

One Day Strangulation Training – The Last Warning Shot – Course Descriptions and Objectives

Because We Didn't Know: Why Strangulation Matters So Much

Police and prosecutors are only recently learning what survivors of non-fatal strangulation have known for years – that many domestic violence offenders and rapists do not strangle their partners to kill them; they strangle them to let them know they can kill them – any time they wish. Almost half of all domestic violence homicide victims have experienced at least one episode of strangulation prior to a lethal or near-lethal violent incident. Victims of one episode of strangulation are 750% more likely of becoming a homicide victim at the hands of the same partner than a woman is assaulted but not strangled. Today, 47 States have passed felony strangulation laws to hold offenders accountable for the crimes they are committing. In 2013, VAWA passed a felony strangulation/suffocation law requiring no visible injury understanding the significance of internal injuries and the risk of death. Subsequent federal sentencing guidelines now recommend up to 10 years in prison for strangulation and/or suffocation assaults. This session will provide a national overview of our current understanding of non-fatal strangulation assaults including the severity and lethality of strangulation, the risk to police officers, the link to other crimes including mass shootings, and resources from the Training Institute on Strangulation Prevention.

Objectives: 1) Increase understanding of why strangulation and suffocation offenses must be treated as felonies and made our top priority; 2) Improve system response to the handling of non-fatal strangulation through multi-disciplinary teams; and 3) Increase awareness about current research, laws, best practices and resources.

If We Only Knew: The Physiology of Strangulation – Medical 101

Strangulation is one of the most lethal forms of domestic violence. Minimal pressure on the neck can cause serious injury, death, delayed death and/or long-term consequences. Strangulation involves the application of pressure and/or blunt force trauma to the carotid and vertebral arteries and jugular veins. Unconsciousness can occur in seconds and death within minutes. Strangulation carries a risk of arterial damage, stroke, and delayed death. When an artery is damaged, the normal pathophysiology is for the body to create a blood clot. If the clot becomes large enough, the clot can completely obstruct the normal flow of blood within the artery. The time period from a patient's neck trauma to the time of presentation at a hospital with neurological symptoms, including strokes, can range from hours to years. Yet victims can look fine and say they are fine. This session covers the challenges in evaluating strangulation cases, reviews terminology, explains basic physiology, lists all the signs and symptoms of strangulation and suffocation cases as well as shares case studies, photos and new techniques used by clinicians to assess a strangled victim. This session will also explain why strangulation is great bodily injury and poses a substantial risk of death or impairment to the brain, lungs and heart.

Objectives: 1) Increase understanding of the signs and symptoms of strangulation; 2) Increase understanding of internal injuries, delayed death and long-term consequences; and 3) Improve identification and documentation by dispatchers, paramedics, nurses and police.

How Do You Know: On Scene and Follow-up Investigations

Incidents of domestic violence account for the single largest category of calls-for-service that police agencies are called upon to investigate. Before strangulation laws were passed, most jurisdictions in America rarely prosecuted "choking" cases and when we did, most cases were prosecuted as misdemeanors. Strangulation cases were unintentionally being minimized due to the lack of visible

injuries, lack of investigative training, and the absence of specific strangulation laws and formal investigative protocols. San Diego's study of 300 cases helped Maricopa County, Arizona realize more could be done. Today, "choking" cases are called non-fatal or near-fatal strangulation and are now being successfully prosecuted as felonies in many states. Law enforcement officers in every jurisdiction – federal, state and tribal – need to be trained on the severity of strangulation and common misconceptions these officers hold need to be corrected. Officers must be aware that strangulation is a potentially lethal form of intimate partner violence and that it should not be treated as abuse like a slap in the face. This session will put the medical symptoms and signs of strangulation into practice. If an officer suspects that strangulation has occurred, he/she must call for paramedics or at the least strongly encourage the victim to seek medical attention because swelling or other undetected injuries of the throat can be life threatening. All of this information is essential to the efforts of the prosecutor. This session also focuses on how to build a non-strangulation case for felony prosecution using a multi-disciplinary approach, specialized training, specialized investigative forms and specific investigative questions for strangled victims. It will also explain how the use of trauma-informed interviewing techniques and forensic exams aid specially trained prosecutors.

Objectives: 1) Improve the identification, investigation and documentation of strangulation cases; 2) Increase felony prosecutions and accountability; and 3) Increase use of multi-disciplinary teams and illustrate the framework of the implementation of new investigative protocols.

How Do You Prove It: All Things Legal

Prosecuting domestic violence and sexual assault cases are some of the most difficult cases to prove. Strangulation cases, especially with the lack of visible injury, are even more challenging. This session will focus on making good use of the evidence collected at the scene and during follow investigations to build a successful strangulation case for trial. Such evidence includes the use of prior domestic violence incidents, 911 recordings, victim and witness follow-up interviews, the use of experts when a victim recants and to explain the subtle signs and symptoms of strangulation, demonstrative evidence for your opening and closing arguments, and using emerging laws to your benefit. This session will discuss successful techniques employed by different jurisdictions around the country in successfully prosecuting strangulation and suffocations without injuries and without the victim's testimony. This session will also provide an overview of emerging strangulation laws, and how to successfully overcome common defenses in strangulation cases, especially self-defense. Because most strangulation victims do not have visible external injuries, non-fatal strangulation cases are frequently minimized by law enforcement, medical advocacy, mental health professionals, and even courts. Seeing is believing. Jurors may expect to see visible external injuries to believe a victim was strangled or suffocated. It is important to develop and utilize medical experts in the prosecution of non-fatal strangulation cases in order to explain the lack of injuries, the subtle signs and symptoms of strangulation, the vulnerability of the neck, loss of consciousness, delayed consequences and life-threatening injuries.

Objectives: 1) Increase the prosecution of felony strangulation cases with or without the victim's participation; 2) Increase offender accountability for the crimes they commit; 3) Reduce the number of strangulation cases being dismissed or reduced to misdemeanors simply because the victim recants or doesn't appear in court; and 3) Improve victim safety through early intervention.

They Have a Right to Know: The Hidden Hurt of Strangulation - ADVOCACY

Most victims do not understand the seriousness of strangulation including the immediate, delayed and long term consequences of strangulation. Many victims may not even remember they were strangled. The lack of oxygen to the brain will impact the brain's ability to record information. The trauma of being strangled will likely cause memories to be jumbled. The myriad of physical and emotional issues may cause the victim to appear uncooperative and reluctant to prosecute. While they fear their partner, they also love them and rely on them not only emotionally but often times financially as well. If their abuser is prosecuted and sentenced to jail or prison, that affects the family's income and leads to financial hardship. Also, imprisonment only offers temporary peace to the victim. The abuser will eventually be released and victims fear the retribution that will follow. Retribution is also a concern if the prosecution is unsuccessful. Because of that fear, studies show that 80-85 percent of abused women will deny allegations of abuse after the incident and will refuse to testify. How professionals approach, interview and support a traumatized victim is the key to breaking the cycle of abuse and improving our investigation, prosecution and advocacy. The use of an advocate is critical to a victim's emotional state and ability to heal from the violence. This session will address how all professionals can help victims understand the trauma they have experienced, the seriousness and lethality of non-fatal strangulation, how to make good use risk assessment tools, better use of the power & control wheel, how to convince victims to seek medical attention and promote their health and safety. This session will also share practical tips when working with reluctant victims, new research and new tools.

Objectives: 1) Increase victim awareness and education about the risk of strangulation; 2) Increase the use of risk assessment tools and other resources, and 3) Improve advocacy for the strangled victim/patient among all disciplines.

Now that You Know: What Will You Do? Hope Rising: Childhood Trauma and the Science of HOPE

Casey Gwinn, co-author of HOPE Rising with Dr. Chan Helman, *How the Science of HOPE Can Change Your Life* (2018), the first book of its kind to present the science of hope, will provide tangible and practical ways to increase hope. This session will focus on the predictive nature of childhood trauma on adolescent and adult illness, disease, victimization, and perpetration. It will also touch on the powerful, transformative impact of rising hope in the lives of adult and child trauma survivors including how to measure hope and resiliency. Participants will be introduced to the life changing truth that hope is measurable, cultivatable, and predictive of long-term healing and health in survivors of violence, trauma, and abuse. This session will also provide hands-on direction to apply hope-centered research to your life. Once you learn about the science, everything will change—the way you lead, the way you engage with survivors, the way you engage with yourself, and the way you look at your future. Hope has the power to transform every workplace, every family, and every relationship. You will walk away with tools to increase hope in your life, the lives of hurting families you serve, as well as friends and family members.

Objectives: 1) Increase your understanding of childhood trauma and how it impacts adult behavior; 2) Increase your understanding of the Adverse Childhood Experiences (ACE) Study and how to incorporate it into your practice or caseload; 3) Increase your understanding of the Science of HOPE and how you can help mitigate trauma and improve outcomes for your clients by increasing hope and resiliency.