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Document Title: Coordinated Strangulation Incident Response Training for Law Enforcement Officers and Emergency Medical Personnel Lesson Plan

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The Institute on Violence Against Women & Human Trafficking

Intimate Partner Violence Related Strangulation Study (IPVRSS)

NIJ-2018-VA-CX-0005

**Coordinated Strangulation Incident Response Training for
Law Enforcement Officers and Emergency Medical Personnel Lesson Plan**

Abstract

This guide is designed to assist the instructor in developing an appropriate lesson plan to teach the course learning objectives.

The learning objectives are the minimum required content of the Strangulation Response Training for Law Enforcement and Emergency Medical Personnel. This course is a suggested training in best practices for a coordinated response to incidents involving intimate partner violence-related strangulation.

Note to Trainers: It is the responsibility of the training coordinator to ensure this curriculum and its materials are kept up to date. Refer to curriculum and legal resources for changes in subject matter or laws relating to this topic as well as the Training Institute on Strangulation Prevention website at <https://www.strangulationtraininginstitute.com/> for information on additional strangulation trainings.

Training Options: This course is intended to be taught in a classroom format but can be adapted for an online or blended course.

Assessment: Assessment is required for completion of this course to ensure the student has a thorough comprehension of all learning objectives. Training providers are responsible for assessing and documenting student mastery of all objectives in this course.

References: Refer to Bibliography for the entire course.

Glossary: Refer to Appendix A, for definitions of terms used throughout this course.

Course Title: Coordinated Strangulation Incident Response Training for Law Enforcement Officers and Emergency Medical Personnel

Course Description: This training session is designed to equip first responders with the knowledge and skills to effectively identify, assess, and manage cases of strangulation or suspected strangulation, specifically in incidents involving intimate partner violence. Participants will learn how to implement a coordinated response between law enforcement officers and emergency medical personnel to recognize physical and behavioral signs of strangulation, understand the medical and legal implications, and provide appropriate care and referrals for victim support services.

Target Population:	Peace Officers, Dispatch Personnel, and Fire/Medical First Responders.
Student Pre-Requisites:	None
Instructor Pre-Requisites:	Subject matter expert and experience teaching in the first responder environment.
Length of Course:	A minimum of 4 hours.
Facility Requirements:	Classroom and PowerPoint access.

Learning Objectives

By the end of this training, participants will be able to:

1. **Identify** the signs and symptoms of strangulation.
2. **Understand** the medical risks and potential long-term effects associated with strangulation.
3. **Collaborate** with law enforcement and emergency medical personnel, as well as other stakeholder partners to ensure a coordinated and supportive response that enhances intimate partner violence-related strangulation victim education, safety, and evidence collection, to support investigations.
4. **Perform** appropriate first responder procedures (based on role) to ensure better outcomes for victims and proper preservation of strangulation investigation evidence.
5. **Communicate** effectively with victims about strangulation to obtain accurate and comprehensive information and to provide them with appropriate referrals to intimate partner violence and strangulation support resources.

Method of Presentation

- **Lecture**
- **Interactive Demonstration**
- **Case Study**
- **Q&A Sessions**

Instructor Equipment/Materials

- PowerPoint presentation
- Handouts on strangulation signs, symptoms, and response protocol

Suggested Instructor Materials

- Strangulation response packets (including forms or sample forms)
- Mannequin for demonstration of assessment techniques
- Case study materials

Participant Materials

- Notepads and pens
- Copies of agency specific strangulation response protocol (or example of a Family Violence Packet, Fire Strangulation Checklist)
- Assessment checklists (existing checklists or example checklists)

Course Outline

I. Introduction to Intimate Partner Violence Related Strangulation Studies (30 minutes)

- Intimate partner violence-related strangulation prevalence
- Strangulation detection
- Strangulation investigation
- Homicide prevention

II. Strangulation Basics and Identifying Strangulation Signs and Symptoms (45 minutes)

- Definitions
- Benefits of early detection
- Strangulation pounds per square inch (PSI) comparisons
- Anatomy of the neck
- Physical signs and symptoms of strangulation

- The physiological impact of strangulation
- Other behavioral signs and symptoms of strangulation
- Case study (if available)

III. Strangulation Response - Resolutions and Ordinances (15 minutes)

- International Association of Chiefs of Police Resolution (IACP)
- Example of a State Law: Texas Penal Code §22.01
- Example of a City Ordinance Protocol: Burleson, Texas CSO#781-02-2018

IV. Implementing a Protocol (15 minutes)

- Strangulation protocol working group
- Strangulation task force
- Strangulation task force discussion

V. Police and Other First Responders Strangulation Response and Assessment (60 minutes)

- Immediate response actions to take upon suspicion of strangulation by roles
- Discussion of appropriate assessment techniques for each role (medical first responders could demonstrate on a mannequin if available).
- Strangulation investigation
- Interviewing victims

VI. Strangulation Documentation (30 minutes)

- Overview of importance of documentation from an investigation, medical, and prosecution perspective
- Proper documentation techniques to support investigation and prosecution.
- Examples of strangulation investigation documentation

VII. Case Study Activity (30 minutes)

- Strangulation scenario video and group activity
- Can also substitute for a case study from your jurisdiction: Review how to complete documentation based on an existing case scenario.

VIII. Review and Course Evaluation (15 minutes)

- Recap of strangulation key points
- Open floor for participant questions
- Provide participants with additional strangulation training information

- Feedback collection on the training session

Evaluation

- Participants will be evaluated through a combination of practical assessments during role-plays, a written test at the end of the session, and participation in discussions.

Certificates of Completion

- It is suggested that certificates of completion be provided to all participants who successfully complete the training, including passing the final test.

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Appendix A: GLOSSARY

(Note: The definitions contained herein apply to most terms as used in this document.)

Anoxia – Absence of oxygen supply to the tissue.

Anoxic Brain Injury – Injury caused when the brain is deprived of oxygen for too long causing cells to die.

Asphyxia – Condition arising when the body is deprived of oxygen causing unconsciousness or death.

Brain Death – Irreversible brain damage and loss of brain function causing the end of independent respiration, regarded as indicative of death.

Carotid Arteries – Deliver fresh blood and oxygen to the brain.

Chokehold – A chokehold is a form of strangulation.

Choking – Refers to an object in the upper airway that impedes oxygen intake. Choking can occur accidentally or intentionally.

Computed Tomography Angiography (CTA) – Type of medical exam which combines a CT scan with an injection of dye to produce pictures of the blood vessels and tissues in your body. This test is available in most emergency departments and is the most common and best test to determine damage to the carotid and vertebral arteries.

Headlock – A headlock is a form of strangulation.

Hippocampus – Part of the brain that involved human learning and memory, part of the limbic system which manages the functions of feeling and reacting.

Hypoxia – Deficiency in the amount of oxygen reaching the tissue.

Hypoxic Brain Injury – Brain injury caused by a reduction in oxygen supply.

Jugular Veins – Take blood and oxygen away from the brain, head, neck, and face.

Ligature Strangulation – Strangling with some type of cord such as a rope, wire, chain, or shoelaces around or partially around the neck. Also referred to as garroting.

Manual Strangulation – Most common form of strangulation.

Petechiae – Pinpoint, round non-blanching spots that form on the skin from pressure building in the venules and capillaries, and in areas of little connective tissue support. The rupture of these vessels can cause petechiae. Petechiae can be a sign of strangulation, but other activities can also cause petechiae.

Strangulation – Form of asphyxia characterized by the closure of the blood vessels and/or passages of the neck as a result of external pressure on the neck.

Suffocation – Suffocation is a form of strangulation.

Traumatic Brain Injury (TBI) – A traumatic brain injury is an injury usually resulting from a violent blow or jolt to the head or body and can result in physical, cognitive, sensory, behavioral or mental symptoms.