

SAFVIC ON THE SCENE

HIDDEN FACTS ABOUT STRANGULATION

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Paul Blea
Seguin Police Department

America's Most Wanted, together with Sprint Nextel, honors All-Star first responders; law enforcement officers, fire fighters, EMTs and others, who go above and beyond to keep our communities safe every day of every year. We are proud to announce that one of our own SAFVIC Instructors has been nominated and he needs your vote. Visit www.amw.com and click on All-Stars. You can vote for Paul Blea once a day until April 15th!!

Strangulation is a serious form of family violence that is often overlooked. It has only recently been identified as one of the most lethal forms of domestic violence and accounts for 10% of all violent deaths in the United States. As strangulation is one of the top two precursors to homicide (the other being violation of a protective order), prosecutors and lawmakers around the country are using a variety of legal tactics to hold batterers accountable in court. In some states, such as California, strangulation is being prosecuted in a broad category with other felony-level assaults, including attempted murder.

Strangulation is defined as a form of asphyxia (lack of oxygen) and is characterized by closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck. The medical sequence of a victim who is being strangled is one of severe pain, followed by unconsciousness, followed by brain death. The victim will lose consciousness by any one or more of the following: blocking of the carotid arteries (major blood vessels that transport oxygenated blood from the heart and lungs to the brain), blocking of the jugular veins (preventing deoxygenated blood from exiting the brain), and/or closing off the airway, causing the victim to be unable to breathe. Only eleven pounds of pressure placed on both carotid arteries for ten seconds is necessary to cause unconsciousness. To completely close off the trachea, three times as much pressure (33lbs.) is required. After 50 seconds of continuous oxygen deprivation the victim rarely recovers. Brain death will occur in 4 to 5 minutes, if strangulation persists.

"underlying injuries may kill the victim up to 36 hours later."

Strangulation is often described as "choking" by victims, but to "choke" means having the trachea (windpipe) blocked entirely or partially by some foreign object, like food. Victims are much more likely to respond to the word "choking" as reflecting their experience, although strangulation is a more accurate medical (and criminal justice) term. In the offense report, officers should use choke in quotes if this is how the victim referred to the assault. Officers should also document if the suspect made any statements before, during, or after the incident.

Specific injuries to a victim will depend on the method, the force, and duration of the strangulation. The injuries sustained by a victim may vary by the type of strangulation. Ligature strangulation may be carried out with clothing, rope, a belt, or any other cord-like object. Manual strangulation is usually done with the hands, but notable variants include

the forearm (as when police officers use the carotid restraint) to standing or kneeling on the victim's throat. Chokehold, also referred to as the sleeper hold, is an elbow bend compression. Officers should document which form of strangulation was performed on the victim. An innovative way to document the batterer's hand placement used to strangle the victim is to photograph the victim demonstrating the batterer's hand placement on a Styrofoam wig head. Knowing the hand placements of the assailants is important to determine what medical precautions to take. Officers should request paramedics to be dispatched to the scene to conduct an initial screening of every strangula-

See *Strangulation*, next page.

FEATURED BOOK:

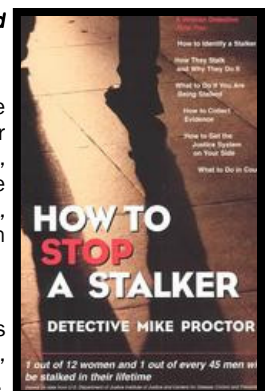
HOW TO STOP A STALKER

BY: MIKE PROCTOR

One out of every 12 women and one out of every 45 men in the United States are stalked at some point in their lifetime!

If you are a victim of a stalker or you suspect that you might be, this book will give you the means not only to protect yourself, but ultimately to help put the stalker behind bars. Veteran detective Mike Proctor, a long-time officer of the Westminster, California, Police Department, has written this essential survival guide for anyone who becomes the target of one of these predators. He explains the who, what, where, why, and how of stalking and teaches you what to do if you find yourself an unfortunate victim, from simple home security measures to actual prosecution.

This indispensable handbook on a serious problem, complete with many examples taken from actual cases, will be of great use to current or potential stalking victims, victim advocates, law enforcement officials, personnel departments, and employers.





The National Domestic Violence Hotline and Liz Claiborne Inc. announced the launch of loveisrespect.org the National Teen Dating Abuse Helpline (NTDAH), a 24-hour national web-based and telephone helpline created to help teens (ages 13-18) experience dating abuse, during a press conference at the National Press Club in Washington DC. Teens and parents anywhere in the country can call toll free, 866-331-9474 (TTY 1-866-331-8453) or log on to the interactive Web site, www.loveisrespect.org, and receive immediate, confidential assistance. In addition to a toll-free phone line, loveisrespect.org will be the first interactive dating abuse website, staffed by trained advocates, where teens can write and immediately get assistance in a one-on-one private chat room. Liz Claiborne Inc. initiated and funded loveisrespect.org with a multi year, million dollar grant as part of the Company's commitment to help end teen dating abuse in this country. The helpline and website will be operated by the National Domestic Violence Hotline. The National Domestic Violence Hotline (NDVH) is a project of the Texas Council on Family Violence in Austin, TX. The helpline serves as the only in the nation with access to more than 5,200 sources of help including 2,000 bettered women's shelters in all 50 states, Puerto Rico and the Virgin Islands.

Taken directly from
www.loveisrespect.org/

SAFVIC WELCOMES 15 NEW INSTRUCTORS



We would like to congratulate and welcome our new SAFVIC Instructors. They recently attended a 40 hour SAFVIC Instructor Course in Austin, Texas on February 5 - 9th. If you are interested in becoming a SAFVIC Instructor, please visit our website at www.safvic.org to find more info on our next SAFVIC Instructor Course.

Names and Departments

Keith Shackelford, Abilene Police Department

Veronica Cox, Johnson County Constable Pct. 1

Donald Butler, TDCJ

Paul Blea, Seguin Police Department

Richard Bryan, Balcones Heights Police Department

Duke Johnson, Fort Hood Police Department

Michael Kovarek, Calhoun County Sheriff's Office

Bert Dillow, Baytown Police Department

Christine McLaurin, Bexar County Sheriff's Office

Stephen Williamson, Jasper Fire Marshal's Office

Jeff Haines, Hunt County Sheriff's Office

Carlos Ramos, Harlingen Police Department

Wes Mccourt, San Antonio Police Department

Mark Tedder, Smith County Sheriff's Office

David Cawthorn, Fort Hood Police Department

5TH ANNUAL SAFVIC INSTRUCTOR SUMMIT

The 5th Annual SAFVIC Instructor Summit will be held on June 25-27, 2007 at the Hilton Austin located at 500 East 4th Street, Austin, Texas 78701.

Registration:

Monday, June 25th from 10:00 A.M. to 1:00 P.M.

Summit:

Monday, June 25th from 1:00 P.M. to 5:00 P.M.

Tuesday, June 26th from 8:00 A.M. to 5:00 P.M.

Wednesday, June 27 from 8:00 A.M. to 12:00 P.M.

*** You must be an active SAFVIC Instructor to attend the Summit.**



Strangulation continued

tion case. This medical examination may simply enhance the case or it could even save a life. It is better to intervene at the misdemeanor level than to wait until the violence escalates to a serious felony or a homicide.³

Too often survivors have injuries that appear to be mild, but internal damages that are not visible may progress to a fatal outcome. Victims often report changes that are not able to be seen, such as changes in their voice, swallowing, breathing, and changes in mental status. Voice changes, occurring in up to 50% of victims, may vary from simple hoarseness to a complete loss of voice. A way to document voice change in a victim is to record the victim's voice after the strangulation has occurred. Compare this to the victim's normal voice from a voice mail recording (cell phone voicemail or home phone recording). Swallowing may be difficult or even painful. Breathing changes are due to hyperventilation or are secondary to underlying neck and airway injuries. These changes may initially appear mild, but underlying injuries may kill the victim up to 36



hours later. Early symptoms of mental status changes may include restlessness and combativeness due to temporary brain anoxia and/or severe stress reaction. Lung injury may develop from vomit that the victim inhaled during the strangulation.¹ Objective signs noted in strangulation victims include; involuntary urination and defecation. Miscarriages have also been reported occurring hours to days later.³

Visible injuries to the neck may include scratches, abrasions, swelling or stiffness as well as rope/cord burns or other linear injuries. Scratches may be from the victim's own fingernails as a defensive tactic, but could also be a combination of abrasions caused by both the victim and the assailant's fingernails. The locations of the abrasions vary depending on whether the assailant used one or two hands, and

whether the assailant strangled from the front or back. Other visible injuries such as petechiae include blood-red eyes due to capillary rupture in the white portion of the eyes, spots on the face, scalp, and/or neck due to blood vessels that may have burst from the pressure of a chokehold. These may appear as small red spots similar to freckles.

See Strangulation, next page.

FEATURED AGENCY:



Arte Sana (art heals) is a nationally recognized Latina training and advocacy organization dedicated to helping bridge the gaps in services for underserved survivors of sexual and intimate partner violence. Founded in 2001, Arte Sana promotes healing and empowerment through the arts, community education, and professional training.

As an agency based in one of the largest border states, Arte Sana has worked to bridge the gaps in Spanish language victim service awareness with a special focus on the *colonias* along the Texas/Mexico border, which are some of the poorest communities in the nation. The "Capacitadoras en Acción" (trainers in action) and "Latina Victim Outreach Project" are examples of Arte Sana's statewide efforts to engage Latina/o communities as active participants in sexual and intimate partner violence prevention.

Due in great part to the need, Arte Sana has been able to reach 5,056 persons since 2001 with one part-time trainer. Over 34% of audience members have received the information in Spanish and 2,520 or 50% were border region residents.

In 2003, Arte Sana was recognized by the Centers for Disease Control and Prevention (CDC) and the National Center for Injury Prevention and Control (NCIPC) for its efforts in working with traditionally underserved populations. In 2004, Arte Sana was recognized for its "outstanding leadership and commitment to the Healthy Border 2010" by the United States-Mexico Border Health Commission. Under the leadership of two contracted staff Arte Sana has established an impressive action-oriented track record, thanks to the unique collaborations it has forged and alternative funding sources it has accessed.

As a leader in bilingual and culturally competent training events, Arte Sana has been able to forge inter-agency

collaborations for resource sharing, the planning of regional and national training events, as well as the development of original materials.

The Arte Sana bilingual website www.arte-sana.com offers a variety of resources free of charge. The electronic bilingual SAAM kit, the first of its kind in the nation, the 'Existe Ayuda' national Spanish language online victim service directory <http://www.arte-sana.com/recursos.htm>, and the survivor art virtual gallery are among Arte Sana's well-known online resources. Through the activation of the first national Latina sexual assault victim advocate's listserv, Arte Sana once again proved the power and effectiveness of online collaborations. In its first year of existence the *Alianza Latina en contra la Agresión Sexual* or "ALAS" online working group developed a position statement on Spanish language victim services access, voted on it and garnered the support of 37 state and national victim service coalitions and agencies.

In May 2006, Arte Sana began work on its Existe Ayuda National Outreach project, funded through a grant from the Office for Victims of Crime, within the U.S. Department of Justice, Office of Justice Programs.

In 2006, Arte Sana received its first statewide grant funding from the Governor's Criminal Justice Division (CJD) and the Violence Against Women Act (VAWA) Fund. Through this funding Arte Sana will be offering:

- bilingual training to *promotoras*, or Community Health Workers (CHWs), and allied professionals along the Texas/Mexico border, focusing on the *colonias*.

See Arte Sana , next page.

Strangulation continued

It is extremely important to photograph any injuries or finding that may have occurred as the result of strangulation. Three types of photos should be taken of each victim, distant, close-up and follow-up photos. The more photographs the better! Distance photos should be taken of the full body of the victim. This will help identify the victim and the location of the injuries. Close-up photos should be taken from different angles to maximize visibility. Make sure photos include the front of the face, neck and chest area (including front, back, and sides of the neck and chest area). Each of these photographs should be taken at least twice; once with and without a ruler placed on the same plane as the injury. Follow-up photos are crucial as some bruises do not develop until several days later.¹

Strangulation is an extreme form of power and control perpetrators use to silence their victims. Officers

must educate themselves on the symptoms of strangulation as well as proper interviewing techniques of strangulation victims. Strangulation is intentional, can cause brain damage, and death can occur immediately, hours, or even days after the initial assault.² Today many cases that were once unprosecutable are now being elevated to felony level prosecution due to the risk of death during and after the violence.³

¹ Funk, Maureen, BS and Schuppel, Julie, RN. (2003). Strangulation Injuries [Electronic Version]. *Wisconsin Medical Journal*. Volume 102, No. 3. Retrieved on February 15, 2007, from <http://www.wisconsinmedicalsociety.org/uploads/wmj/ACF1BD.pdf>.

² Tessier, Marie. (2005, December). Responders Learn to Spot Signs of Strangulation. *Women's eNews*. Retrieved on February 16, 2007, from <http://www.womensenews.org/article.cfm?aid=2573>.

³ Strack GB and McClane GE. (1999, May). How to Improve Your Investigation and Prosecution of Strangulation Cases. Retrieved on February 15, 2007, from http://www.ncdsv.org/images/strangulation_article.pdf.

**SAFVIC
Instructor
Jon Lumbley**



Detective Lumbley was a recent presenter at the 2007 Conference on Crimes Against Women in Dallas, Texas. Topics of discussion included How to Interview Victims of Domestic Violence and Law Enforcement Best Practices in Domestic Violence Cases.

**Sexual Assault
Awareness
Month**

**"Day to End Sexual Violence"
Thursday, April 5, 2007**

For more information on SAAM event planning & prevention actions visit

www.nsvrc.org/saam



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We're on the web @
www.safvic.org

Interested in reading one
of our featured books?



Arte Sana cont.

- training to rape crisis center and dual center staff and volunteers on effective outreach with Hispanic victims.
- a girl festival in Austin, TX to address healthy dating & sexual violence prevention among girls ranging from 14 years to college age.
- phone, face-to-face, and e-mail referrals for Spanish-speaking victims of sexual assault and domestic violence.
- an online collaboration opportunity for the collective creation of Spanish language outreach materials.

Through July 2007, Arte Sana will also be able to offer technical assistance to rape crisis centers in the form of translation support from English to Span-

ish (certain restrictions apply) as well as peer review of a center's existing Latino outreach materials. A technical assistance request form is available for those interested in this service; requests will be accepted on a first come first served basis.

For more information about the services in the Austin area please contact Arely Sulvarán-Achenbach via phone at 512-474-2227 or e-mail at ayuda_latina@yahoo.com.

For more information about the training services offered around the state please contact Laura Zárate at ayuda_latina@yahoo.com.

This article was provided by Laura Zarate of Arte Sana.

SAVE THE DATE:

END VIOLENCE AGAINST WOMEN (EVAW) INTERNATIONAL

PRESENTS AN INTERNATIONAL CONFERENCE ON SEXUAL
ASSAULT, DOMESTIC VIOLENCE AND STALKING
By: Joanne Archambault Executive Director of EVAW International



Join fellow law enforcement personnel, prosecutors, victim advocates, judges, parole officers, rape crisis advocates and other first responders for a three-day conference in **Houston, Texas April 16-18, 2007.**

Many of the top experts from across the country will present promising practices and emerging issues in sexual assault, domestic violence and stalking. Some sample presentations include:

- *Trauma and Impact on Memory and the Investigation*
- *Sexual Assault Cases Involving Voluntarily Intoxicated Victims*
- *Working with Immigrant Populations*
- *Beyond the Obvious: Interpretation of Injury and Dominant/Primary Aggressor*
- *Stalking and Its Impact on Domestic Violence*
- *Guidelines for Sanctioning Campus Perpetrators*
- *The Impact of Arrest in Domestic Violence – Pros and Cons*
- *Jury Selection in Domestic Violence and Sexual Assault Cases*
- *Meeting the Needs of Male Victims of Sexual Assault*
- *Serving Victims with Disabilities*

- *Victim Advocates as Witnesses*
- *Understanding Sex Offenders*
- *Women's Use of Violence*
- *An Introduction to Digital Forensic Photography*
- *Elderly Sexual Assault*
- *Meeting the Civil Legal Needs of Sexual Assault Victims*
- *Trafficking – Resources, Investigation and Prosecution*
- *Designing Risk Reduction Programs for Women*
- *Rape Prevention Programming for Men*
- *Lessons Learned from Katrina*
- *From the Inside: What we Can Learn From Rape Survivors*

To view a full roster of the speakers and the complete conference agenda, please visit www.evawintl.org.

You will see that we have included a new component to this year's conference. We have added a higher education track that will talk about the state of the art in campus prevention programming, best practices for law enforcement, victim response and advocacy. Other workshops throughout the conference will address many other issues relevant to Institutions of Higher Education as well.

The conference will be held at the Westin Galleria. (713) 781-6660 or toll free: (877) 770-1655

Conference room rates at prevailing federal government per diem at time of check-in. Currently \$95.00 for single and \$135.00 for double with 17% tax rate. To get the conference room rate, reservation cut-off date is **March 14, 2007.**