



Strangulation: The Last Warning Shot Part II (Investigation/Prosecution/Advocacy)

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Overview

- Understanding trauma to enhance your interview
- Important questions to ask
- Understanding unconsciousness
- Documentation Tools
- Follow-up Investigations
- Prosecution
- Advocacy
- Understanding the Science of HOPE
- Questions?

How to access our materials in dropbox:

<https://bit.ly/LastWarningShot>

It's easy to join our mailing list!

Just send your email address by text message:

Text

HOPEGIVER

To 22828 to get started.

Message and data rates may apply.

Understanding the neuroscience of the brain and victim behavior

Credit: David Lisak, PhD

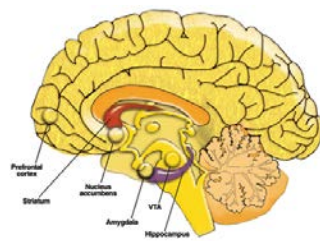


Defining Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.

The Neurobiology of Traumatic Experiences

- Loss of pre-frontal regulation (**we don't think well**)
- Bottom up attention (**focus only on what threatens us**)
- Emotional reflexes (**amygdala takes over**)



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Chronic Traumatic Encephalopathy (CTE)



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CTE Found in...

- Most recent study on former NFL Players (110 of 111 who have died prematurely with CTE)
- Boxers
- MMA Fighters
- Wrestlers
- Soccer Players
- Veterans
- Battered Women...

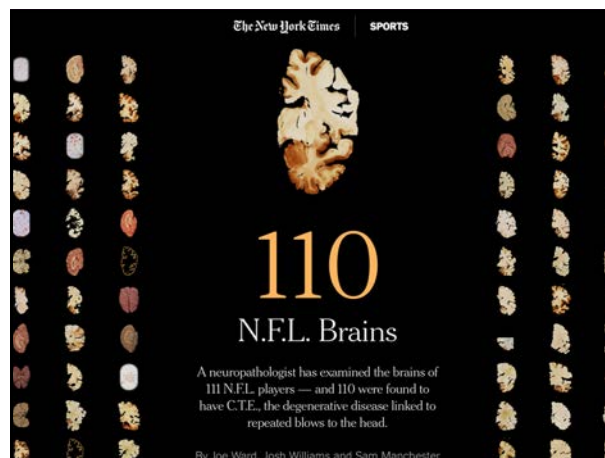


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Facts about Concussions

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Most concussions occur **without** loss of consciousness.
- Concussions occur in IPV but often go undiagnosed.
- Recognition and proper response to concussions when they **first occur** can help prevent further injury or even death.

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Coup Contre Coup

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The Impact of CTE

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The Women Who Face More Traumatic Brain Injury Than NFL Players

- Melissa Jeltsen, Huffington Post, June 2, 2015
- http://www.huffingtonpost.com/2015/06/02/domestic-violence-tbi_n_7488168.html
- "When you are in a relationship with that much trauma and violence, you don't know what's physical or what's emotional or mental," Walker said.
- Shines on a focus on TBI for domestic violence victims not just athletes and the military

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Torture Case from Riverside

- First in California
- Torture by strangulation
- No loss of consciousness
- Defendant was a professor
- Victim video taped it
- Strangled repeatedly, multiple methods
- Could not eat for a week, difficulty swallowing and breathing, severe headaches, changes to her voice, and trouble with her memory and focusing.
- FN Diana Faugno testified at preliminary hearing
- Dr. Smock testified at trial as to GBI

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Trauma Informed Interviewing

"Disclosure is a process, not an event" – Chief Tom Trembley (Ret.)

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This is not trauma-informed interviewing

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Approach and Rapport Building

- Interested
- Concerned
- Empathic
- Non-judgmental

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Empathy Exercise in Pairs

- Group Exercise: Introduce yourself to the person sitting next to you and express empathy for 20 seconds; Then switch roles...

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Interviewing

- First, acknowledge their trauma/pain/difficult situation:
 - *"I'm sorry for what you've been through"*
- *What are you able to tell me about your experience? or Where do you want to begin?*
 - Let the victim tell what they can uninterrupted)
 - (Commend and reassure throughout)
 - *Are you able to tell me more about ...*
 - *Help me understand more about...*

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Interviewing (cont.)

- *What were your thoughts before, during and afterwards?*
- *What were you feeling during this experience?*
 - *Physically?*
 - *Emotionally?*
- *What was the most difficult part?*
- *What can't you forget?*

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Let's practice

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Give Permission to be confused and recall details later...

You have been through a really difficult experience. Things may be confused and fuzzy so just do the best you can. You may remember other things later after some rest so just do the best you can for now...

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Following the victims uninterrupted narrative. What did you.....

- See
- Hear
- Feel
- Think
- Taste
- Smell

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Investigations

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Free On Line Training for the First Responders



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Language is Important

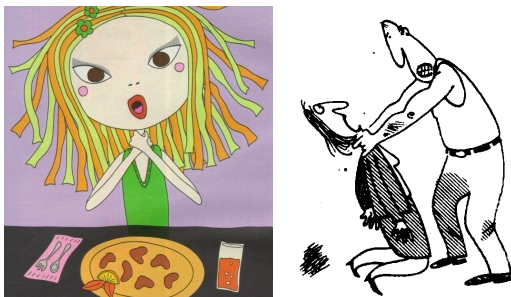
Demonstration is important

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“Choking” vs. “Strangulation”



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Use follow-up questions to determine the type of Assault?

Simple Assault-
grabs the neck with no pressure

Aggravated Assault-
grabs the neck and applies pressure

Attempted Homicide-
continual pressure past LOC or
reapplying pressure when the
victim struggles and gets free

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Confirm the method of strangulation and the number of times pressure was applied.



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Was it one hand?



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Was it two hands?



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From the front or behind?

- Front
- Back



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One arm?



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Was it a neck restraint of some type?



Was a ligature used?

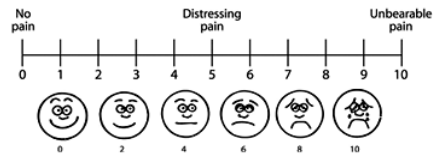


To determine intent:

- How long?
 - To avoid: "he grabbed me briefly"
 - Det. Agnew suggests to ask the victim to close her eyes and tell you "when" to indicate how long the defendant applied pressure to her neck. The officer then monitors the time.
- How hard, on a scale from 1 to 10 with 10 being the hardest?
 - "it must have been 9, otherwise I would be dead right now."

How Painful?

- Use the scale below to better estimate the level of the pain you are experiencing:



What did you see?

- "She looked like death, as if she wanted me to stop breathing with big, red evil eyes. Her eyes were crazy. They were big. They were open and wobbling back and forth."

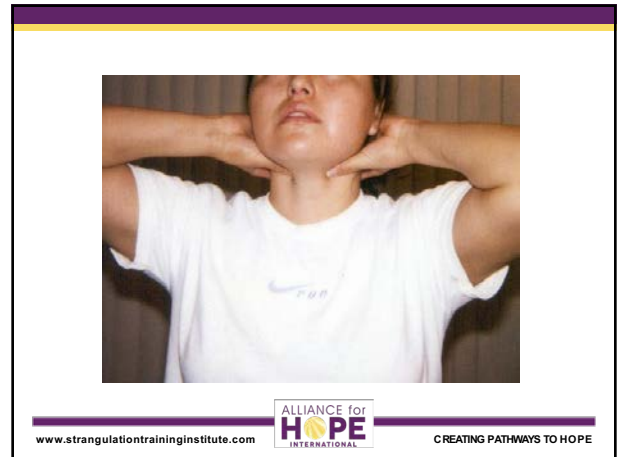
Feb 2009

81

Do Not Apply Pressure to the Victim's Neck to Recreate the Method

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





The Results after Training...

- “She had small red spots on her forehead and around her eyes that appeared to be small broken capillaries. This has been described to me in the past during training. The condition has been described as petechiae spots and are caused by tiny capillaries bursting from pressure of a chokehold. She also complained of a sore throat and a hoarse voice. I encouraged her to seek medical attention. This was the first time he choked her.”

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Role of Paramedics

We need to engage them

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International Chiefs of Police Association

- Model Protocol includes strangulation
- “...Officers should always summon EMS if (1) the victim requests medical attention (whether the officer believes EMS should be summoned or not) or (2) if it appears that strangulation has occurred.”
- Recommendation: All police and sheriff’s department should update their protocols to include strangulation.

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New ordinance sends EMS to Scene

FEATURED LEADER



Mayor Ken Shetter from the City of Burleson, Texas recognized a need in his City for a better response in the handling of non-fatal strangulation cases.

Over 60% of victims seeking services at One Safe Place, a family justice center, in Fort Worth, Texas reported being strangled by their partner. Mayor Shetter decided to do something about it, and he means business. He helped pass a new ordinance requiring EMS responders to be summoned to the scene of a domestic violence call when officers determine an act of strangulation has occurred.

The new ordinance also calls for a strangulation task force which will be tasked to develop and implement new tools and training for first responders confronted with suspected strangulation. Plus, the new law creates a penalty. Any violator may be punished through administrative action by the City Manager.

Thank you Mayor Shetter for leading the way. Your new ordinance will save lives.

VIDEO: Burleson Cracking Down on Domestic Violence By Targeting Strangulation Cases

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What happens now? Do victims want you to call the paramedics?

Let's take a look at Mitch

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STRANGULATION ASSESSMENT CARD			
SIGNS	SYMPTOMS	CHECKLIST	TRANSPORT
<ul style="list-style-type: none"> Red eyes or spots (petechiae) Neck swelling Nostrils or vomiting Unsteady Loss or lapse of memory Unrelaxed Defecated Possible loss of consciousness Phosis - droopy eyelid Droopy face Secure Tongue injury Lip injury Mental status changes Voice changes 	<ul style="list-style-type: none"> Neck pain Jaw pain Scalp pain (from hair pulling) Sore throat Difficulty breathing Vision changes (spots, tunnel vision, flashing lights) Hearing changes Light headedness Headache Weakness or numbness to arms or legs Voice changes 	<p>S Scene & Safety Take in the scene. Make sure you and the victim are safe.</p> <p>T Trauma The victim is traumatized. Be kind. Ask: what do you remember? See? Feel? Hear? Think?</p> <p>R Reassurance & Resources Reassure the victim that help is available and provide resources.</p> <p>A Assess Assess the victim for signs and symptoms of strangulation and TBI.</p> <p>N Notes Document your observations. Put victim statements in quotes.</p> <p>G Give Give the victim an advice about delayed consequences.</p> <p>L Loss of Consciousness Victims may not remember. Lapse of memory? Change in location? Unrelaxed? Defecated?</p> <p>E Encourage Encourage medical attention or transport if life-threatening injuries exist.</p>	<p>If the victim is Pregnant or has life-threatening injuries which include:</p> <ul style="list-style-type: none"> Difficulty breathing Loss of consciousness Difficulty swallowing Unrelaxed Petechial hemorrhage Defecated Vision changes <p>DELAYED CONSEQUENCES</p> <p>Victims may look fine and say they are fine, but just underneath the skin there could be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated. The victim may develop delayed swelling, hematomas, vocal cord immobility, displaced laryngeal fractures, fractured thyroid bone, airway obstruction, stroke or even delayed death from a carotid dissection, blood clot, respiratory complications, or anoxic brain damage.</p> <p><small>Revised: 11/16/18 by Dr. Mitchell S. & Dr. David S. Strangulation in Domestic Partner Violence: A Review of the Literature. Mitchell S. & David S. Strangulation in Domestic Partner Violence: A Review of the Literature. Mitchell S. & David S.</small></p>

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ADVISAL TO PATIENT

- After a strangulation assault, you can experience internal injuries with a delayed onset of symptoms, usually within 72 hours. These internal injuries can be serious or fatal.
- Stay with someone you trust for the first 24 hours and have them monitor your signs and symptoms.
- Seek medical attention or call 911 if you have any of the following symptoms: difficulty breathing, trouble swallowing, swelling to your neck, pain to your throat, hoarseness or voice changes, blurred vision, continuous or severe headaches, seizures, vomiting or persistent cough.
- The cost of your medical care may be covered by your state's victim compensation fund. An advocate can give you more information about this resource.
- The National Domestic Violence Hotline number is 1-888-789-SAFE.

NOTICE TO MEDICAL PROVIDER

- The Medical Advisory Board of the Training Institute on Strangulation Prevention has developed recommendations for the radiologic evaluation of the adult strangulation victim. In patients with a history of a loss of consciousness, loss of bladder or bowel control, vision changes or petechial hemorrhage the medical provider must evaluate the carotid and vertebral arteries, bony/cartilaginous and soft tissue neck structures and to the brain for injuries. The recommendations with the medical references is available at www.strangulationtraininginstitute.com
- Life-threatening injuries include evidence of petechial hemorrhage, loss of consciousness, unrelaxed, difficulties and/or visual changes. If your patient exhibits any of the above symptoms, medical/radiographic evaluation is strongly recommended. Radiographic testing should include a CT angiography of carotid/vertebral arteries (most sensitive and preferred study for vessel evaluation) or CT neck with contrast or MR/MRI of neck and brain.
- ED/Hospital observation should be based on severity of symptoms and reliable home monitoring.
- Consult Neurology, Neurosurgery and/or Trauma Surgery for admission.
- Consider an ENT consult for laryngeal trauma with dysphonia, odynophagia, dyspnea.
- Discharge home with detailed instructions to return to ED if neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens.



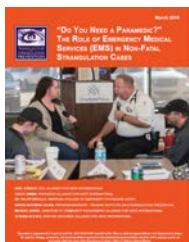
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Paramedics Chapter: "Do You Need a Paramedic?" The Role of Emergency Medical Services (EMS) in Non-Fatal Strangulation Cases



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

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Asking and documenting loss of consciousness

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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”



Describe their appearance and demeanor

Where did it happen?



Where Did it Happen?



Semen Glows. Urine Glows.

- Make good use of ultra violet lights.





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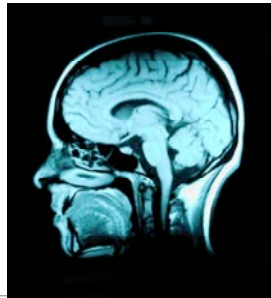
Look for other Injuries



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Did the victim suffer a possible concussion?

- A blow or jolt to the head can cause a type of mild brain injury called a concussion.
- Sometimes whiplash can cause a concussion.
- The signs can be subtle and missed



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Any hair pulling?



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Any pulling of the ears?



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Any punching to the breasts?



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What did he say?



- "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"

How did it 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.



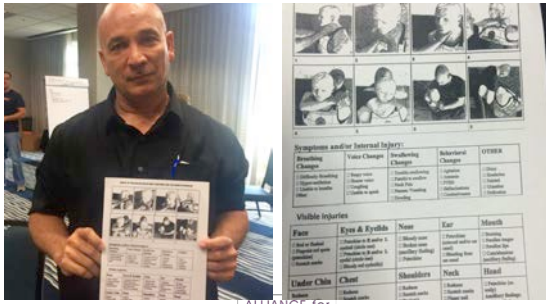
Any swelling or lumps to neck?

- Look for neck swelling or lumps especially if victim reported multiple attacks or prior strangulation assaults.
- Ask victim to look in the mirror.
- Ask victim if her neck looks swollen?
- Ask victim to gently feel her neck and if there are any lumps that were not there before?
- If so, call paramedics immediately and insist on medical attention immediately. Do not ask.

Documentation

New Strangulation Form from SDPD

Lancaster Sheriff's Office, Lancaster, CA – Det. Alex Smith



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Collect the DNA & swab the neck



- Under the fingernails
- Victim's neck
- Suspect's hand

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State v. Carter – Neck Swabs (2017) Ohio App LEXIS 2630

- XBF/GF meet at a bar. Drink until 2 and take shots in the parking lot. D wants a ride home. V says no. He gets upset. V goes home. GF follows her to make sure she is ok. Friend leaves. D shows up out of no where. He attacks her, rapes and chokes her in the garage. V yells for help. Police arrive. V has pants/underwear down to her knees.
- D denied rape. Rape exam and neck swab. V had no VI to neck.
- Scientist testified about her conclusions regarding Carter's "touch DNA" on the victim. Specifically, she tested neck swabs taken from G.R. and found that Carter's touch DNA was present. She testified that the amount of Carter's DNA found on G.R.'s neck seemed a "little unlikely that it would just be from casual rubbing up against, but again, I can't say for certain one way or the other."
- Defendant claims it was inappropriate to allow her testimony because she was not certain.
- Expert witnesses in criminal cases can testify in terms of possibility rather than in terms of a reasonable scientific certainty or probability.
- But the strangulation charge was dismissed by the judge on defendant's motion. (Officer and nurse were not trained in strangulation).

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Take Plenty of Photographs

- Victim and Suspect:
 - Full body
 - Close up of face
 - Neck
 - Shoulders
 - Eyes
 - Arms
 - Hands
 - Fingernails



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Dr. Bill Smock, Police Surgeon Louisville Metro Police Department



- All sides of neck – 360
- Ears – both surfaces
- Under chin
- Lips – upper/lower
- Soft Palate
- Cheeks – inner both sides
- Eyes – Looking up, down, side to side

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Indianapolis Metro Police Department

IMPD debuts new tool to fight abusers

Indianapolis, IN (AP) — Indianapolis Metro Police will debut a new weapon to catch those who abuse women. IMPD will use the device throughout the city using the tool.

IMPD will use the device, which is a small, handheld device that can be used to collect DNA from a suspect's hand. The device is a small, handheld device that can be used to collect DNA from a suspect's hand. The device is a small, handheld device that can be used to collect DNA from a suspect's hand.



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Three Articles

2013 - Good

- **Use of an Alternative Light Source to Assess Strangulation Victims** by Holbrook and Jackson.
- Journal of Forensic Nursing, Vol. 9, No. 3, July-Sept 2013
- Retrospective review of charts
- ALS already used to collect evidence such as fingerprints, body fluids, hair and fibers.
- ALS to show tissue injury not visible to the naked eye
- 172 Strangled patients. Used SPEX Crimescope.
- **93% patients had no VI, yet the ALS revealed positive findings in 98%**
- Recommended using various wavelengths and goggles with various colored lenses.

2015 – Not so Good

- **Is Fluorescence Under an Alternate Light Source Sufficient to Accurately Diagnose Subclinical Bruising?**
- Lombardi, Caner, Patrick and Altman
- Journal of Forensic Sciences, Vol. 60, No. 2, March 2015.
- Trauma was induced on randomly selected forearms. On days 1, 7 and 14 forearms were examined with white light and ALS. Measured sensitivity and specificity.
- Used Mini-Crimescope 400.
- **ALS is not sufficient to accurately or responsibly diagnose subclinical bruising.**

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Forensic Sci Med Publ (2017) 13:28–33
DOI 10.1007/s12046-016-9822-9



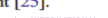
ORIGINAL ARTICLE

Validation of alternate light sources for detection of bruises in non-embalmed and embalmed cadavers

Kotly Ode^{1,2} · Roger W. Byard^{1,2} · Calk Winslow¹ · Neil E. L. Langlois^{1,2,3}

Nonetheless, the results further support that regions enhanced by narrow band light sources are not always bruises and so the use of alternate light sources for identifying unapparent bruising should be undertaken with caution. As all the bodies studied were Caucasoid and lightly pigmented, the effect of skin pigmentation could not be assessed. Evaluation using controlled production of bruises in human volunteers and further work with histological comparison is recommended to determine the suitability of these light sources for use in forensic assessments. This could include an evaluation of the relative performance of alternate light sources in recent and non-recent bruises; although an earlier study might indicate that a difference may not be apparent [25].

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Recommendations

- Anticipate legal challenges in court.
- Continue to use with caution.
- If the victim reports pain, use it.
- If you can see some injury, use it.
- Take follow-up photos to avoid any problems.
- Use your ALS as “icing on the cake” but not as your only form of photo documentation.

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What is this?



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What is this?

- Photo provided by FN Malinda Wheeler
- DV strangled patient
- Photo of the neck taken with Woods lamp.
- The victim had no idea what the letters corresponded to. I
- Invisible permanent tattoo.
- Likely associated with human trafficking cases.
- They are applied with a tattoo ink gun and the punctures disappear in about a year without leaving any signs of trauma.

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Follow-up Call to Victim

- Call the victim a few days later to document symptoms:
 - voice changes
 - trouble swallowing,
 - difficulty eating
 - difficulty sleeping
 - Headaches.



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Ask the victim about text messages



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The Follow-Up Investigation

What would you have done to build the Loera for attempted homicide, aggravated assault or felony strangulation?

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Recommendations

- Detectives Should Be Assigned to Follow Up with All Cases
- Specialized Domestic Violence and/or Sexual Assault Unit
- Or identify one or more officers and/or Detectives to become an expert in strangulation

• Detective Silva Vella



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Katherine Scheimreif, Charlotte-Mecklenburg Police Department



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Follow-up Photos



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Take Follow-up Photos



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Take Follow-up Photos

- Day 1 - No injuries
- Day 2 - some injuries



Follow-up Photos

- Day 4



Typical Defenses

Gael Strack

Denial



Self-Defense



Self-Inflicted Injuries

- She lied.
- Injuries are self-inflicted.
- It's a set up.
- Jealous of the new girlfriend.



No Petechaie, No Strangulation



Courtesy of West Covina Police Dept,
Thank you Detective Gary Christensen

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Look for Petechiae or Subconjunctival Hematoma



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Autoerotic Asphyxia

- Autoerotica
 - Sexual asphyxia during solo masturbation
 - Evidence of a ligature mark
 - Look for evidence at the scene
 - Ligature set ups: ropes, chains, blindfolds, and gags



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What does the National Coalition for Sexual Freedom have to say about consent, BDSM and the Law?

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Case Law

- To date, there is not a single appellate court decision anywhere in this country that has accepted consent as a defense in an assault or abuse prosecution arising from BDSM conduct.
- Since any harmful act that does not fit into the "athletic" or "medical" exception is, by definition, criminal, unless the inflicted injury is not serious, assessment of the seriousness of the victim's injury determines the outcome of many cases involving consensual harm.

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No consent where V is strangled

- **People v. Lay, 66 Cal.App.2d 889 (1944)**
- Where defendant in his attempt to rape prosecutrix choked her every time she screamed, prosecutrix had right of free choice of what she might consider the lesser of two evils, and her choice of submission rather than possible strangulation did not show consent.
- The rule that to constitute rape there must have been the most vehement exercise of every physical means or faculty within female's power to resist penetration and a persistence in such resistance until offense is consummated does not apply in California.

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What are the elements of valid contract and informed consent?

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What do defendants say about strangulation – after conviction?

- The Strangulation Chronicles:
- 9. You know what I did? I told her that I could give her the orgasm of a lifetime. I put my hands around her throat and told her to relax. Then I gave her what she wanted, but when I didn't let go afterward, the look of fear was awesome. And who is she going to tell?
- 10. Did you know that you can come this close to killing her and not leave a trace of evidence? How's that for the perfect crime?
- 15. We call it the "squeeze play." In baseball it's how you avoid getting tagged out. With your wife, it's how you avoid getting hooked up by the cops.
- 23. It's weird. Sometimes they're not in the mood [for sex]. But once you've used it during sex, [he demonstrates how he would squeeze her neck with both of his hands], they don't seem to say "no" anymore. Not sure why, but it works.

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Identifying the Primary Aggressor



State v. Crudup (Self-Defense)

- Judge refused to give jury self-defense instruction. Defendant appealed. Trial Judge Ruling Upheld.
- The trial court must submit a self-defense instruction when it is supported by substantial evidence.
- To claim self-defense, a defendant:
 - must not have been the aggressor in the assault;
 - must have reasonable grounds for the belief that he is faced with immediate danger of serious bodily injury;
 - must not use more force than that which appears reasonably necessary; and
 - must do everything in his power consistent with his own safety to avoid the danger
- Defendant's Self Defense Argument Not Warranted (State v. Crudup, 415 S.W.3d 170 (Mo. Ct. App. 2013)).

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Factors to Consider

- Crime Scene
- Demeanor of the Parties
- Fear
- Prior History
- Power & Control
- Witness(es)
- Injuries (not every injury is visible)
- Legal Defenses
- Which story makes sense?

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24 States with Primary Aggressor Laws

- Alabama, Alaska, California, Colorado, Florida, Georgia, Iowa, Maryland, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, and Wisconsin

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Comparison of Injuries Between Persons in the Assault



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Recanting and minimizing by the victim is very common.

“I am clumsy and I fall down.”

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Chesgergyam

Want to send a greeting?

Accidental or intentional Injury?



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Accidental Fall:
If gap between lip and nose is injured, then front of nose must also be injured in the fall.

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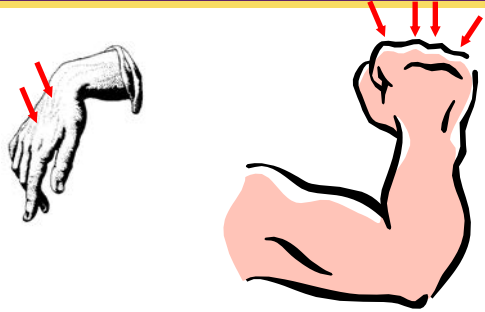
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Offensive versus defensive hand injury

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It was an accident

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It's no big deal

Everyone is doing it.
Cops do it.
MMA fighters do it.
No one gets seriously hurt.

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Prosecuting Strangulation Cases

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Overview

- Bail – Promoting Victim Safety
- Prosecution – Use of Experts
- Advocacy
- Best Practices
- Implementation Strategies
- Questions?


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Hard Choices: Victim Safety or Rights of the Defendant

The cost of bail reform and jail reforms – are innocent people paying the ultimate price?

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Officer Gannon – April 12, 2018



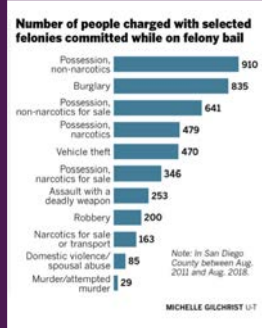
YARMOUTH POLICE K9
OFFICER SEAN GANNON
EOW: 04/12/18

- In January, the suspect Thomas Latanowich was arraigned by grand jury on 27 counts including firearm, trafficking heroin, assault and battery with a dangerous weapon.
- Judge granted bail \$50,000 and hearing set for 2-24.
- D has a history of strangulation
- Officer Sean Gannon was ambushed when serving a warrant.
- Suspect in now in jail with "no bail"

POLICE AND LAW ENFORCEMENT 5 hours ago
Suspect accused of killing Massachusetts cop had 111 prior offenses

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While out on bail, most people commit drug related crimes.



Felony	Number of People Charged
Possession, non-narcotics	910
Burglary	835
Possession, non-narcotics for sale	641
Possession, narcotics	479
Vehicle theft	470
Possession, narcotics for sale	346
Assault with a deadly weapon	253
Robbery	200
Narcotics for sale or transport	163
Domestic violence/spousal abuse	85
Murder/attempted murder	29

Note: In San Diego County between Aug 2011 and Aug 2018.
MICHELLE GILCHRIST UT

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Your new best friend should be pretrial services

On average, only 3% of the people in pretrial services program get arrested for new crimes while they are out of custody and awaiting trial. SD Tribune 9/18

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Bail Hearings

- Are you making good use of your bail statute?
- Consider filing a bail enhancement for increased bail
- Consider calling an expert at the bail hearing to support higher bail and to educate the judge
- Consider filing a bail motion
- Consider increasing your bail schedule

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Use of Tools in Court


- Yes in civil court.
 - Kentucky Supreme Court upheld the trial court's decision granting a protection order based in part on the Judge Jerry Bowles' knowledge of lethality factors. Not used as evidence but used to help make informed decisions. Pettingill v. Penttingill (Ky. 2015) 408 SW3d 92
- Limited in criminal cases.
 - State v. Ketchner (Az. 2014) 339 P3d. 645) (Not trial)
 - Jurek v. Texas, (1976) 428 US 262 (sentencing)
 - Malenchik v. Indiana (2010) 928 NE2d 654 (sentencing)

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Using Judicial Knowledge of Lethality Factors by Julie Saffren (2016) Family & Intimate Partner Violence Quarterly

- "Bench tools are a best practice where DV is concerned and useful because they keep important information at the judge's fingertips. These tools help ensure consistency, which is an aspect of fairness in the administration of justice.
- However, bench tools are not evidence, do not predict the future, and are not substitute for judicial knowledge, experience such as judging credibility of a witness or assigning weight to certain evidence.
- Bench tools assist judges to identify risk, tailor any orders that may be made (especially concerning child safety) and refer litigants to appropriate services.3333

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OFFICE OF THE
DISTRICT ATTORNEY
COUNTY OF SHASTA

Stephen S. Carlton
District Attorney

THE PEOPLE OF THE STATE OF CALIFORNIA, Plaintiff,
Vs.
THOMAS RUTHERFORD HARRELL

DA #F-14-06028
SHASTA COUNTY DISTRICT ATTORNEY'S OFFICE INVESTIGATIONS REPORT #14GC0966

I, Mike Wallace, a peace officer employed by the Shasta County District Attorney's Office, hereby make this application for the setting of a higher bail in the above-entitled matter.


For the reasons set forth below, I have reasonable cause to believe the amount of bail set forth in the schedule of bail for the offenses charged is insufficient to assure the above-named person's appearance or to protect the victims and witnesses in this case. The facts and circumstances in support of my belief are as follows:

by Harrell.
THE PEOPLE OF THE STATE OF CALIFORNIA, Plaintiff,
Vs.
THOMAS RUTHERFORD HARRELL


DA #F-14-06028
SHASTA COUNTY DISTRICT ATTORNEY'S OFFICE INVESTIGATIONS REPORT #14GC0966

I am investigator for the Shasta County District Attorney's Office and have testified as an Expert Witness with regards to Domestic Violence and Non-Fatal Strangulation cases in the Superior Court of California, Shasta County. I work with many Domestic Violence victims and conduct Strangulation investigations for my agency.

I know based on my training and experience that Domestic Violence victims are in the most danger while leaving their offender and in the time frame after leaving. With regards to V-I being strangled by Harrell, I know one study showed that the odds of becoming an attempted homicide victim increased by 700 percent, and the odds of becoming a homicide victim increased by 750 percent for women who had been strangled by their partner. **(Nancy Glass et al., Non-Fatal Strangulation Is an Important Risk Factor for Homicide of Women, 35 J. Emergency Med. 329 (2008)).* In 2009, a review and analysis of laws related to strangulation in 50 states was conducted by Kathryn Laughon, University of Virginia; Nancy Glass, Johns Hopkins University School of Nursing, and Claude Worrell, Deputy Commonwealth's Attorney from the City of Charlottesville. Based on their research, they found non-lethal strangulation of intimate partners has substantial direct health effects and is associated with an increased risk of later lethal violence by a partner or ex-intimate partner. Among their recommendations in the study was bail enhancement for strangulation cases.




Prosecuting Strangulation Cases

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Thank you, Sherry Clester – Pinellas County, Florida

- Audit the Cases in Your Community
- **January 2015 - September 2015 out of 197 arrests for strangulation, only 25 cases were filed as strangulation,** (144 cases were completely dropped or not filed, and the remaining 28 were filed as a lesser charge). **Additionally, there have only been 4 prison sentences out of the 25 cases filed as strangulation.**
- **"We looked deeper into the police reports that were not filed, and the evidence was there on many cases (independent witnesses, photos of injuries, written witness statements, medical treatment, some defendants even admit or partially admit to some violence."**

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The case for felony strangulation

Has been made across the country

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Washington Legislature:

- "The legislature finds that assault by strangulation may result in immobilization of a victim, may cause a loss of consciousness, injury, or even death, and has been a factor in a significant number of domestic violence related assaults and fatalities.
- **Strangulation is one of the most lethal forms of domestic violence.**
- While not limited to acts of assault against an intimate partner, assault by strangulation is often knowingly inflicted upon an intimate partner with the intent to commit physical injury, or substantial or great bodily harm.
- **The particular cruelty of this offense and its potential effects upon a victim both physically and psychologically, merit its categorization as a ranked felony offense under 9A.36 RCW."**

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Review of National Case Law

Will help improve our practice and build stronger cases

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Strangulation Defined and Discussed

- Detailed Case Law Example Noting Strangulation Lethality and Injuries and Legislative Intent
- Defendant's act of applying pressure to victim's neck for at least **two** seconds established that he applied pressure on throat of another.
- People v. Figueroa 968 N.Y.S.2d 866 (N.Y. City Ct. 2013).

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Pressure/Force?

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P v. Boatman, 2015 WL 9584911

- V saw Dr. Gettler who believed "significant amount of force" was applied. More Ibuprofen. Police did take additional photos.
- D charged by Sonoma with 245(a)(4). Priors. Strikes. Guilty. Not true as to enhancement GBI
- Nurse Diana Emerson testified as expert that **based on the pain and problems swallowing, the force was strong enough to cause grave bodily injury; strangulation is lethal, risk of dying up to 24 to 36 hours later from swelling and could obstruct the airway; also with pressure being reapplied, brain cells don't get oxygen and blood flow is interrupted, nerves can be damaged, described how injury heals, visible bruising is not an accurate measure of the seriousness of internal injury**
- Both Dr. Mills and Dr. Gettler also testified and agreed the nature of the force applied was extreme and could result in serious injury – based on all the signs and symptoms.

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What does it mean to obstruct airflow?

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State of Washington v Rodriguez (2015) 187 Wash.App. 922

- Officer arrived with 7 mins. V was "very, very upset" and afraid to go back to her house. Noted darkness around her neck on sides of her trachea and some swelling on one side.
- Def claimed insufficient evidence because V's breathing or blood flow was not "**completely** obstructed" when he choked her.
- Court held no need to prove complete obstruction – any degree of obstruction is sufficient.
- A person's breathing or blood flow is obstructed based on the amount of compression applied.
- V was strangled 3x. He squeezed hard enough to make it difficult for the V to breathe at the time and for minutes afterwards. It also left permanent scars on her neck.

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Visible injury?

STATE v. William Curtis LOWERY,
228 N.C.App. 229 (2013)

- Victim testified that her physical injuries were result of defendant's attack upon her, and further testified that defendant had strangled her during attack, and an expert in diagnosis of assault victims testified that victim's injuries were consistent with strangulation, and photographic evidence depicted bruising, abrasions, and bite mark on and around victim's neck.
- Extensive physical injury is not a requirement for assault by strangulation;

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Prosecutors are making good use the medical diagnosis exception

Maine v. Kimball (2015)

911 Tape Allowed in Strangulation Case as Excited Utterance and Ongoing Emergency
Paramedics testified to victim's statements and injuries – ADMISSIBLE!

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Victim's statements to physician were admissible as medical diagnosis

- State v. Porter (2018, Montana) 390 Mont. 174
- No violation of confrontation clause. Statements were nontestimonial even though police drove her to hospital and waited her. V taken to hospital to rule out internal injuries and treatment
- All statements admissible: identity of attacker, what happened and she thought she was going to die.
- Dr. Kuehl testified she takes verbal histories to assess both their safety and their need for further treatment. She asks about identity to ensure safety of her patients upon discharge and prevent future harm.
- She ordered CT scan to rule out injury to carotid arteries based on the manner in which she was strangled – being lifted off the ground, feeling like she was going to die and losing consciousness.

Forfeiture Cases

It could save your case

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Cody v. Commonwealth (2018, VA) 68 Va.App. 638

- Strangulation case where the defendant called the victim repeatedly from jail and she ultimately took the 5th.
- The court allowed V statements to dispatcher (spontaneous) and forensic nurse (medical diagnosis) as exceptions to the hearsay rule.
- The statements to law enforcement were ruled testimonial but ultimately admitted after the court found forfeiture by defendant's wrongdoing.

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Courts realize the dangerousness of strangulation

Loss of consciousness is substantial bodily harm; great bodily harm

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State v. Smith Nos. 23468, 23464, 2007, Ohio-5524

- Sufficient evidence of serious physical harm to support a conviction for felonious assault was established with only the testimony of the victim and an emergency room physician.
- In Smith, the victim testified that she almost lost consciousness due to the defendant violently choking her.
- The treating emergency room physician testified that he observed "a petechial rash on the upper portion of [the victim's] face and eyes," and that 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." Id.

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Attempted Murder

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Attempted Murder

- In a 1978 California Court of Appeals case, *People v. Superior Court of Contra Costa County*, preliminary hearing evidence establishing that the defendant verbally threatened to kill the victim, raped, and twice choked the victim into unconsciousness, was sufficient to support amendment of pleadings to include attempted murder charge.

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Attempted Murder

- *People v. Vicary*, 2014 Cal.App. Unpub. Lexis 3602
- D strangled V to unconsciousness causing sore throat and petechiae. D Defendant only let go of the victim when an independent witness yelled at him. D then ran.
- V recanted. Claimed she liked rough sex and asked the D to strangle her.
- D claimed no premeditation. Heat of passion because she was going to leave him.
- Conviction of attempted murder and PC273.5 upheld.
- Imperial County, CA Attempted Murder Jury Trial Conviction, 2013 by DDA Michael Domenzain

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Multiple strangulations and ligature shows intent to kill

- **People v. Stitely (2005), 35 Cal.4th at p. 544. Unpublished.**
- Defendant used multiple means of strangulation, namely, manual choking sufficient to break the thyroid cartilage, use of a choke hold sufficient to break the cricoid cartilage, and application of a ligature sufficient to damage the neck. Such acts seem calculated to ensure death."
- Dr. Haddix opined that Biletnikoff was alive when he ligature was applied.
- It typically takes three to five minutes to die from strangulation and oxygen deprivation, but a person could lose consciousness sooner.
- According to Dr.Haddix **the presence of "white stuff" coming out of Biletnikoff's mouth indicated, not that she was dead, but that she was still trying to breathe.**

Manual Strangulation followed by ligature are calculated to ensure death.

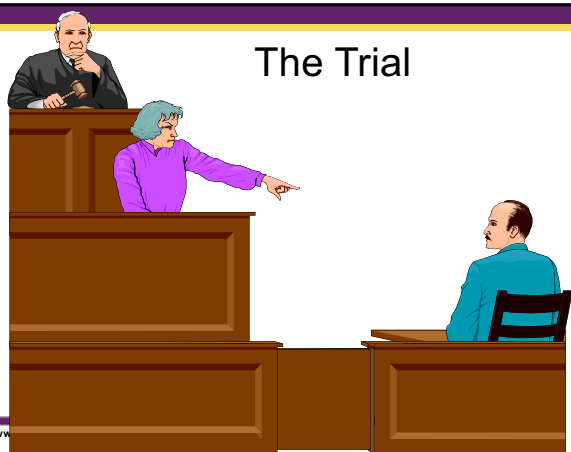
- **People v. Adair, 2005 Cal. App. Unpub. LEXIS 8592**
- D confessed to homicide by ligature strangulation after manual strangulation because she wouldn't stop screaming and he was afraid he would go back to prison.
- "She just looked me dead in the face. And when I thought there was gonna be some ultimatum, she just started screaming again. 'Somebody help me.' And I grabbed her again. And I choked her to death." He held her until she stopped breathing: "It felt like forever."

Child Abuse Case

Choking Mom while holding baby, put child at substantial risk.

- **In re M.M., 240 Cal. App. 4th 703 (2015)**
- Both Mom and Dad agreed on the facts. Both were violent towards each other, including Dad choking mom while holding baby.
- History of prior domestic violence, including during pregnancy. Court found inconsistencies and minimization of prior abuse.
- Military case. Both parties wanted MPO dismissed.
- The finding that the **ongoing risk of domestic violence between mother and father placed minor at substantial risk of serious harm** under subdivision (a) of Welfare and Institutions Code section 300.

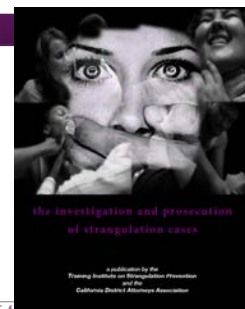
The Trial




Alliance Publishes New Manual in 2013!

IPV Strangulation Crimes


- IPV Strangulation Crimes Manual – Developed by the National Family Justice Center Alliance/Training Institute on Strangulation Prevention
- In Partnership with the California District Attorneys Association
- Manual includes chapters on advocacy, investigations, prosecution, and legislation, among other topics
- Can be re-published in any state in the country in collaboration with the Alliance



Direct Examination of Expert



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Foundation of Expert

- Current position and duties
- Prior work experience
- Education
- Training
- Licenses & certificates
- Teaching experience
- Published writings
- Affiliation to professional Organizations

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Use suggested questions & customize to your case

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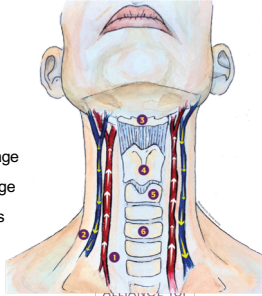


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VITAL NECK STRUCTURES


Arteries, Veins and Cartilage

- Carotid Artery
- Jugular Vein
- Hyoid Bone
- Thyroid Cartilage
- Cricoid Cartilage
- Tracheal Rings



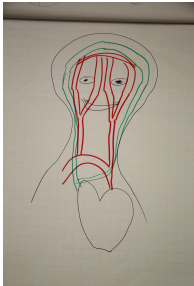
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Chart by Dr. Bill Smock



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The Use of Experts

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Expert Testimony

- Federal Rule of Evidence 702
 - “If scientific, technical or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert **by knowledge, skill, experience, training or education**, may testify thereto in the form of an opinion or otherwise.

Is the Testimony Relevant?

- To the facts of the Case?
- Will it *help* the jury or judge?
 - Dispel any myths?
 - Understand the significance of lack of injuries, hoarse voice, trouble swallowing, red spots, seriousness of strangulation, minimization by victims and professionals
- Will it take a lot of time?

State of Arizona v. Delgado 232 Ariz. 182 (2013)

- “Whether a witness is qualified as an expert is to be **construed liberally** and it would be an abuse of discretion to exclude testimony simply because the proposed expert does not have the specialization that the court considers most appropriate”
- If an expert meets the “liberal minimum qualifications” her level of expertise **goes to credibility and weight**, not admissibility.

Growing List of Experts

- Emergency room physician - Specialist
- Medical Examiner
- Certified Forensic Pathologist
- Former prosecutors
- Former DA Investigators
- Former Defense Attorneys
- Forensic/SANE nurse
- Paramedic
- DV Detectives/Law enforcement officers
- Advocates

Investigator Mike Wallace Shasta District Attorney’s Office



- Provided trainings to local professionals
- All DA Investigators and FJC Staff have watched on-line course
- Created a great sample CV
- Testified multiple times, subpoenaed even more but most defendants plea guilty

DA Investigator permitted to testify as an expert in DV dynamics and the mechanics of strangulation

- **People v. Birse, 2014 Cal. App. Unpub. LEXIS 7301**
- As DV Dynamics, DDA Investigator Wallace provided general testimony about the cycle of violence and the behaviors of domestic violence victims in general, including the fact that such victims often recant reports they have made to the police.
- As to non-fatal strangulation, Wallace described the mechanics of strangulation based on his training and experience as well as the difference between strangulation and choking.
- Wallace did not opine that H.L. was, in fact, strangled. Indeed, he clarified that he never personally examined H.L. He simply explained that based on his experience, strangulation does not always result in visible injuries.
- Court ruled Wallace would testify about the mechanics and effects of strangulation based on his experience **but could not reference studies about visible injuries because he did not participate in those studies.**
- Not necessary that the expert be a psychologist or a doctor to testify to these matters.

Testimony of Doctor not subject to Kelly-Frye

- People v. Mendibles (1988) 199 Cal.App.3d
- There is a distinct difference between the development of a new scientific technique, i.e., "a novel method of proof" *1293 (Kelly, supra, 17 Cal.3d at p. 30, 130 Cal.Rptr. 144, 549 P.2d 1240), and the development of a body of medical knowledge and expertise.
- As People v. McDonald (1984) 37 Cal.3d 351, 208 Cal.Rptr. 236, 690P.2d 709 notes: "It is important to distinguish in this regard between expert testimony and scientific evidence. When a witness gives his [or her] personal opinion on the stand—even if he [or she] qualifies as an expert—the jurors may temper their acceptance of [t]his testimony with a healthy skepticism born of their knowledge that all human beings are fallible. But the opposite may be true when the evidence is produced by a machine."

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The Role of Probation: Assessing Risk and Monitoring for Enhanced Safety



James E. Henderson Jr. MSW, CAC-R
Technical Assistance Provider, BWJP

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Victim Advocacy

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Educate yourself and others

Look for non-fatal strangulation and suffocation cases

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Educating Yourself & Others

- On-line training
- Webinars
- Orientation
- Training Program for all staff and volunteers
- Institutionalizing information so is basic and routine as opposed to special training
- On-site and off-site partners
- Making new friends

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Explain the Short & Long Term Consequences of Strangulation to Victims

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August/September 2014 DOMESTIC VIOLENCE REPORT 87

Why Didn't Someone Tell Me? Health Consequences of Strangulation Assaults for Survivors

by Gaeil B. Strack, J.D., Casey Guinn, J.D., Dr. Dean Hawley, Dr. William Green, Dr. Bill Smock, and Dr. Ralph Rivello*

“Why didn’t someone tell me?” she said with tears running down her face. We were in Longview, Washington, providing a four-hour training to police, prosecutors, medical professionals, and advocates. As we broke for lunch, an unidentified woman came up to me and said, “You need to hear my story.” I (Casey) said, “Tell me your story.”

As she spoke, she was angry and deeply troubled. She said she was 52 years old and in a healthy, happy 30-year relationship. But she said that when she was 19 she became involved with an abusive boyfriend. She said she had been strangled nine times to unconsciousness, but she always recovered. She said that after two years, she left him and never looked back. But then she began to shake. She said, “Four years ago, I had my first cryptogenic stroke. Two weeks ago, I had my third cryptogenic stroke. I survived, but my neurologist told me that if I have one more brain bleed, he thinks it will kill me.” Now, she was crying and shaking. She said, “He is going to kill me 30 years after he abused me!” And then she looked right at me and said, “Why didn’t someone tell me? I deserved to know and now I am going to die.” All I could counter was, “We didn’t know 30 years ago, I am so sorry.” And I hugged her. She was right though. She deserved to know the potential consequences of being strangled. All victims deserve to know, but very few professionals are telling them.

Whether we meet them at a training on strangulation, during a focus group when developing a Family Justice Center, after getting a protection order at our Legal Clinic, or during an emergency room visit, we have found that victims are unaware of the long-term health consequences of being strangled by their abusers.

In 2011, the Master Coalition to End Domestic Violence conducted a statewide survey on strangulation.¹ They sought feedback from victims who were strangled by an intimate partner. One hundred fifty-one survivors participated. The survey found 72.8% of the participants had been previously strangled; 79.9% reported being strangled more than once; 66.4% reported being strangled at the point of unconsciousness; 84.4% reported also being

In 2014, the Georgia Coalition Against Domestic Violence conducted a similar assessment with a total of 115 participants with remarkably similar results.² Of the 80% of participants who had previously been strangled, 61% had been strangled two to three times; 15% between four and 10 times; and 7% indicated they had been strangled more than 10 times. Additional research notes that victims of multiple strangulations who have experienced more than one strangulation attack, on separate occasions, by the same abuser, reported neck and throat injuries, neurologic disorders and psychological disorders with increased frequency.

Today, it is unarguably understood that strangulation is one of the most lethal forms of domestic violence. Strangulation can produce minor injuries, serious bodily injury, or death. Yet evidence of the assault can be difficult to detect because many victims may not have visible injuries and/or their symptoms may be nonspecific. In the San Diego City Attorney Study of 300 cases in 1999,³ the largest study to date, 50% of the victims had no visible injuries at all.

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Use of Risk Assessment Tools

To Identify High Risk Cases and Provide Adequate Safety Planning

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DA Assessment is available by App from the One Love Foundation

DOMESTIC VIOLENCE: App offers 20 questions to assess risk

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DANGER ASSESSMENT-5

Jacquelyn C. Campbell, Ph.D., R.N.
Copyright, 2015: www.dangerassessment.com

This brief risk assessment identifies women who are at high risk for homicide or severe injury by an intimate partner.^{1,2}

Mark Yes or No for each of the following questions. (“He” refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

1. Has the physical violence increased in frequency or over the past year?
2. Has he ever used a weapon against you or threatened you with a weapon?
3. Do you believe he is capable of killing you?
4. Does he ever try to choke you?
5. Is he violently and constantly jealous of you?

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Victim Brochure (front)

STRANGULATION

Observation of the changes in these signs and symptoms may be necessary to have a professional assessment of the nature and scope of potential danger posed. Early detection and medical attention is essential for a successful and safe resolution of the assault.

OBSERVING CHANGES

Strangulation is a physical assault, for a period of time after the assault is over, a victim may experience a variety of physical symptoms.

Victims should also seek medical attention if they experience difficulty breathing, swelling, numbness or tingling, vomiting, weakness, headache, dizziness, or other physical symptoms.

Although most victims may not have visible injuries and/or their symptoms may be nonspecific, all victims, especially pregnant women, should be encouraged to seek immediate medical attention if a medical assessment may be needed to identify internal injuries and using a 911.

LONG-TERM CONSEQUENCES

Victims can face consequences by any one or all of the following: difficulty of the physical effects in the long (observing the extent of injuries); the impact on the victim's ability to return to work; the impact on the victim's ability to care for their children; the impact on the victim's ability to care for their pets; the impact on the victim's ability to care for their property.

Use this information as the foundation for your safety plan. For more information, contact your local law enforcement, your local health care provider, your local domestic violence agency, or your local community center. For more information, contact your local law enforcement, your local health care provider, your local domestic violence agency, or your local community center.

Justice Legal Network
Baltimore, MD • Annapolis, MD • Washington, DC • Fairfax, VA • New York, NY • Chicago, IL • Dallas, TX • Los Angeles, CA • San Francisco, CA • Phoenix, AZ • Denver, CO • Houston, TX • Miami, FL • Atlanta, GA • San Diego, CA • Portland, OR • Seattle, WA • San Jose, CA • San Antonio, TX • San Diego, CA • Salt Lake City, UT • Phoenix, AZ

ALLIANCE for HOPE INTERNATIONAL
1250 Connecticut Ave., Suite 1000
Washington, D.C. 20036-3816
Phone: (202) 331-4600
www.allianceforhope.org

FACTS VICTIMS OF STRANGULATION (CHOKING) NEED TO KNOW

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How to get your own brochure:

- Email tisp@allianceforhope.com the following:
 - **High resolution** color logo in png, eps or jpeg (not a scanned logo or downloaded logo from the internet). Send your **Contact information** that you want to appear on the brochure (i.e. for victims to get help)
- You can also access a digital copy of the Alliance Brochure from our website or in the dropbox.

Help Victims Understand What They Are Experiencing

Strangulation Victims are at High Risk of Suicide

- The risk factors for suicide include female gender, low socio-economic status, lack of education, unemployment, increasing age, being married, not working outside of the home, and **domestic violence**.
- www.medscape.com
- From:
 - Physical/Sexual Abuse
 - PTSD
 - Brain Trauma/Injury
- **17% of all victims seeking services at the San Diego FJC have attempted or contemplated suicide per the Danger Assessment Tool (Alliance Evaluation Study of SDFJC Clients)**

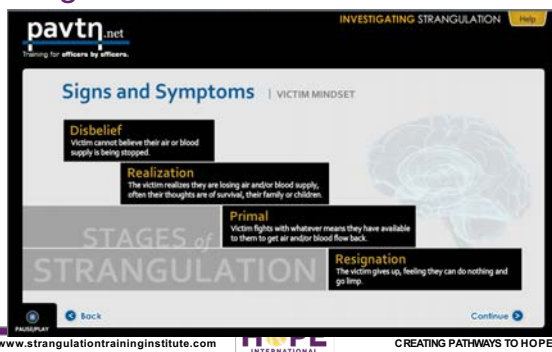
12 x more likely to commit suicide


- Women who experience intimate partner violence are 1200% more likely to end their lives by suicide than those who have not. More victims of domestic violence die by their own hand than by that of their abuser. And, it is not just victims;
- Research also indicates a two to five fold increase in suicidal behavior for children exposed to domestic violence (Dube et al, 2001).

“Survey Results of Women Who Have Been Strangled While in an Abusive Relationship” Dr. Wilbur

- **Medical symptoms experienced by victims**
 - Difficulty breathing: 85%
 - Scratches on neck: 44%
 - Dysphagia: 44%
 - Voice change: 45%
 - Loss of consciousness: 17%
 - Ptosis: 20%
 - Facial palsy: 10%
 - L or R sided weakness: 18%
 - Memory deficit: 31%
 - **Suicidal ideation: 31%**

Stages of Death




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Don't give up

Homework

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journal homepage: www.elsevier.com/locate/socscimed

"Meet me at the hill where we used to park": Interpersonal processes associated with victim recantation

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ABSTRACT

Our study used two telephone conversations between domestic violence perpetrators and victims to address research questions about how and why victims arrive at their decision to recant and reduce prosecution efforts. From October 2008 to June 2011, we conducted a qualitative study involving 25 heterosexual couples where the male perpetrator was being held in a detention facility (in the US). The 50-year-old domestic violence victim and male perpetrator made telephone calls to the female victim during the pre-prosecution period. We used 50–100 min of conversational data for each couple to examine: 1) interpersonal processes associated with the victim's intention to recant; and 2) the couple's construction of the recantation plan once the victim intended to recant. We used conversational grounded theory to guide data analysis, which allowed for the construction of a novel recantation framework, while acknowledging the underlying coercive management dynamic. Our results showed that consistently across couples, a victim's recantation intention was foremost influenced by the perpetrator's appeals to the victim's sympathy through descriptions of his suffering from mental and physical problems, unstable jail conditions, and life without her. The intention was solidified by the perpetrator's minimization of the abuse, and the couple reaching insights of life without each other. Once the victim arrived at her decision to recant, the couple constructed the recantation plan by redefining the abuse meant to protect the perpetrator. Identifying the harm for the couple's separation, and exchanging specific instructions on what should be said or done. Our findings advance scientific knowledge through identifying, in the context of ongoing interactions, strategies perpetrators used—concealing appeals and minimization—to successfully persuade their victim and strategies the couple used to preserve their relationship. Practitioners must double their efforts to hold perpetrators accountable for their actions, and efforts made to link victims to trusted advocates who can help them defend against perpetrator's manipulative techniques.

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www.st



HOPE

Recantation Wheel (2011)





Fig. 1. Recantation Wheel.

www.strangu




WAYS TO HOPE

5-Stages of Witness Intimidation– Study of Jail Calls conducted Ohio/Washington (2011)

- 1. The Victim Has Decided to Press Charges of Domestic Violence
- 2. The Abuser Appeals to His Victim's Sympathy, Love, Compassion
- 3. The Abuser Creates an "Us Against Them" Bond
- 4. The Abuser Asks Her to Recant Her Statement
- 5. The Abuser and Victim Plan What She Will Say About Not Pressing Charges

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Findings

- Up to 80% of victims recant.
- Witness tampering is a significant problem.
- Expect it.
- As recognized by the U.S. Supreme Court, "This particular type of crime is notoriously susceptible to intimidation or coercion of the victim to ensure she does not testify at trial" (Davis v. Washington, 126 S.Ct. 2266, 165 L Ed.2d 224, 2006)

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Why do victims recant?

- Threats of or fear of retaliation
- Financial dependence on the abuser
- Belief that the assault was minor and doesn't warrant felony prosecution
- Victim's problem with substance/alcohol abuse
- Perceptions of a poor criminal justice system
- Poor access to advocates and support system
- Clinically depressed or high anxiety
- Promised to change
- Emotional attachment
- To keep the family intact
- Study showed direct threats rarely influenced the V

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Victims more likely to participate later:

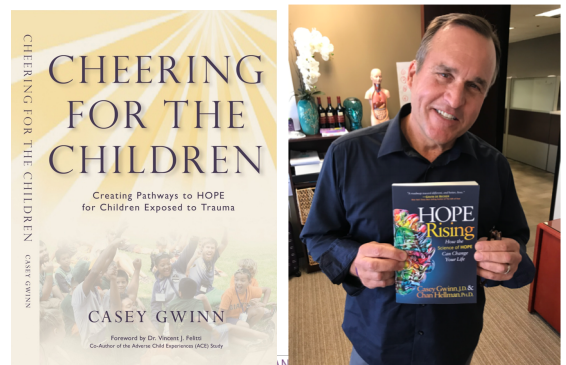
1. if they get immediate victim advocacy (*Maryland Lethality Model*)
2. if their needs are being met (*FJC research*)
3. if the defendant stays in custody (*they feel safe*)

Long-term advocacy is the key.
 Creating community after the crisis.
 Being kind.

Follow-up Calls Matter

- Make follow-up calls with every victim
- Ask about "Choking"
- Research suggests that low cost, clear, simple assessments and referrals – such as teaching women safety strategies over the telephone – can be effective in helping women in abusive relationships enhance their safety skills (McFarlane et al., 2004; McFarlane, Groff, O'Brien, & Watson, 2006).

Integrating ACEs and HOPE into your organization



ACEs and the Science of HOPE

Casey Gwinn

What do we need to know about working with victims and offenders who have experienced trauma as children?



We want to create hope for every person...we must give hope, always hope...


Mother Teresa

At the bottom of the slide, the text reads: **www.strangulationtraininginstitute.com**, **ALLIANCE for HOPE INTERNATIONAL**, and **CREATING PATHWAYS TO HOPE**.



We are born with HOPE...

It is the *essence* of who we are as human beings



At the bottom of the slide, the text reads: **ALLIANCE for HOPE INTERNATIONAL**.

Direct and Vicarious Trauma and Adversity in Life Can Rob Us All of HOPE...

Children are robbed first...



At the bottom of the slide, the text reads: **ALLIANCE for HOPE INTERNATIONAL**.

The Adverse Childhood Experiences (ACE) Study

At the bottom of the slide, the text reads: **www.strangulationtraininginstitute.com**, **ALLIANCE for HOPE INTERNATIONAL**, and **CREATING PATHWAYS TO HOPE**.

Adverse Childhood Experience Study (ACE)

- Ten questions/ten trauma experiences
- Predictive of adult illness, disease, and criminality
- www.acestudy.org
- www.acestoohigh.org

ACE Questionnaire Categories

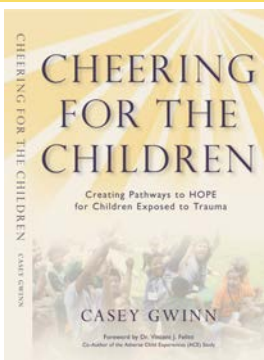
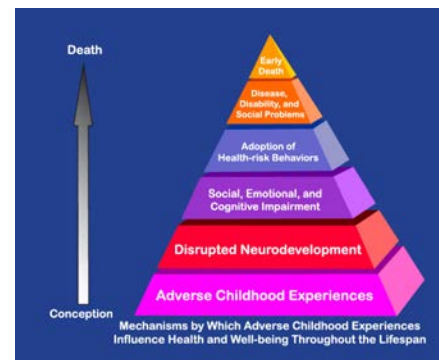
- Physical Abuse
- Sexual Abuse
- Verbal/Emotional Abuse
- Neglect
- Witnessing Domestic Violence
- Drug or Alcoholic Abuse By Parent
- Absent/Divorced/Separated Parent
- Mental Health Issues
- Incarcerated Parent

Finding Your Own ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often...
Scream at you, insult you, put you down, or humiliate you?
OR Act in a way that made you afraid that you might be physically hurt?
Yes No **if yes enter 1**
2. Did a parent or other adult in the household often or very often...
Push, grab, slap, or throw something at you?
OR Ever hit you so hard that you had marks or were injured?
Yes No **if yes enter 1**
3. Did an adult or person at least five years older than you ever...
Touch or fondle you or have you touch their body in a sexual way?
OR Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No **if yes enter 1**
4. Did you often or very often feel that...
No one in your family loved you or thought you were important or special?
OR Your family didn't look out for each other, feel close to each other, or support each other?
Yes No **if yes enter 1**
5. Did you often or very often feel that...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
OR Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No **if yes enter 1**
6. Were your parents ever separated or divorced?
Yes No **if yes enter 1**
7. Was your mother or stepmother... Often or very often pushed, grabbed, slapped, or had something thrown at her?
OR Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
OR Ever repeatedly hit for at least a few minutes or threatened with a gun or knife?
Yes No **if yes enter 1**
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No **if yes enter 1**
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No **if yes enter 1**
10. Did a household member go to prison?
Yes No **if yes enter 1**

Now, add up your "Yes" answers. This is your ACE score.



Research on the Children of Domestic Violence Homes

- Study was based on the National Youth Survey Family Study, a national sample of 1,683 families, and followed 353 second-generation parents and their third-generation offspring over a 20-year period.
- Children from 75% of the families ended up becoming victims as adults
- Children from 78.6% of the families ended up becoming perpetrators as adults

Gwinn, *Cheering for the Children: Creating Pathways to HOPE for Children Exposed to Trauma* (2015)

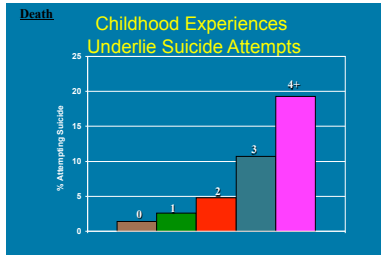
It is not an excuse, it is an explanation...




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1200% more likely to attempt suicide

Death
Childhood Experiences Underlie Suicide Attempts



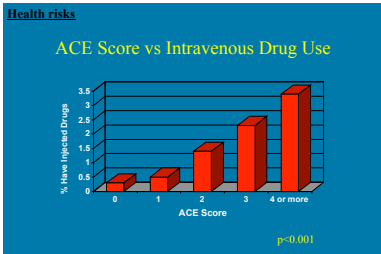
ACE Score	% Attempting Suicide
0	~2%
1	~4%
2	~6%
3	~11%
4+	~19%



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4600% more likely to be IV drug user

Health risks
ACE Score vs Intravenous Drug Use



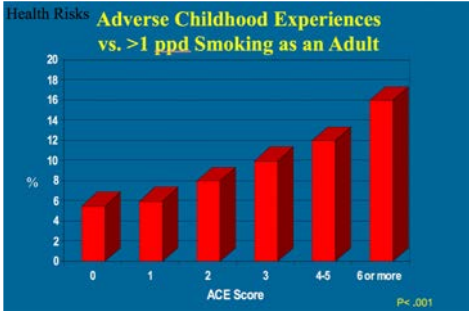
ACE Score	% Have Injected Drugs
0	~0.5%
1	~1%
2	~1.5%
3	~2.5%
4 or more	~3.5%

p<0.001




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Health Risks
Adverse Childhood Experiences vs. >1 ppd Smoking as an Adult



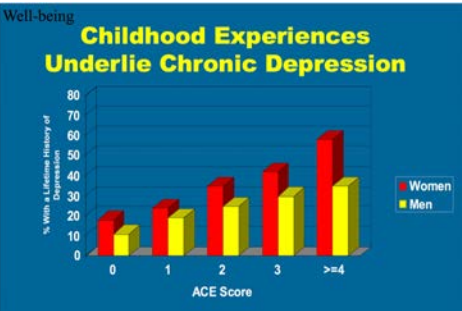
ACE Score	%
0	~6%
1	~7%
2	~9%
3	~11%
4-5	~13%
6 or more	~17%

p<.001




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Well-being
Childhood Experiences Underlie Chronic Depression

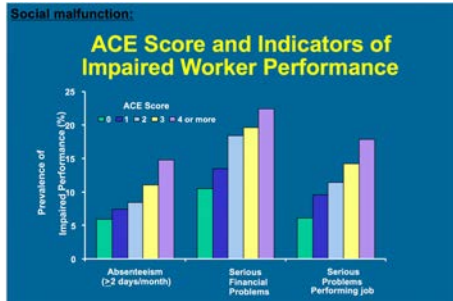


ACE Score	Women (%)	Men (%)
0	~15%	~10%
1	~25%	~20%
2	~35%	~25%
3	~45%	~35%
>=4	~60%	~45%




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Social malfunction:
ACE Score and Indicators of Impaired Worker Performance




Indicator	ACE Score 0	ACE Score 1	ACE Score 2	ACE Score 3	ACE Score 4 or more
Absenteeism (>2 days/month)	~5%	~8%	~12%	~15%	~20%
Serious Financial Problems	~10%	~12%	~15%	~18%	~22%
Serious Problems Performing Job	~8%	~10%	~12%	~15%	~18%



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Biomedical disease
ACEs Increase Likelihood of Heart Disease*

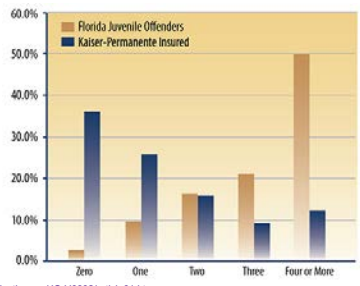
- Emotional abuse 1.7x
- Physical abuse 1.5x
- Sexual abuse 1.4x
- Domestic violence 1.4x
- Mental illness 1.4x
- Substance abuse 1.3x
- Household criminal 1.7x
- Emotional neglect 1.3x
- Physical neglect 1.4x



*After correction for age, race, education, and conventional risk factors like smoking and diabetes. Circulation, Sept 2004

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Juvenile Offenders in Florida



Category	Florida Juvenile Offenders (%)	Kaiser-Permanente Insured (%)
Zero	~2.0	~35.0
One	~10.0	~25.0
Two	~15.0	~15.0
Three	~20.0	~10.0
Four or More	~50.0	~12.0

<http://www.journalofjustice.cora.ioj.10.8.02/article01.html>

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Polyvictimization makes it all more complicated...



We must understand the impact of polyvictimization in all we do...

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Our Language – Childhood Trauma (ACES) + Polyvictimization + Force Multipliers = Complex Trauma

Force Multipliers: Historic Oppression; Poverty; Racism; Pornography; Community Violence; Bullying; Poor Nutrition...

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27% of Military Members Have ACE Score of 4

http://jamanetwork.com/journals/ja_mapsychiatry/fullarticle/1890091

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“In America, we raise our criminals at home”

Casey Gwinn, Esq.

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ACE Scores with Child Abuse, Domestic Violence, and Sexual Assault Offenders

Average ACE Score: 5.5

Table 1: Adverse Childhood Experiences (ACE) Questionnaire scores and completion with normative sample

ACE score	Current sample (N=119), %	Normative sample (N=176), %	n
0	11.7	10.2	13
1	11.0	10.3	13
2	16.8	13.1	20
3+	60.5	66.4	74

Table 2: Number of Adverse Childhood Experiences (ACE) by offender type

Number of ACE	Child abuse	Domestic violence	Sexual violence	Subtotal
0	4,174 (6)	8,177 (6)	215 (3)	8,566
1	7,205 (5)	9,147 (5)	7,170 (5)	13,522
2	7,205 (5)	7,170 (5)	8,177 (5)	12,552
3	4,174 (3)	7,170 (3)	8,177 (3)	9,511
4	8,174 (3)	16,340 (3)	40,868 (3)	65,382
Total	30,933	48,074	57,407	136,414

Results of meta-analytic research, which found that adult male sexual offenders score more than 3 times as likely to have had histories of sexual abuse in their childhood, compared with a national "average" group.

measured by the ACE Questionnaire, can be linked to criminal behavior in a criminal population.

Methods: The sample was composed of 119 adult male sexual offenders.

James A. Reavis, PsyD, Jan Looman, PhD, Kristina A. Anderson, PhD | Form 1 2013 Spring | 17(2) 44-48

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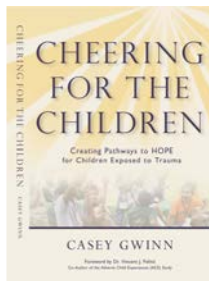
“And we raise many of our victims at home too.”

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CREATING PATHWAYS TO HOPE

The Pathway to HOPE and Healing



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CREATING PATHWAYS TO HOPE



Guiding Principles




allianceforhope.com

Camp HOPE America

Giving Children Their Childhood Back




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Average ACE Score: 5.5



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The Verizon-funded Pathways to HOPE Project



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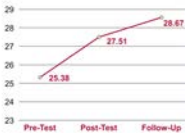
<http://ryot.huffingtonpost.com/the-children-who-saw-too-much/>



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FIGURE 1: Children's Hope Index

Hope reflects the individual's capacity to develop pathways and dedicate agency toward desirable goals.

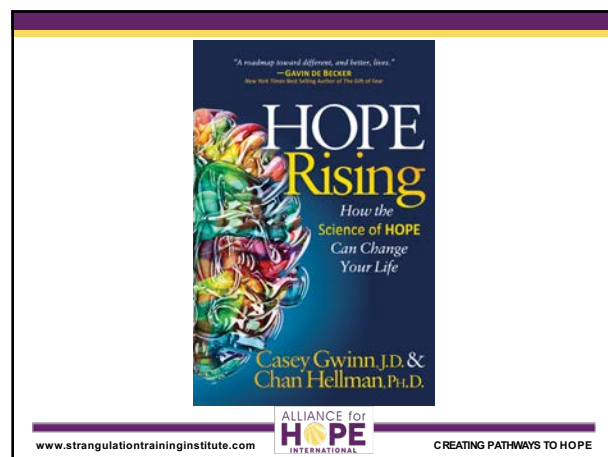
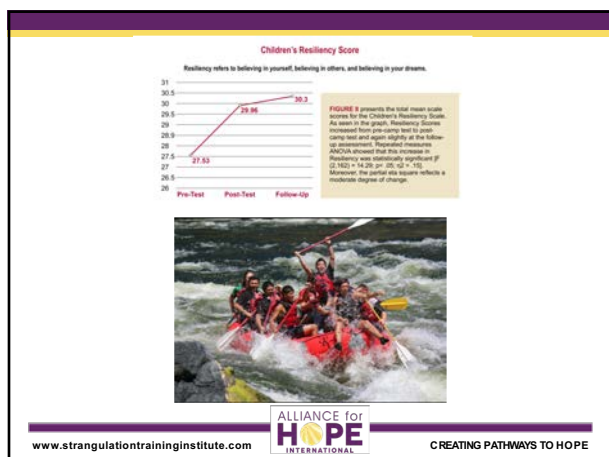


Assessment	Hope Index Score
Pre-Test	25.38
Post-Test	27.51
Follow-Up	28.67

FIGURE 1 presents the total mean scale scores for the Children's Hope Scale. As seen in the graph, hope scores increased from pre-camp test and post-camp test and again at the follow-up assessment. A repeated measures ANCOVA showed that this increase in hope was statistically significant ($F(2,172) = 9.22, p < .05, \eta^2 = .10$). Moreover, the partial eta square reflects a moderate degree of change after to stress and serve as an important indicator of personal well-being (Pars & Peterson, 2009).



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“Hope is the belief that your future can be brighter than your past and that you play a role in making it happen.”

Casey Gwinn & Chan Hellman in *Hope Rising: How the Science of HOPE Can Change Your Life* (2018)

ALLIANCE for HOPE INTERNATIONAL

- The Science of HOPE**
- We are driven by our goals:
 - To the extent we can establish clear strategies (pathways) to achieving the goal and are willing to direct mental energy (agency) toward pursuing these pathways, we are experiencing hope. (Snyder, 2002).
 - Agency and Pathway Thinking Are Both Required
 - Agency is always relationship-based
- www.strangulationtraininginstitute.com **ALLIANCE for HOPE INTERNATIONAL** CREATING PATHWAYS TO HOPE

2,000 Published Studies on the Science of HOPE

“In every published study of hope, every single one, hope is the single best predictor of well-being compared to any other measures of trauma recovery. This finding is consistently corroborated with other published studies from top universities showing that hope is the best predictor for a life well-lived.”


Casey Gwinn & Chan Hellman
Hope Rising: How the Science of HOPE Can Change Your Life

ALLIANCE for HOPE INTERNATIONAL

Our Message: Rising hope is crucial to a life well-lived...

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THE SCIENCE OF HOPE



Repeated failures at goals result in a general expectation that future goal attainment is not likely – “Why try?”

HOPE

RAGE • Goal is significantly blocked.

DESPAIR • Unable to adjust goal. Pathways are unavailable.

APATHY (Hopeless) • Loss of Motivation


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“Anger is the result when expectations don’t match the lived experience of a person”

Casey Gwinn

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NURTURING HOPE



Progress Reinforces Pathway/Agency Relationship

Barriers are Considered and Pathways Adjusted

Clarifying Goals Increases Agency

Creating Future Memories of Success

Viable Pathways

Goal Setting

HOPE

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HOPE is measurable, malleable, and cultivatable...

THE ADULT HOPE SCALE

Directions: Read each sentence carefully. For each sentence, choose the number that best describes how you feel about the statement. Circle the number that best describes HOPE and put that number in the blank provided. There are no right or wrong answers.

Options	1	2	3	4	5	6	7	8
1. I can think of many ways to get out of a jam.								
2. I am generally positive my goals.								
3. There are not many solutions to my problems.								
4. I can think of many ways to get the things in life that are most important to me.								
5. Even when others get discouraged, I know I can find a way to solve the problem.								
6. My past experiences have prepared me well for my future.								
7. I've been pretty successful in life.								
8. I meet the goals that I set for myself.								

Notes: The Agency subscale scores in the range of 0 to 10. The Pathways subscale scores in the range of 0 to 10. The Total Hope Score is the sum of the Agency and Pathways scores and ranges from 0 to 20. A score of 10 or higher is a sign of hope.

Agency Score: _____ (Add Items 1, 3, 5, 7, and 8)

Pathways Score: _____ (Add Items 2, 4, 6, and 8)

Total Hope Score: _____ (Agency Score + Pathways Score)

THE CHILDREN'S HOPE SCALE

Directions: Read each sentence carefully. For each sentence, choose the number that best describes how you feel about the statement. Circle the number that best describes HOPE and put that number in the blank provided. There are no right or wrong answers.

Options	1	2	3	4	5	6	7	8
1. I think I am doing pretty well.								
2. I can think of many ways to get the things in life that are most important to me.								
3. I am doing just as well as other kids my age.								
4. When I have a problem, I can come up with lots of ways to solve it.								
5. Even though I have been in the past of hope, my life is better.								
6. Even when others want to quit, I know that I can find ways to solve the problem.								

Notes: The Agency subscale scores in the range of 0 to 10. The Pathways subscale scores in the range of 0 to 10. The Total Hope Score is the sum of the Agency and Pathways scores and ranges from 0 to 20. A score of 10 or higher is a sign of hope.

Agency Score: _____ (Add Items 1, 3, 5, and 6)

Pathways Score: _____ (Add Items 2, 4, and 8)

Total Hope Score: _____ (Agency Score + Pathways Score)

Alliance for HOPE Team



Cassidy Gwinn, Carl Strack, Yesenia Acoves, William Ackerman, Melissa Aguilar, Natalia Aguirre, Jackie Anderson, Chelsea Armstrong, Patricia Bauer, Allison Bissell, Michael Burke, Jenny Dutton, Sarah Olson, Karoline Johnson, Sarah Owen, Kasey Kibwood, Gloria Kyralo, Madeline LeCritt, Rosemarie Passarino, Yolanda Roca, Ashley Ziegler

Lead Researcher



Chen Hellman, Ph.D.

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Average ACE Score of our Alliance Team: 4.0

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Hope Scores should be measured in every workplace in America annually...

2016: Hope Score Average of 54.06
2017: Hope Score Average 57.25

Our average ACE Score on our team is 4.0. Hope Scores above 40 put you in the hopeful category. Scores above 48 bump you to a higher level of hope. Scores of 56 or higher make you a high hope person. Everyone on our team was 48 or above. 70% of the staff had high hope...



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Alex



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Alex on the Klamath River

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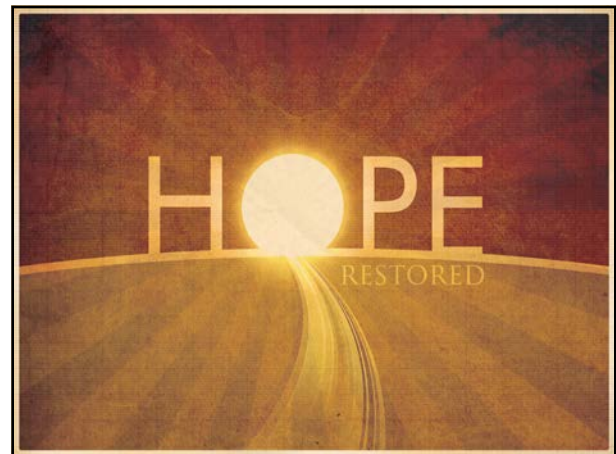
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Alex Counseling – Summer 2017




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The role we play in giving HOPE to survivors – Officer Augustin



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Training Institute on Strangulation Prevention San Diego - February 2016



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Paradise Point Resort - Lobby San Diego, California

19th Annual International FAMILY JUSTICE CENTER conference

SAVE THE DATE: **March 19-21, 2019**
PRE-CONFERENCE: **March 18**

Thank You



In memory of Casondra Stewart & Tamara Smith



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