

STRANGULATION PROTOCOLS

**Clackamas County
Oregon**

2019

STRANGULATION PROTOCOLS

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The *Strangulation Response Initiative*, made up of a multi-disciplinary group of professionals trained in strangulation, has developed these protocols to improve the detection, documentation, and response to cases of domestic violence strangulation as well as increase the accountability of offenders. In addition to the protocols that will guide the work of responders, continual education and training of law enforcement, dispatch, advocates, the courts, medical personnel, and others is a priority of the Initiative.

Introduction

Strangulation can be lethal – unconsciousness can occur within seconds and death within minutes. Non-lethal strangulation, however, is far more common (most victims of strangulation survive) and carries with it serious physical and emotional consequences for the survivor.

With one in four women experiencing intimate partner violence in their lifetime, domestic violence continues to be a public health emergency. Upwards of 50% of domestic violence victims have also experienced strangulation, with 70% of women in domestic violence shelters reporting being strangled. One study found that 43% of victims of a domestic violence homicide had been strangled in the year preceding the murder.

Strangulation is a strong predictor of future lethality for the victim. Women who have been strangled in the context of domestic violence are seven and a half times more likely to be murdered by their abuser within seven years. In addition, there is mounting evidence that men who strangle are the ones who murder police officers and carry out mass killings. Those who strangle are not doing it to kill their victim but to let them know they can kill them. This terror is used to control the victim.

There are often no bruises or external evidence of the strangulation with resulting injuries coming to light days or even weeks after the assault – only 50% of strangulation victims have visible injuries and only 15% to 35% of those are able to be effectively photographed. Even though internal injuries and damage to the brain are significantly possible in strangulation victims, fewer than 3% seek medical attention.

This lack of visual injury and appropriate training for medical personnel and responders has led to the minimization of strangulation and lack of identification of this type of assault.

Strangulation has been a misdemeanor in Oregon (ORS 163.187) and only a felony under specific circumstances (pregnant victim, in the presence of children). In January 2019 Oregon Senate Bill 1562 increased the crime of strangulation within the context of domestic violence to a felony. In addition it expanded the definition of strangulation to include pressure on the chest of the victim.

Definition of Strangulation

For the purposes of these protocols the following is the definition of strangulation as of January 1, 2019 (ORS 163.187):

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A person commits the crime of strangulation if the person knowingly impedes the normal breathing or circulation of the blood of another person by:

- (a) Applying pressure on the throat or neck of the other person; or
- (b) Blocking the nose or mouth of the other person;
- (c) Applying pressure to the chest of the other person.

Strangulation is often referred to as ‘choking’, but the two are not interchangeable. Choking occurs when an object (such as food) blocks the airway (trachea) while, as defined, strangulation is force being applied on the neck. Many survivors will say that they were choked when strangulation has occurred.

The experience of non-fatal strangulation for a victims can be compared to drowning or water boarding, which is widely considered a form of torture.

Dangers of Strangulation

As already mentioned, the physical impacts to a victim of strangulation can be deadly. Even when they are not they still pose significant danger for the victim. In addition to the physical dangers faced by the victim and survivor of strangulation, the emotional and psychological impacts can be devastating and life-long.

The amount of force used and the duration of that force (hands, ligature, forearm, etc.) can make the difference between life and death for the victim. It takes only 11 pounds of pressure to close the carotid arteries and stop blood flow to the brain: a firm handshake exerts 80-100 pounds of pressure; opening a soda can takes 20 pounds; pulling the trigger on a gun takes 6 pounds.

Timeline of Strangulation (closing off of carotid arteries):

- Unconsciousness occurs - 7 seconds
- Loss of bladder control -15 seconds
- Loss of bowel control – 30 seconds
- Respiration ceases – 60 seconds
- Death occurs – 60 to 120 seconds (between 1 and 2 minutes)

Signs and Symptoms of Strangulation (Addendum A):

- Unable to breathe or difficulty breathing
- Pain while breathing
- Painful/difficulty swallowing
- Rapid breathing/hyperventilation
- Shallow breathing
- Coughing/coughing blood
- Neck or throat pain/tissue swelling
- Sore throat
- Nausea or vomiting/dry heaving
- Loss of consciousness
- Dizziness/feeling faint
- Disorientation
- Headache
- Vision changes – tunnel, spots, flashes of light
- Weakness
- Difficulty speaking
- Raspy/hoarse voice
- Loss of voice/whisper voice

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- Brain damage and neurological injuries
- Seizure
- Intracerebral hemorrhage

Delayed consequences, appearing hours, days, or weeks after the strangulation:

- Vocal cord immobility
- Fractured larynx or hyoid bone
- Airway obstruction or collapse
- Stroke
- Delayed death due to carotid dissection, blood clot, anoxic brain damage
- Bleeding in the brain
- Tinnitus (ringing in the ears)
- Hearing loss/changes

Other potential impacts to the victim:

- Traumatic Brain Injury (TBI) due to oxygen deprivation
- Post-Traumatic Stress Disorder (PTSD)
- Mental health impacts
- Suicidality
- Thyroid issues
- Memory impairment, dementia-like behavior
- Changes in personality

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STRANGULATION RESPONSE

I. ROLES AND RESPONSIBILITIES:

1. 911

a. Dispatch:

Provide a proactive response to Domestic Violence situations, with an emphasis on strangulation. Assist with recognizing signs of strangulation and to capture critical information only available at the time of the initial call.

b. Scope of Service:

As the first contact with the victim, it is critical to recognize the signs of strangulation, provide reassurance to the victim and obtain statements made about the incident to ensure appropriate Police/EMS response as well as aid in future prosecution.

All Call-takers will ask all first party callers, if it is not already clear, “***Were you strangled or choked?***” Document the response into the text of the call for documentation purposes.

All Call-takers will handle every call of domestic violence with compassion and reassure the caller that help is being dispatched.

c. Information and services provided:

- Answers initial call for help.
- Collects and disseminates critical information to Law Enforcement about elements of the crime and scene safety.
- Ensures victim receives proper EMS response.
- Contacts Victim Advocates as needed.
- Provides official 9-1-1 audio recordings to prosecutors.

2. EMS Response

a. Dispatch:

- EMS will respond in concert with or at the request of law enforcement and act as part of a patient care and advocacy team.

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- EMS will collaborate with law enforcement while completing a medical evaluation of the victim, utilizing established medical protocols and the “Patient Assessment Evaluation” list (found in the L.E. protocol section).

b. Scope of Service:

When EMS is requested, the priority for patient care includes patient advocacy. It is not the function of EMS to “Check and Clear” a patient and at no time will law enforcement attempt to use EMS for this purpose. Law enforcement should expect that all requests for evaluation will result in transporting the patient to an area hospital for definitive evaluation/care. The only exception is refusal of care or transport by the patient and only once full disclosure of possible further harms resulting from current and preexisting injuries.

While Law Enforcement is tasked with legal issues and crime scene management, EMS is the authority tasked with patient care. At no time will legal issues supersede appropriate patient care.

Law enforcement and EMS are expected to work as collaborative and cohesive team, with the goal of rendering the services necessary for a positive outcome for the patient.

Law enforcement and EMS working together during a potential “Strangulation” incident are encouraged *to share all relevant information discovered during the scene investigation and provided by the patient*. Law enforcement may be wearing “Body Cameras” while working the incident, which provides future documentation that is not considered Protected Health Information.

Sharing medically related information does not become an issue until the close of the incident and at which point all related Health Information becomes “Protected” and will require either the patient to release their medical information, or Law Enforcement may be able to obtain a subpoena for copies of the EMS Patient Care Reports.

Many individuals experiencing a traumatic event such as possible strangulation may be resistant to seeking appropriate medical attention. When Law enforcement identifies any of the listed criteria in the questionnaire are answered “yes”, or when there is significant need, EMS should be utilized to encourage the patient to seek medical attention/evaluation by emergency department medical care providers.

c. Information and services provided:

- Proper training and education on the subject of “Strangulation” provides clearer purpose, functions, and roles for responders.

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- Training also encourages responders (Law Enforcement and EMS) to work as a team for patient advocacy while disturbing as little crime scene evidence as possible during patient care and treatment.

3. Law Enforcement

a. Dispatch:

Law enforcement (LE) will investigate when the victim's normal breathing or circulation of the blood was knowingly impeded by another person by:

- 1) Applying pressure on the throat or neck of the victim or
- 2) Blocking the nose or mouth of the victim
- 3) Putting pressure on the chest of the victim

b. Scope of Service:

The Law Enforcement Officer will:

- Assess if emergency medical response is warranted
- Document relevant statements from victim, suspect and witnesses
- Photograph and collect relevant evidence from the scene
- Follow agency policies and protocols for Domestic Violence response

Because incidents of strangulation can result in delayed medical complications or death, law enforcement responders should carefully consider the specific circumstance of each incident and evaluate the need to call for Emergency Medical Services in all cases involving strangulation. Circumstances that might indicate a need to call for EMS include, but are not limited to:

- Voice changes or difficulty speaking
- Loss of breath or difficulty breathing
- Loss of consciousness
- Memory loss
- Dizziness, nausea, headache, or disorientation during or after the incident
- Vision loss or changes
- Hearing loss or changes
- Coughing or difficulty swallowing or sensation of something in the throat
- Sore throat
- Urination or defecation
- Problems with balance or coordination
- Pain or stiffness in the neck

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4. District Attorney's Victim Advocates

a. Dispatch:

- 24 hour response via dispatch through CCOM (Clackamas County 911) and LOCOM (Lake Oswego 911). Trained Advocates are also available through the 24 hour crisis line.

b. Scope of service:

- Advocates will respond at the request of LE, hospital staff and others to provide immediate crisis intervention, support and information to victims of domestic violence whether or not a report has been made to LE.
- Advocates will provide ongoing support and information to victims in person, via phone or via electronic communication as needed or requested.
- The Advocate acts as a liaison between the District Attorney, LE, hospital personnel and other professionals as needed to support the victim.
- When a victim indicates to an Advocate that they have been strangled, the Advocate will provide information and resources regarding the health issues caused by strangulation.

c. Information and services provided:

- Information to victims of strangulation regarding immediate and long term medical issues that may be caused by strangulation
- Support and encouragement for victims of strangulation to seek medical attention whether or not they are experiencing symptoms
- Information and assistance with accessing crime victim's rights;
- Information and support on the criminal justice system process;
- Provide Crime Victim Compensation application and assist with that process;
- Explain the investigation/prosecution process;
- Assist in providing for the victim's comfort;
- Immediate and long term safety planning;
- Assist with making transportation arrangements, if needed;
- Support victim through law enforcement interview
- Provide case status information and court dates;
- Accompany victim to all court hearings and interviews;
- Refer victims to privileged advocates through CWS as well as other local resources;
- Follow-up contact by assigned advocate providing support and resources
- Assist victim in applying for Protective Orders as appropriate
- As part of consideration for pre-trial release, Advocates will identify when strangulation is part of an incident and document the information for the DA's and the courts.

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5. Clackamas Women Services (CWS)

- a. Dispatch: Via A Safe Place Family Justice Center and 24 hour Crisis Line
- b. Scope of Service:
 - Resources and support via phone and in person for survivors of domestic violence, sexual assault, elder abuse and trafficking and their families and other support persons, as needed.
 - Crisis response through long-term advocacy and support, resources for DV/SA survivors and their families.
 - All ages, all genders served.
 - No involvement with law enforcement or prosecution is necessary.
 - CWS advocates are privileged advocates – meaning their services are confidential and not subject to mandatory reporting.
- c. Information and Services Provided:
 - Provide immediate and long-term safety planning;
 - Provide assistance to the survivor to aid in understanding available options;
 - Assist with emergency transportation arrangements, as available;
 - Assist with emergency housing, as available;
 - Provide crisis and long-term counseling and support group services;
 - Provide information, support, and case management through community systems and resources (i.e., housing, legal, medical, campus, DHS, etc.)
 - Provide information and assistance with accessing crime victim's rights;
 - Assist in navigating legal remedies and supports: assistance applying for protective orders, legal resources, etc.
 - Provide accompaniment to law enforcement interviews, court hearings, etc.
 - Provide case coordination and act as liaison to other service providers;
 - 24-hour confidential emotional support, information and referral via crisis line.

6. Hospital-Based Medical Facilities

Goal: Timely assessment of medical diagnoses and treatment for strangulation of patients based on presentation, chief complaint and history. This will include the physical assessment, documentation of objective findings and subjective complaints.

Primary Nurse:

- Thorough head-to-toe physical assessment
- Ongoing nursing assessments: frequent monitoring of airway/breathing/circulation, frequent neuro-checks, continuous pulse oximetry, and seek cardiac telemetry order

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- Completion of strangulation documentation with site-specific strangulation documentation worksheet
- Neck circumference measurement
- Use of alternate light source (ALS)/ultraviolet (UV) light for enhancement of visual injuries if indicated
- Potential evidence collection (as applicable or if indicated)
- Notify Licensed Independent Practitioner (LIP) of findings for diagnostic imaging decisions if patient presents with positive strangulation screening using site-specific strangulation documentation worksheet
- Follow mandated reporting guidelines to report
- Physical injury caused by a knife, gun, pistol or other dangerous or deadly weapon; and
- Serious physical injury, defined as that which creates a substantial risk of death or which causes serious and protracted disfigurement, protracted impairment of health or protracted loss or impairment of the function of any bodily organ.
- Coordinate with access services to ensure patient provided information for Crime Victims Compensation of Oregon, as applicable.
- Discuss possibility of observation or overnight admission with LIP
- Discuss follow-up plan of care, including educating the patient on the risks and life-threatening consequences associated with strangulation and importance of re-evaluation for worsening symptoms.
- Coordinate with Social Work to assess for safety planning, resources and disposition

LIP:

- Based on patient subjective and objective signs and symptoms, if patient presents as positive for strangulation event, consider diagnostic imaging to identify non-visible injuries.
- Determine patient disposition based on severity of strangulation event and diagnostic findings.
- If patient to discharge home, recommend follow-up examination within 72 hours post-discharge.

7. District Attorney's Office

- a. Strangulation involving household or family members as defined by ORS 135.230 is a felony effective January 1, 2019. All such cases should therefore be handled by the Clackamas County District Attorney's (CCDA) office.
- b. The Domestic Violence Unit of the CCDA shall train all unit members on the dangers, signs and symptoms of strangulation.
- c. The CCDA shall assist in training public safety agencies, when requested, to recognize and investigate strangulation cases.
- d. Prosecutors should, when possible, consult with medical professionals and utilize their expertise and testimony in court to assist with successful

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prosecution, particularly to assist in establishing the “impedes the normal breathing” and/or “impedes the circulation of the blood” elements of ORS 163.187.

- e. Prosecutors will work with Victim Advocates to ensure victim’s statutory and Constitutional rights are protected and enforced.

8. Parole and Probation

- a. Strangulation involving household or family members as defined by ORS 135.230 is a felony effective January 1, 2019. All such cases should therefore be supervised by Clackamas County Community Corrections (CCCC) at the appropriate risk level.
- b. The Domestic Violence Unit of CCCC will train all unit members on the dangers, signs and symptoms of strangulation.
- c. CCCC will collaborate and case plan with Batterer Intervention Programs to ensure effective treatment.
- d. CCCC will hold strangulation offenders accountable by case planning, administrative sanctioning, and bringing violations back before the court when appropriate.
- e. Parole and Probation Officers will work with the Victim Services Program to ensure victim’s statutory and Constitutional rights are protected and enforced.

This protocol will be reviewed every two years by the members of the *Clackamas County Strangulation Response Initiative* and may be revised and updated at any time upon approval of the current active members. This protocol is intended to *outline the process* and does not list every service provided by each undersigned agency

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Addendum A

Signs and Symptoms of Strangulation

Observable Injuries:

Symptoms Experienced by Victim:

FACE	EYES	NOSE	MOUTH
Skin Red/Flushed Red Spots (e.g. petechiae) Scratches or Abrasions Swelling Red Spots Behind Ear(s) Bruising Behind Ear(s)	Red Eye Red Spots in Eye Red Spots on Eyelid Blood in Eyeball Eyelid(s) drooping	Redness Red Spots (e.g. petechiae) Scratches or Abrasions Swelling Bleeding	Swollen Lips Swollen Tongue Bruise(s) Scratches or Abrasions Red Spots in Palate or Gums, etc.
EARS	UNDER CHIN	NECK	SHOULDERS
Redness Red Spots (e.g. petechiae) Bleeding Bruising or Discoloration Swelling Red Spots Behind Ear(s) Bruising Behind Ear(s)	Redness Scratches or Abrasions Lacerations Bruising or Discoloration Bruises Linear Marks (e.g. fingernail marks)	Redness Red Spots (e.g. petechiae) Scratches or Abrasions Bruises Swelling Ligature Marks (e.g. fingernail marks)	Redness Scratches or Abrasions Lacerations Bruising or Discoloration Bruises
HANDS, FINGERS, ARMS	HEAD	CHEST	
Redness Bruising Swelling Scratches or Abrasions Broken Fingernails	Lumps/Bumps Lacerations Scratches or Abrasions Hair Missing Red Spots on Scalp (e.g. petechiae)	Redness Scratches or Abrasions Lacerations Bruises Ligature Marks (e.g. fingernail marks)	

- | | |
|--|---|
| <ul style="list-style-type: none"> • Unable to breathe or difficulty breathing • Pain while breathing • Painful/difficulty swallowing • Rapid breathing/hyperventilation • Shallow breathing • Coughing/coughing blood • Neck or throat pain/tissue swelling • Sore throat • Nausea or vomiting/dry heaving • Loss of consciousness • Dizziness/feeling faint | <ul style="list-style-type: none"> • Disorientation • Headache • Vision changes – tunnel, spots, flashes of light • Weakness • Difficulty speaking • Raspy/hoarse voice • Loss of voice/whisper voice • Brain damage and neurological injuries • Seizure • Intracerebral hemorrhage |
|--|---|

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Addendum B

Interviewing Victims of Strangulation

Use the victim's own words in asking questions and recording statements.

If she or he says "choked me" or "cut off my air" or "grabbed my throat", use those descriptions rather than substituting the word *strangulation*.

- How have you been hurt? Who hurt you?
- How did it happen?
- Do you have any current pain or discomfort?
 - On a scale of 1 to 10, 10 being the most, how much pain or discomfort?
- Have you noticed any change in your voice or speech?
- Are you having difficulty speaking or breathing now?
- Did you feel faint or dizzy or as though you might pass out? Do you feel that way now?
- Did you lose consciousness? If so, can you tell me how long you were unconscious?
- Did you lose control of your bladder or bowels? Did you vomit?
- Did the person who hurt you use one or both hands?
 - Use his/her arms, knees, or another body part on your throat or head area?
 - Block your nose or mouth?
- Were you pinned or banged against a wall? Thrown to the floor or ground? Shaken?
- Did your head strike anything? If so, do you have any additional injuries?
- Did he/she use other objects, e.g., cords, ropes, straight objects, against your neck/throat?
- Where exactly were his/her hands or the object that was used on your neck/throat?
- Can you demonstrate how you were [strangled]?
- On a scale of 1 to 10, 10 being the most pressure, how much pressure did he/she use?
- Did you have trouble breathing or catching your breath?
- How long do you think the [strangulation] lasted?
- How long did everything last, from the first argument or action until the police arrived?
- What did the person say before, during, and after [strangling] you?
- What did he/she do immediately prior to attacking you?
- What was her/his demeanor, facial expressions?
- What did you think was going to happen? Did you think you were going to die?
- Can you describe any attempts you made to protect yourself?
- Did you try to push, kick, bite, scratch, or pull his/her hair?
- Were you able to injure the person who did this? How and where?
- What caused him/her to stop the assault?

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Addendum C

Evidence Collection and Report Writing

Evidence Collection:

1. Obtain specific, detailed descriptions and document:
 - a. How the victim was strangled
 - b. The mechanism for the assault (hands, cord, baseball bat)
 - c. Symptoms and signs of strangulation
 - d. Visible injuries
2. Look for redness, scratch marks, scrapes, fingerprint marks, thumb-print bruising, ligature marks, bruising, tiny red spots, swelling and/or lumps on victim's neck.
3. Look for neck swelling; ask victim to look in a mirror to assess any swelling.
4. Check suspect for wounds inflicted by the victim trying to defend themselves:
 - a. Scratches to face or arms
 - b. Bruises on the shins from being kicked
 - c. Scratches to hands and elbow area
 - d. Bite marks to arms or chest
5. Try to locate and seize any weapons used.
6. Look for corroborating evidence in the room where the victim was strangled.
7. Locate, photograph, and impound any object used to strangle the victim.
8. Photograph and collect any damaged property.
9. Obtain medical/dental release from victim.
10. Photograph all injuries of both parties, no matter how minor.
11. Take the following photographs:
 - a. Distance photo (full body) to identify victim and location of injury
 - b. Close-up photos of face and neck area at different angles
 - c. Follow-up photos of injuries – 24, 48, and 72 hours later
12. Document the totality of the incident, in addition to the strangulation

Report:

1. In writing the report, use the word “strangulation” not “choke”, except when recording the victim's exact words.
2. Use the phrase “consistent with strangulation”.
3. In narrative, report all signs and symptoms observed that are consistent with strangulation.
4. Record victim's description of injury even if there are no visible signs (include all complaints of pain – type and location).
5. Record victim's exact words (e.g. “he choked me”).

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Addendum C Strangulation Supplemental

CLACKAMAS COUNTY COUNTYWIDE STRANGULATION DOCUMENTATION FORM

VICTIM NAME (Last, First, Middle)	DATE OF BIRTH	M <input type="checkbox"/>	F <input type="checkbox"/>	Case#:
				Agency:
SUSPECT NAME (Last, First, Middle)	DATE OF BIRTH	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of Assault:
				Today's Date:

STRANGULATION EVENT QUESTIONS

- What did suspect use to strangle you? Left Hand Right Hand Forearm Knee/Foot Pressure on Chest
 Other Object(s): _____
 Describe manner/method in detail in report narrative
- Did you lose consciousness during/after the strangulation? Yes No Not Sure Describe: _____
- Estimate how long strangulation lasted: _____ Minute(s) _____ Second(s) Multiple times: Yes # _____ No
- Describe the suspect's emotional demeanor/facial expression while strangling you _____
- What else did the suspect do/say while strangling you? _____
- Were you able to speak during the strangulation: Yes No If yes, what did you say? _____
- Did you do anything to attempt to physically stop the strangulation? Yes No Describe: _____
- What made the suspect stop? _____
- What did you think was going to happen during the strangulation? _____
- Has suspect strangled you on other occasions? Yes No If yes, # of occasions: _____ When: _____

SYMPTOMS EXPERIENCED BY VICTIM

SYMPTOM	DURING	AFTER	SYMPTOM	DURING	AFTER	SYMPTOM	DURING	AFTER
Vision changes – Tunnel	<input type="checkbox"/>	<input type="checkbox"/>	Coughing Blood	<input type="checkbox"/>	<input type="checkbox"/>	Hoarse Voice	<input type="checkbox"/>	<input type="checkbox"/>
Vision changes – Spots	<input type="checkbox"/>	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Voice	<input type="checkbox"/>	<input type="checkbox"/>
Hearing loss/Changes	<input type="checkbox"/>	<input type="checkbox"/>	Vomit/Dry Heaving	<input type="checkbox"/>	<input type="checkbox"/>	Whisper Voice	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Neck Pain/Tender	<input type="checkbox"/>	<input type="checkbox"/>
Unable to Breathe	<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>	Trouble Swallowing	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty Breathing	<input type="checkbox"/>	<input type="checkbox"/>	Feel Faint	<input type="checkbox"/>	<input type="checkbox"/>	Pain Swallowing	<input type="checkbox"/>	<input type="checkbox"/>
Pain While Breathing	<input type="checkbox"/>	<input type="checkbox"/>	Disorientation	<input type="checkbox"/>	<input type="checkbox"/>	Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Breathing	<input type="checkbox"/>	<input type="checkbox"/>	Memory Loss	<input type="checkbox"/>	<input type="checkbox"/>	Urinate	<input type="checkbox"/>	<input type="checkbox"/>
Shallow Breathing	<input type="checkbox"/>	<input type="checkbox"/>	Painful to Speak	<input type="checkbox"/>	<input type="checkbox"/>	Defecate	<input type="checkbox"/>	<input type="checkbox"/>
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	Raspy Voice	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

OFFICER OBSERVED INJURIES

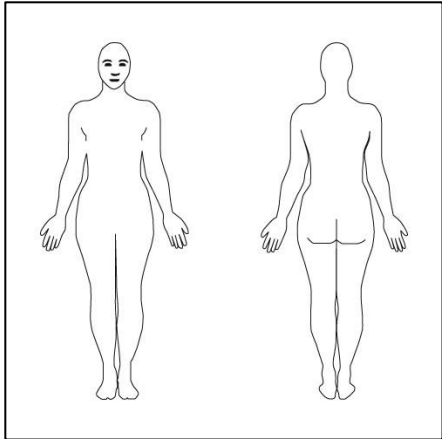
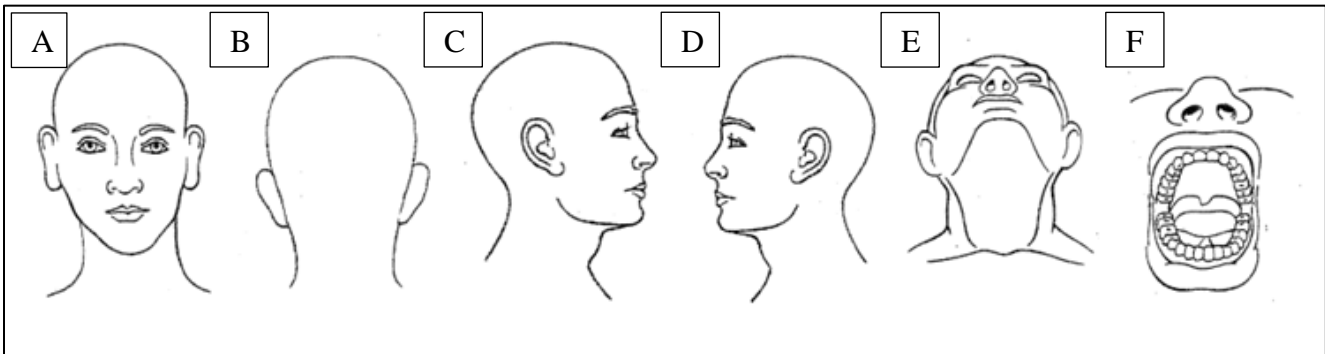
FACE	EYES	NOSE	MOUTH
<input type="checkbox"/> Skin Red/Flushed <input type="checkbox"/> Red Spots (e.g. petechiae) <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Swelling <input type="checkbox"/> Red Spots Behind Ear(s) <input type="checkbox"/> Bruising Behind Ear(s) <input type="checkbox"/> Other:	<input type="checkbox"/> Red Eye <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Red Spots in Eye <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Red Spots on Eyelid <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Blood in Eyeball <input type="checkbox"/> Eyelid(s) drooping <input type="checkbox"/> Other:	<input type="checkbox"/> Redness <input type="checkbox"/> Red Spots (e.g. petechiae) <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Swelling <input type="checkbox"/> Bleeding <input type="checkbox"/> Broken nose <input type="checkbox"/> Other:	<input type="checkbox"/> Swollen Lips <input type="checkbox"/> Swollen Tongue <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Red Spots in Palate or Gums, etc. <input type="checkbox"/> Other:
EARS	UNDER CHIN	NECK	SHOULDERS
<input type="checkbox"/> Redness <input type="checkbox"/> Red Spots (e.g. petechiae) <input type="checkbox"/> Bleeding <input type="checkbox"/> Bruising or Discoloration	<input type="checkbox"/> Redness <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Bruising or Discoloration	<input type="checkbox"/> Redness <input type="checkbox"/> Red Spots (e.g. petechiae) <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Bruises	<input type="checkbox"/> Redness <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Bruising or Discoloration

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<input type="checkbox"/> Swelling <input type="checkbox"/> Red Spots Behind Ear(s) <input type="checkbox"/> Bruising Behind Ear(s) <input type="checkbox"/> Other:	<input type="checkbox"/> Bruises <input type="checkbox"/> Linear Marks (e.g. fingernail marks) <input type="checkbox"/> Other:	<input type="checkbox"/> Swelling <input type="checkbox"/> Ligature Marks (e.g. fingernail marks) <input type="checkbox"/> Other:	<input type="checkbox"/> Bruises <input type="checkbox"/> Other:
HANDS, FINGERS, ARMS	HEAD	CHEST	
<input type="checkbox"/> Redness <input type="checkbox"/> Bruising <input type="checkbox"/> Swelling <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Broken Fingernails <input type="checkbox"/> Other:	<input type="checkbox"/> Lumps/Bumps <input type="checkbox"/> Lacerations <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Hair Missing <input type="checkbox"/> Red Spots on Scalp (e.g. petechiae) <input type="checkbox"/> Other:	<input type="checkbox"/> Redness <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Bruises <input type="checkbox"/> Ligature Marks (e.g. fingernail marks) <input type="checkbox"/> Other:	

***** PLEASE TAKE PHOTOGRAPHS *****
 Diagram **all injuries** on the Victim



Describe any other injuries or symptoms:

OFFICER CHECKLIST

- If strangled/suffocated with an object(s), photograph object(s) and collect for evidence.
- Document where the object(s) was/were found in the Offense Report.
- Determine if jewelry worn by either party (ring(s), necklace(s), watch(es), etc.); Photograph /look for patterns and photograph.
- If defecation or urination in clothes, collect as evidence.
- If Victim vomited, take a photo of the vomit.
- Describe the incident and signs/symptoms in detail in report narrative.

In working with the victim, reiterate the following points:


1. After you have been strangled, the chance of being murdered by the same abuser increased 750%.
2. Only 50% of strangulation victims have visible injuries – injuries that can cause serious risk of death are internal and can only be identified by a medical professional.
3. Death from strangulation can occur hours, days, or weeks after the assault
4. The reduction of blood supply to the brain can result in damage to your brain that can be permanent.

STRANGULATION PROTOCOLS
Clackamas County Oregon



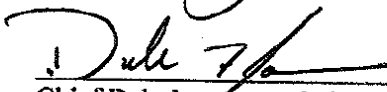
Chief Brett Smith, Canby Police Department

03/07/19
Date



Chief Kim Yamashita, Gladstone Police Department

3-7-19
Date




Chief Dale Jorgensen, Lake Oswego Police Department

3-7-19
Date



Chief Steve Bartol, Milwaukie Police Department

03-07-19
Date



Chief Rod Lucich, Molalla Police Department

03-07-19
Date



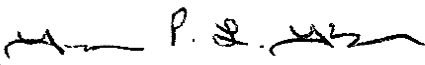
Chief Jim Band, Oregon City Police Department

3-13-19
Date



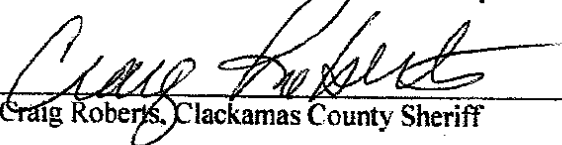
Chief Ernie Roberts, Sandy Police Department

3-18-19
Date



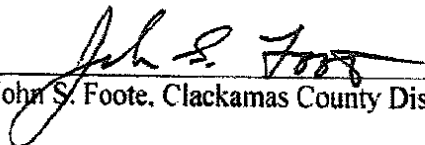
Chief Terry Kruger, West Linn Police Department

03-07-2019
Date



Craig Roberts, Clackamas County Sheriff

3-11-19
Date



John S. Foote, Clackamas County District Attorney

1/31/19
Date

STRANGULATION PROTOCOLS
Clackamas County Oregon



Chief Don Johnson
Lake Oswego Fire Department

2/13/2019
Date



Cheryl Bledsoe, Director
Clackamas County Communications

2-14-19
Date



Sue Scobert, Communications Manager
Lake Oswego Communications

1-31-19
Date



Melissa Erlbaum, Executive Director
Clackamas Women's Services

2-1-2019
Date



Captain Malcolm McDonald, Director
Clackamas County Community Corrections

2-4-19
Date