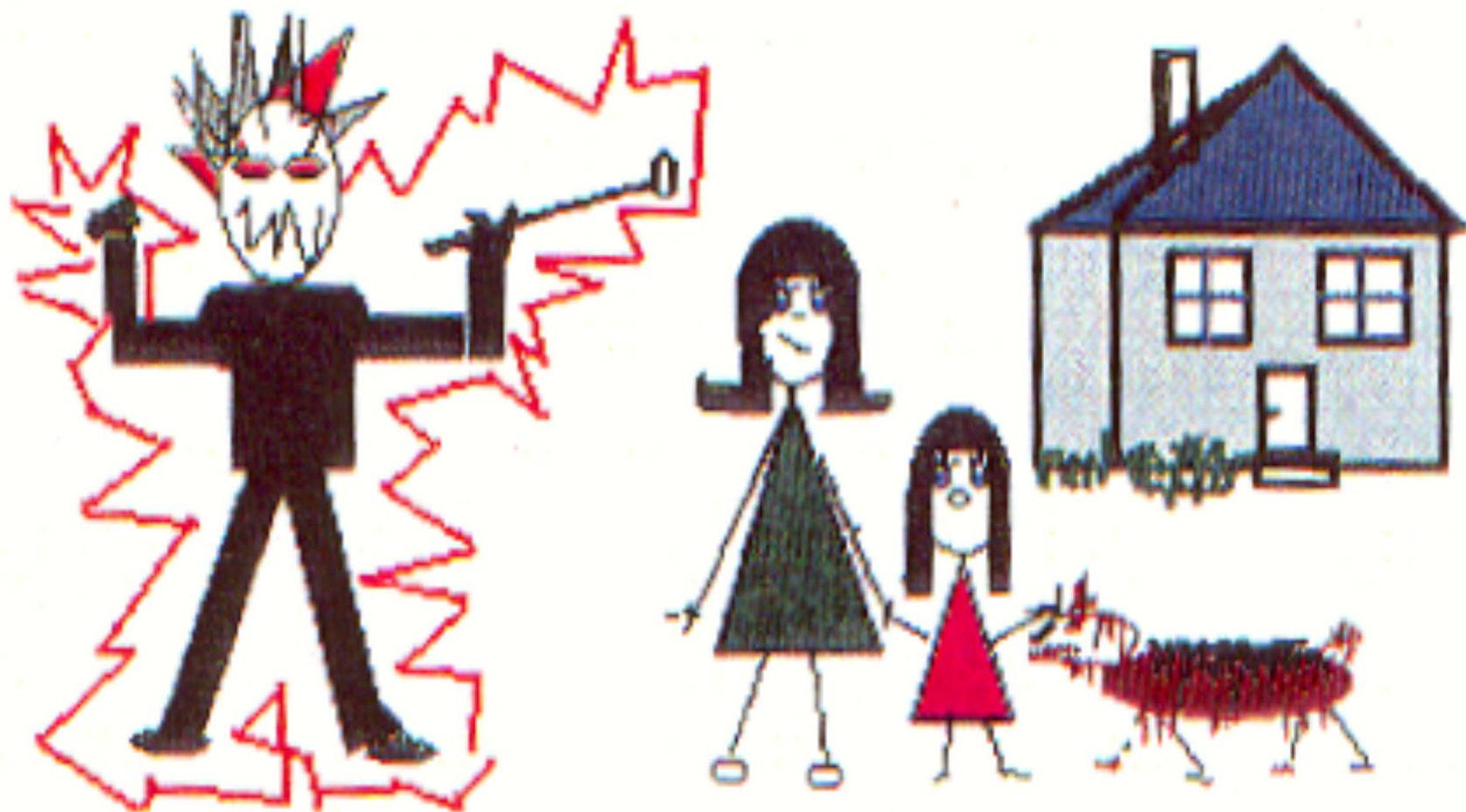


F A C E T H E P A S T . C H A N G E T H E F U T U R E .

This ^{is} Where I Learned Not ^{to} *Sleep*

SPARGEL PRODUCTIONS PRESENTS "THIS IS WHERE I LEARNED NOT TO SLEEP" A DOCUMENTARY BY ANNE DE MARE AND KIRSTEN KELLY
EDITED BY PAUL LOVELACE CINEMATOGRAPHY BY AMY BENCH AND NELSON WALKER PHOTOGRAPHY BY MEREDITH ZINNER ORIGINAL MUSIC BY WILLIAM TYLER
EXECUTIVE PRODUCERS CINDY WAITT AND GAVIN DE BECKER PRODUCED BY ANNE DE MARE KIRSTEN KELLY AND ANDREW W. SCHWERTFEGGER
DIRECTED BY ANNE DE MARE AND KIRSTEN KELLY
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Our goal is to keep children and women safe and less vulnerable. We must always weigh the positive and negative consequences of law enforcement intervention.

“Safety and Justice”

Parents killed during custody exchange

MIRACLE, Ky. (AP) — Two days after receiving full custody of her 7-year-old daughter and moments before Donna Sue Newcomer would have held the daughter in her arms, the child's father fatally shot her and was then killed by police.

Newcomer, 28, of Warsaw, Ind., and her husband, Edward Ernest Newcomer, were waiting to pick up the child Wednesday at the Creekside Market on Kentucky 987 near the Bell County community of Cubbage with two sheriff's officers, police said.

Newcomer had received court papers Monday granting her full custody of the child, according to a Kosciusko County, Ind., circuit court order.

The girl's father, Larry Johnson, 33, of Cubbage, arrived at the store about 10:30 a.m. CDT with the child. Cubbage is about 30 miles east of Middlesboro near the Kentucky, Virginia and Tennessee state lines.

A Kentucky State Police spokesman, Buddy Simpson, said Johnson fired a shot at Newcomer as she was approaching his pickup truck. After a warning from Bell County deputies not to shoot any more, Johnson fired another shot. The second shot, apparently fired by Johnson, struck and killed Newcomer, Simpson said. Deputies then returned fire, fatally wounding Johnson, Simpson said.

Newcomer and Johnson were pronounced dead at the scene, police said.

"They've had a lot of problems since their divorce," said Edward Earl Newcomer, the grandfa-



Associated Press

From left, Bell County Coroner Bill Bisceglia, Kentucky State Police Detective Mitchell Williams and Sergeant Eric Smith examine a shotgun Larry Johnson allegedly used to kill Donna Sue Newcomer during a custody exchange between the parents of a seven-year-old child in Cubbage, Ky., Thursday.

ther of Edward Ernest Newcomer. "Donna was afraid something like this was going to happen, that's why she called for protection."

baby

Arlington Officer Jillian Michelle Smith Killed in Shooting

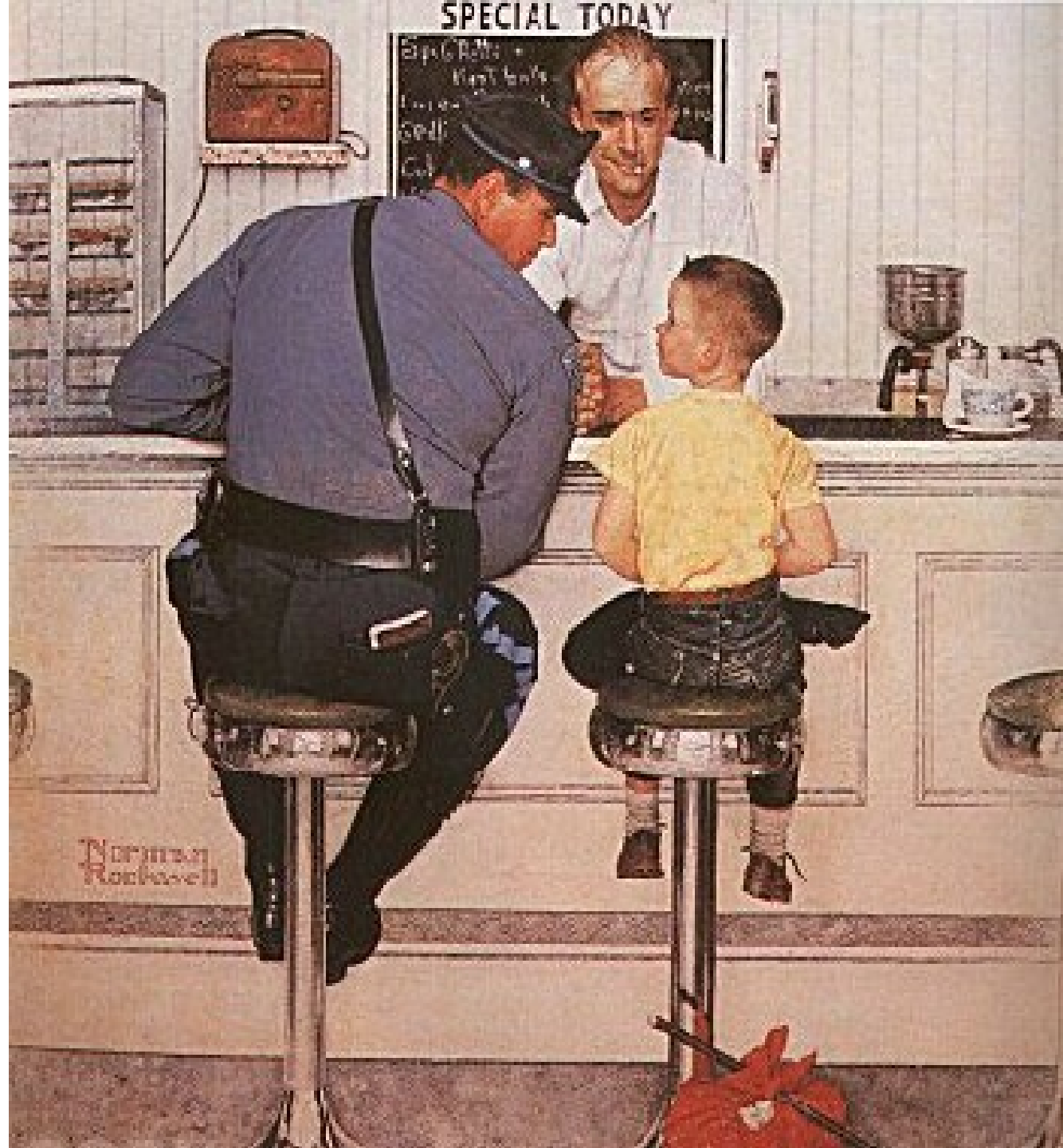
24-Year-Old Finished Police Training 2 Weeks Ago

Tuesday, 28 Dec 2010, 10:07 PM CST

ARLINGTON, Texas - A rookie police officer was among those killed Tuesday night during a shooting at an Arlington apartment complex. Police confirmed [Officer Jillian Michelle Smith](#) was alone and responding to a domestic assault call around 7:30 p.m. at the Arbrook Park Apartments in the 3800 block of Mahonia Way.

Officer Smith shielded the child and was fatally shot

Richard said 39-year-old Barnes Samuel Nettles shot his 29-year-old girlfriend and then tried to shoot her 11-year-old daughter. Smith shielded the child and was fatally shot, Richard said. Nettles then killed himself, she said.



Child Exposure to Domestic Violence

- They hear and witness the emotional abuse
- They see the aftermath
- They intervene
- They are involved in the power dynamic or are blamed for the violence
- They witness assaults of the mother or are forced to watch
- They suffer direct physical violence and death

Power and Control Tactics

Using the Children...

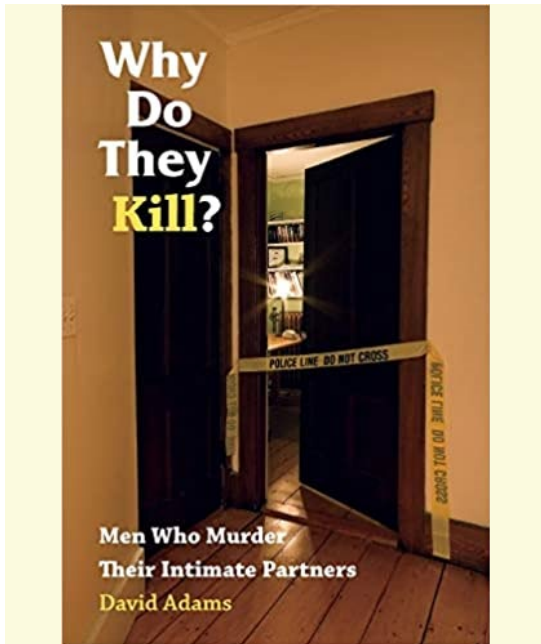
- “The kids will agree with me”
- Dragging the children into the arrest or court
- Sending the children away or into hiding

Children and Domestic Violence

- 15.5 million U.S. children live in families in which partner violence occurred at least once in the past year, and seven million children live in families in which severe partner violence occurred.
- In a single day in 2007, 13,485 children were living in a domestic violence shelter or transitional housing facility. Another 5,526 sought services at a non-residential program
- Present in 40-55% of homes where police intervene in domestic violence calls.
- Abuse or neglect as a child increases the risk of arrest as a juvenile by 53%, as an adult by 38%, and for a violent crime by 38%.

**There are challenges when
responding to children at
domestic violence calls.**

Why Do They Kill?



"David Adams's interviews with 31 men who killed intimate female partners break new ground in the study of domestic violence and homicide. . . . The killings emerge as neither random, nor spontaneous. A compelling read."

—Neil Websdale, author of *Understanding Domestic Homicide*

There are a wide range of response to domestic violence depending on the age and stage of development and gender of the child.

Abuse or neglect as a child increases the risk of arrest as a juvenile by 53%, as an adult by 38%, and for a violent crime by 38%.



**You may have to navigate through
cultural and linguistic differences**

What Officers Can Do ...

**Recognize, document and report
the presence of children in the
home.**

Interviews with Children

- Children
 - The officer should take a photo of the child as a record of his or her demeanor and behavior after the incident
 - This is especially important if the child has suffered neglect or abuse

What Officers Can Do ...

- Assess whether children have been physically harmed
- Minimize the impact and repercussions to children who are present

What Officers Can Do ...

- Empower children as much as possible in the process
- Maintain victim safety
- Hold the offender accountable

The Impact

- Batterer may threaten or abuse children to control
- Paradoxically, not reporting abuse of children risks victim's losing their custody
- Abused children may be silent to protect parent, themselves, or their siblings

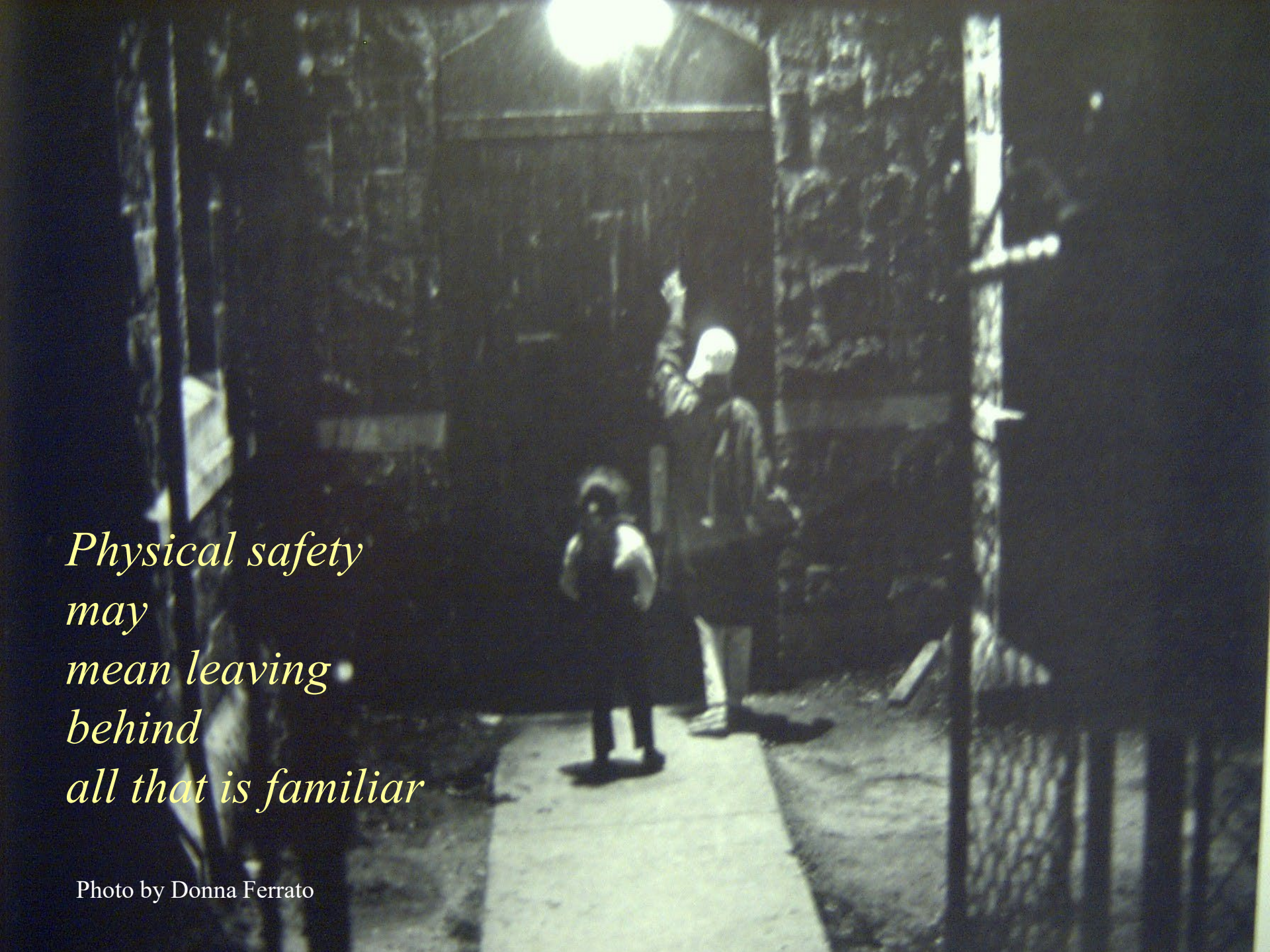
The Impact

Effects of domestic violence on children include:

- Anxiety about being hurt or killed
- Fighting with others
- Temper tantrums
- Hypervigilance
- Substance abuse
- Eating Disorders
- Bed-wetting or regression to earlier developmental stages
- Suicide attempts

The Impact

- Medical problems, ulcers
- Headaches or stomachaches
- Sleeplessness
- Stealing or other juvenile crimes
- Identification with the aggressor
- Withdrawal from other people and activities
- Denial of any problem or dissociation



*Physical safety
may
mean leaving
behind
all that is familiar*

Photo by Donna Ferrato

What Officers Can Do ...

**Reduce trauma by reassuring
and talking to the children**

What Officers Can Do ...

- Do you feel safe here?
- Do you feel safe talking to me?

What Officers Can Do ...

**Facilitate access to specialized
police service and community
support**

What Officers Can Do...

Collaboration works

Various agencies may not coordinate services. In the extreme, victims whose children have been abused may be taken to court for failing to protect their children, with no investigation into whether the victim may have been abused.



Children have told us:

- Don't interview me in front of my parents
- I need to know why you are here
- You can't find me
 - I'm hiding in my room, under the bed, in the closet, under the cover
- You are so tall, please bend over but not too close – your face is so big

Interviewing the Children

- Introduce yourself and describe your role in simple terms.
- Use the child's name.
- Explain that you were not present and need help to understand what happened
- Ask one question at a time.
- Continually clarify your understanding of the child's responses

Interviewing the Children

- Avoid using “why” questions. Why questions may imply blame.
- Observe the child’s non-verbal communication.
- Recognize the variety of ways a child can be present – directly/indirectly.

Interviewing the Children

- Note if child indicates fear of one or both parents
- Try not be critical of one or both of the parents
- Be aware of child's feeling responsible or guilty; reassure the child
- Be aware that he or she may be distrustful of adults or may have been warned not to talk to outsiders

Interviewing the Children

- Interview child away from victim and suspect, in a place comfortable for children
 - If either party objects to you taking the child(ren) to another room to interview, explain “It is my job to interview all witnesses to any crime. I will do my best not to scare the child(ren). I just need to know what happened here.”
- Be sensitive. Speak in a calm, soft voice.

Child Interview Problems

- Cases involving child victims can be very difficult and emotional. It is important for the officer to control her/his emotions.
- You may have to abandoned traditional law enforcement interview techniques. A successful interviewer will have several interviewing techniques and adapt them to the child.

Child Interview Problems

- Dealing with restless or crying children.
 - The officer should take control and provide clear direction. If the child is restless, take a break. If a break does not help, then maybe stop the interview. You don't want the child to get upset with the interviewer.



Child Interview Problems

- An officer may be able to relate to children of a certain age, but unable to relate to children older or younger than that age.
- Because of their age, children can be difficult to deal with for people who have no understanding of a child's limitations.

Interviewing Children

- Children do not have to be in the same room to witness an incident.
- Even if both parties say the child(ren) are asleep, chances are high that they were awakened by the incident and can give very helpful information.

Interviewing Children

- Determine the child's developmental level by asking:
 - What time is it?
 - What time does school start? End?
 - How old are you? When is your birthday?
 - Where do you go to school? How many children are in your class at school?
 - How many brothers and sisters do you have? What are their names?

Interviewing Children

- Use the child's language.
 - Avoid jargon – i.e., suspect, victim, assault, witness, etc.
- Avoid abstract concepts about time, height, weight, or measurements.
 - Instead of “here,” “there,” “yesterday” or “tomorrow,” use suitable terms such as “in front of the sink,” “as tall as,” etc.

Interviewing Children

- Progress to specific questions.
 - If a child under 7 years of age is asked, “Was there a weapon?” The child may answer “no”.
 - But the same child might answer “yes” if asked, “Was there a gun?”.

Interviewing Children

- Never bribe, threaten, coerce or bully children into answering you.
- Inconsistencies can be probed by explaining that you are confused.
- Whenever possible children should not be used as interpreters for the purposes of interviewing.

Good Spontaneous Statement

- Officer Smith interviewed Samantha, age 5.
 - "The whole time during my interview Samantha appeared frighten. She was shaking at the hands and kept looking at the front door of her house where the suspect, Joe, was. I asked her if she was afraid of Joe and she nodded her head "yes". Samantha said she "saw Joe pick up her mom by the head and throw her against the door".

Interviewing Children

- Ask open-ended questions to start.
 - In the midst of a crisis, it is hard for children to spontaneously provide a lot of information. By asking open-ended questions, the child can explain circumstances which may not have occurred to the officer and provide more accurate information.

Interviewing Children

- Children may have negative stereotypes of law enforcement officers.
- Dealing with restless or crying children.
 - Most children are going to experience some form of discomfort while being interviewed.
 - If a child starts to cry, comfort him or her with words and then physical support, if necessary. Help the child regain control of himself/herself. If the child cannot stop crying, take a break.

Closing an Interview

- Ask the child if they want to add anything.
- Do not end the interview immediately after talking about what happened.

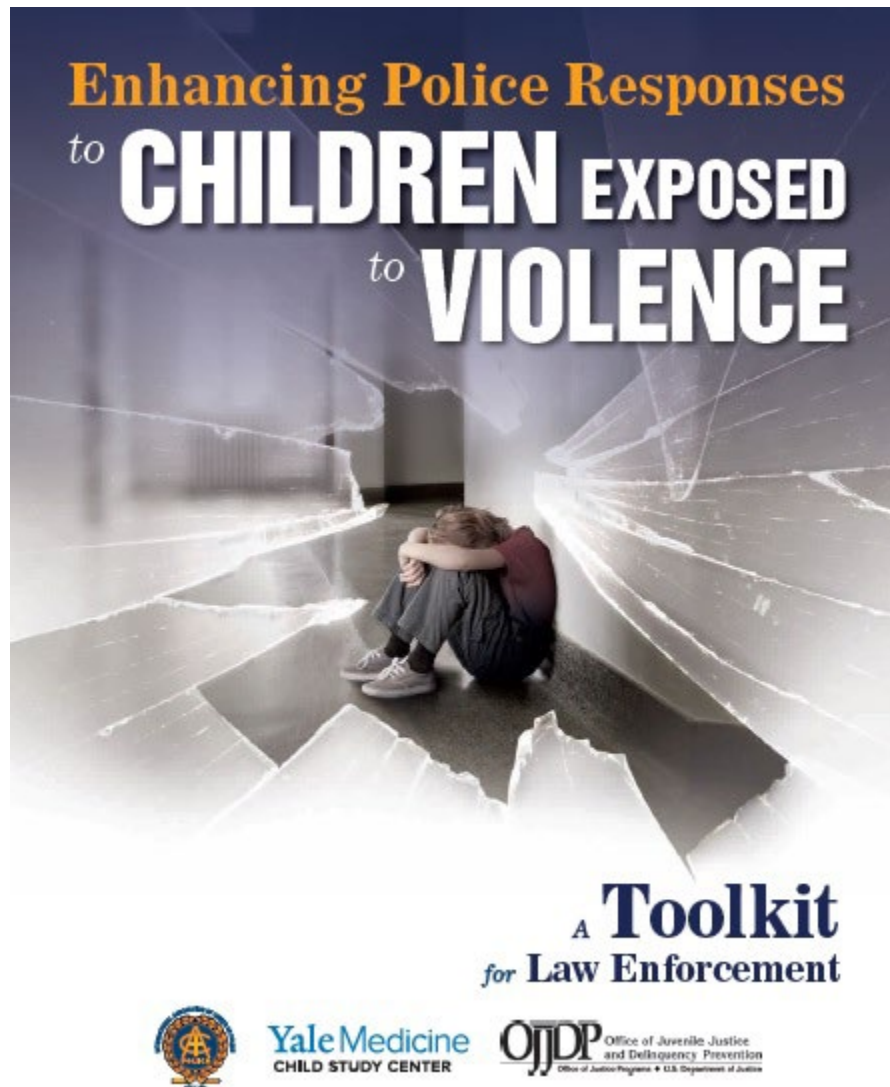
Closing an Interview

- Reinforce that they did a good job; what they did was important and right.
- Reinforce that *they haven't done anything wrong; it is not their fault; and that it is not right to hurt people.*
- Talk about some fun things that were revealed during the rapport building stage (favorite toys, sports, etc).



Children's Safety Checklist

- Stay out of the fight
- Avoid getting trapped in a small room or closet or the kitchen
- Find a phone in a safe place
 - Call 911 for help and stay on the phone
- Escape to a safe place
 - find a relative or neighbor and ask for their help
- Above all, remember to tell them "it is not your fault"



This Toolkit provides practical tools and resources to assist law enforcement agencies in building or enhancing effective operational responses to children exposed to violence (with or without a mental health partner). This toolkit contains tools targeted to police leaders and frontline officers.



THE SUPREME COURT *of* OHIO
COURT SERVICES